

# Healthy Aging and Medicines

## **The Patients` Perspective of Ageing**

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medicines for an ageing population 22-23  
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**”We are born as copies and  
die as originals”**

Bo G. Eriksson in his theses  
Studying ageing: experiences,  
description, variation, prediction and  
explanation. Gothenburg 2010

During the last century we have added a  
quarter of a century to our lives

And! We continue to increase our  
life expectancy

# Demographic profile today and in the future

From the shape of a pyramide -a skyscraper - a muffins

We, the older people are on the top floor.

Some are healthy and fit, some have health problems of varying severity, some are very, very ill



# We, the older people, are individuals

- We do not want to meet ageism
- We do not want to be discriminated
- We want to keep our self-determination
- We want to keep our dignity, integrity
- We want to feel we are a resource
- When in need, we want access to high quality care and services including palliative care
  
- At the very end of life we should not feel medical interventions as assaults

We, the older people, are young people who have lived for a while

Here some facts to take into account

# Healthy life years and life expectancy at birth by gender 2008, WHO European Region

- Men: 66 – 80 years but
- 8 – 22 years in ill health
  
- Women: 77 – 87 years but
- 10 – 27 years in ill health

# Need of health care

## Older people

- The period of need of reconstruction of hips, cardiac vessels, eye lenses etc.
- The fragile period – co-morbidities, complex needs



# Older people in most need of care

## Swedish data 2010

- *Dementia* 9 percent of the 65+ , half of them live in care/nursing homes
- *Older people with co-morbidities*, 18 percent of the 65+ in Sweden

Defined as those with three or more diagnoses during the last 12 months, 19 days in hospitals, or three or more stays in hospital or more than seven visits to specialized physicians in out patient care.

# Burden of disease

*There is a burden of disease that we have to reduce by*

- Health promotion
- Rehabilitation
- Rational use of medicines

# Which are the problems?

- Symptoms differ in older persons
  - early dementia can be described as stomach problems
  - vertigo may be caused by antihypertensive medicines but thought to be due to problems in the inner ear.

*Older people are too often treated for their symptoms, proper diagnostics are not carried out*

# Which are the problems?

## Polypharmacy

- Percentage of 80+ with ten or more medicines
- All 12.2 %
- Women 13.2 %      Men 10.3 %
- With Apodos (dosage aid)
- All 27.2 %

Swedish Prescription Survey 2010

# Medicines contraindicated for use by older patients

## Situation 80+

- Women 13.1 % of all prescriptions
- Men 10.1 % of all prescriptions

Swedish Prescription Survey 2010

# Pharmacovigilance

## Reports, WHO drug monitoring centre 2010

- *Top five medicines reported from 26 EU member states, men women 80 +*
- Acetylsalicylic acid
- Warfarin
- Levofloxacin
- Furosemide
- Acenocoumarol

# What do we patients/consumers want

- Health care personnel educated in geriatrics, gerontology and drug treatment
- One physician responsible for the coordination of treatment
- And very important to get answers to the following questions:

# Questions to be answered

- Why am I prescribed this medicine?
- Are there other ways to treat my health problem?
- Which are the effects of my new medicine?
- Which are the adverse reactions? And how can I avoid them?
- Can I take my new medicines together with the other medicines I am prescribed?
- Can I take it together with the herbal medicines I use?
- Can I get a test package first?
- Is this medicine tested in older patients?



Thank you for your attention

And now questions