

# INTRODUCTION TO GERIATRICS, PHARMACOKINETIC AND PHARMACODYNAMIC ASPECTS OF GERIATRIC PHARMACOTHERAPY

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# Basic terms

## Geriatrics

- gerus (old age *gr.*), iatrea (treatment *gr.*)
- branch of the medicine that focuses on health care of old age and aging people

## Gerontology

- comprehensive study of aging and common problems related to aged

## Old age

- period of life with impairment of physical and mental functions that become increasingly manifested in comparison to previous years of life

# Mean length of life

- **men** – **76** years
- **women** – **82** years

## Definition of elderly

- **WHO** – chronological age of 65 years and above
- **UN** – 60+ years will be referred as the older population or elderly
  
- **young old** – up to 75 years
- **old old** – up to 85 years
- **very old old** – over 85 years

# Current theories of aging

- **free radicals**

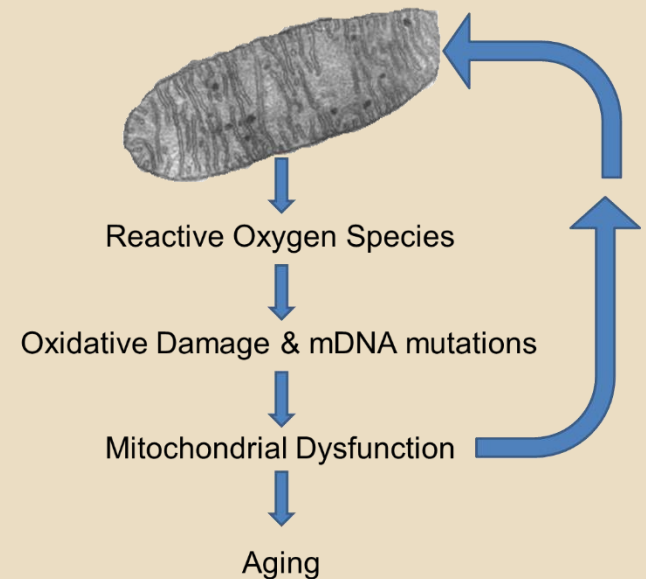
- impairment of enzymes, DNA, cell membranes

- **neuroendocrine**

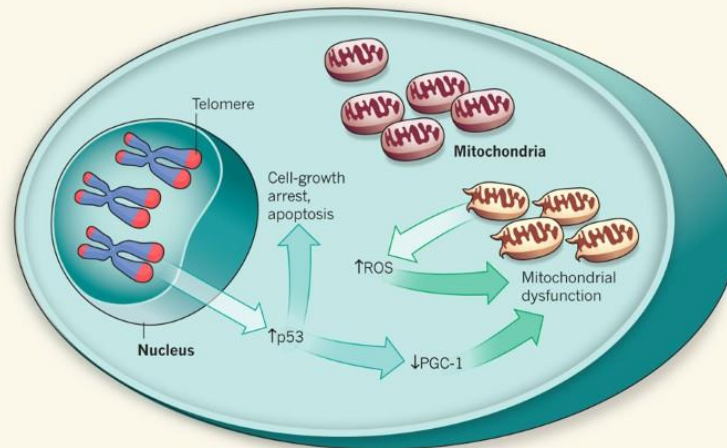
- influence on immune system

- **genetic**

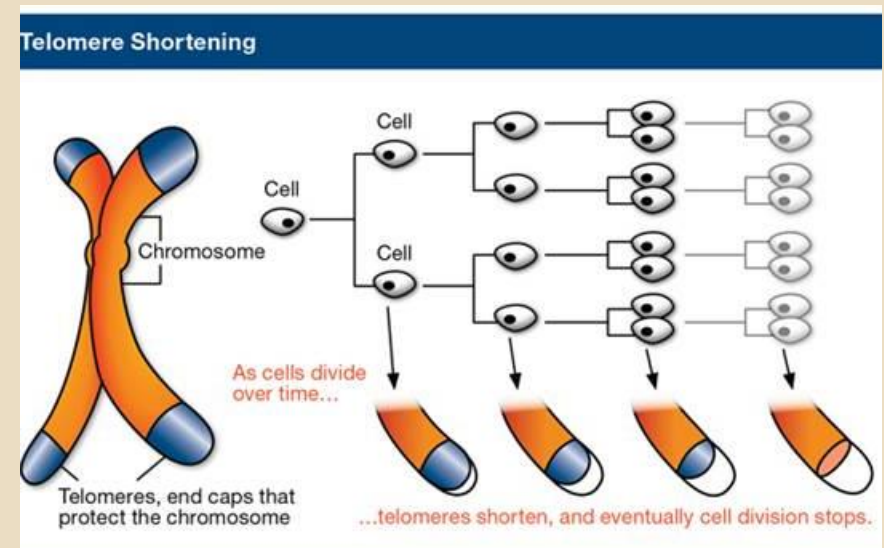
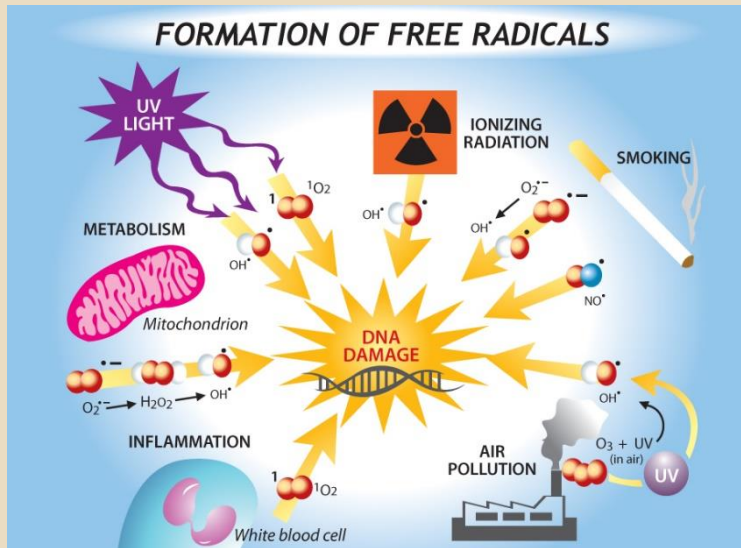
- mutations



# Current theories of aging



Kelly, D. Ageing theories unified. *Nature* **470**, 342–343 (2011)



# Geriatric giants

- the major categories of impairment appearing in old age
- **IMMOBILITY**
- **INSTABILITY**
- **INCONTINENCE**
- **IMPAIRED MEMORY/INTELECT**
  
- impairment of hearing and vision
- infections
- iatrogenic disorders
- insomnia
- isolation
- inanition (malnutrition)

# Diseases in old age

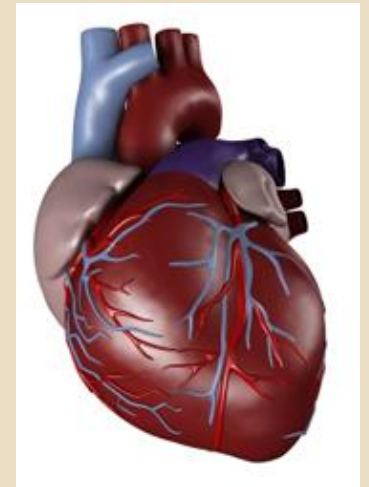
- **polymorbidity**
- **strangenesses in clinical signs**
  - ▣ lack of specific symptoms
- importance of interview with the patient
- cooperation with family and family doctor/general practitioner

# Cardiovascular system changes

- frequency, ejection fraction and cardiac output increased only during exertion
- changes in the arterial wall
  - ▣ thickening of the media, changes in collagen and elastic fibers, deposits of fatty substances (cholesterol) and calcium

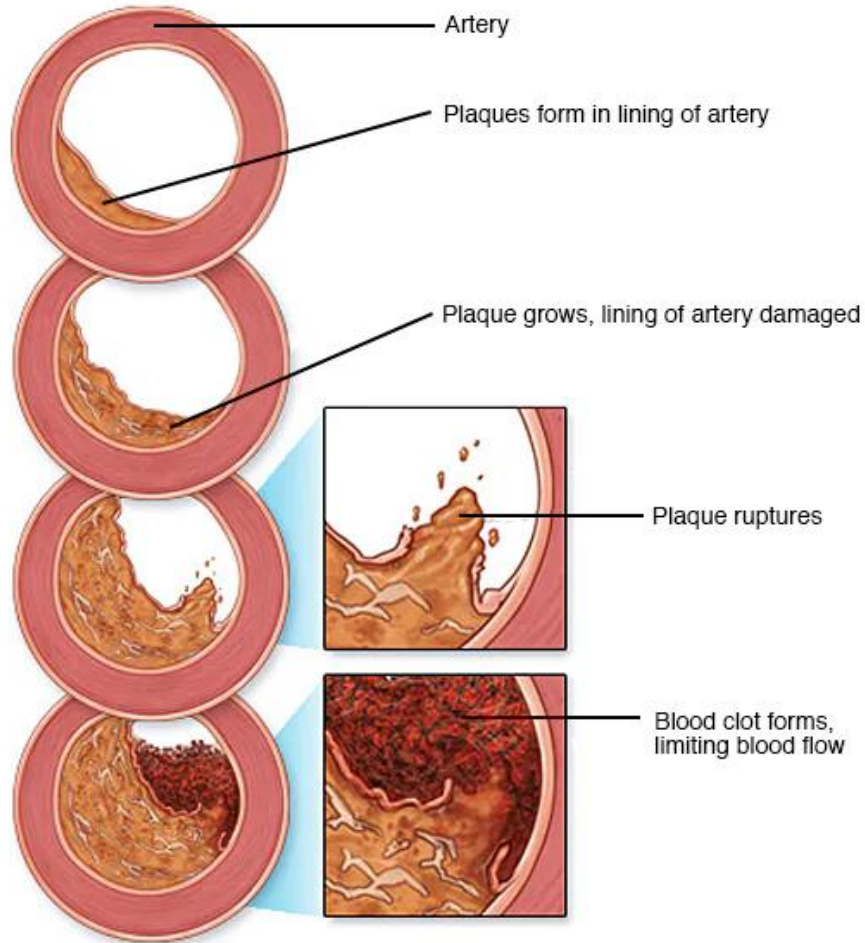


- **hypertension**
- **heart failure**
- **ATHEROSCLEROSIS**
  - ▣ **myocardial infarction**
  - ▣ **brain stroke**





# Atherosclerosis

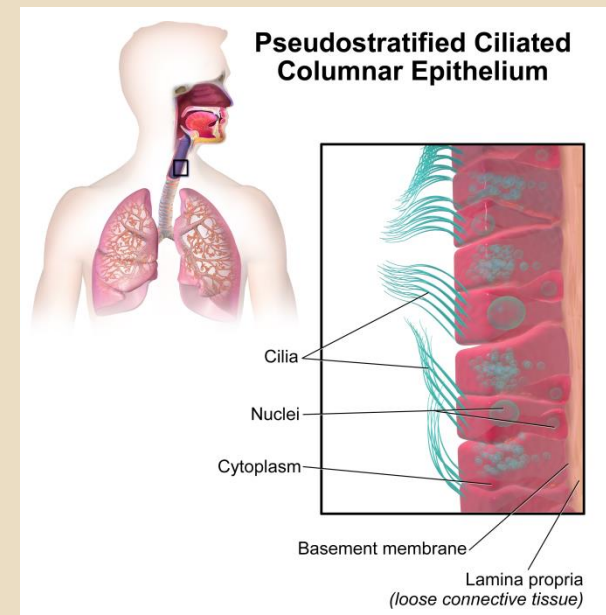


# Respiratory system changes


- decrease in vital capacity
- dilation of bronchioles and alveoles
- decrease in  $pO_2$ , pH
- decreased function of the ciliary epithelium
- impaired mechanics of ventilation



- **infections** (bronchitis, pneumonia)
- **dyspnoea** (shortness of breath)
- **hypoxia**

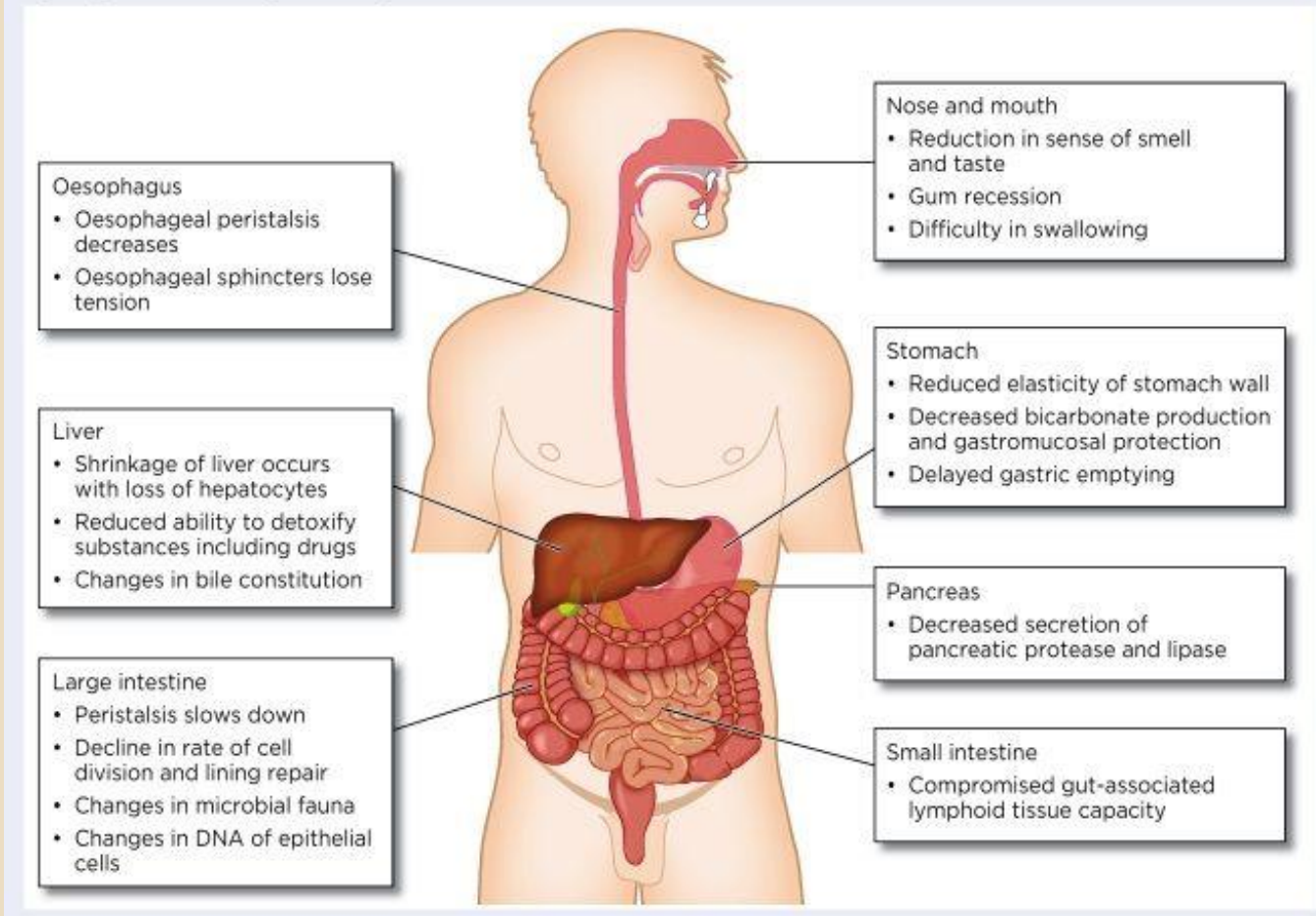


# Gastrointestinal system changes

- loss of dentition
  - decrease of GIT motility and secretion of digestive juices
  - changes in intestinal villi
  - bacterial dysbalance in the intestines
  - atrophy of pancreas
  - decreased activity of microsomal liver enzymes
- 
- **constipation**
  - **diverticular disease**
  - **malabsorption**
  - **infectious colitis**
  - **intestinal ischemia**

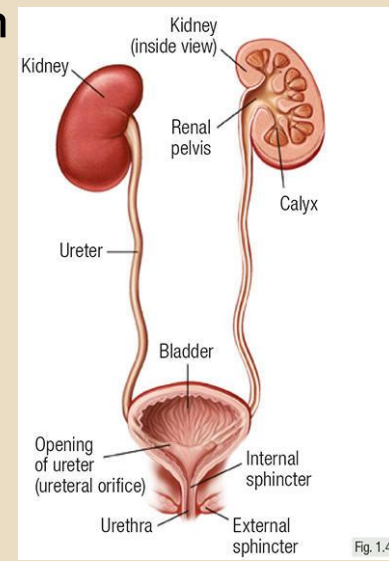
# Gastrointestinal system changes

Fig 1. Age-related changes to the gastrointestinal tract



# Urogenital system changes

- decrease of glomerular filtration rate
  - decrease of creatinine clearance, so the serum levels increase
  - decrease in the concentration ability of kidneys
    - ▣ tendency to dehydration
  - weakening of the urinary bladder and urethra smooth muscle, less able to expand and contract
    - ▣ decrease of bladder capacity with no full evacuation during urination
  - uninhibited contractions
- ↓
- renal failure
  - incontinence
  - urinary infections

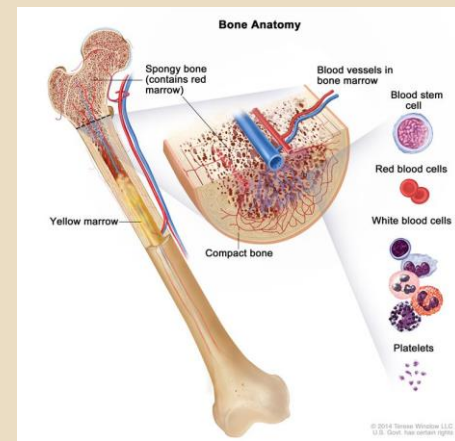


# Hematopoietic system changes

- loss of bone marrow
- decrease in the rate of erythropoiesis
- decrease in phagocytic activity of leukocytes
- platelets more susceptible to aggregation
- loss of fibrinolytic activity – tendency to hypercoagulation



- immune dysfunctions (immunosenescence)
- myeloid malignancies
- anemias

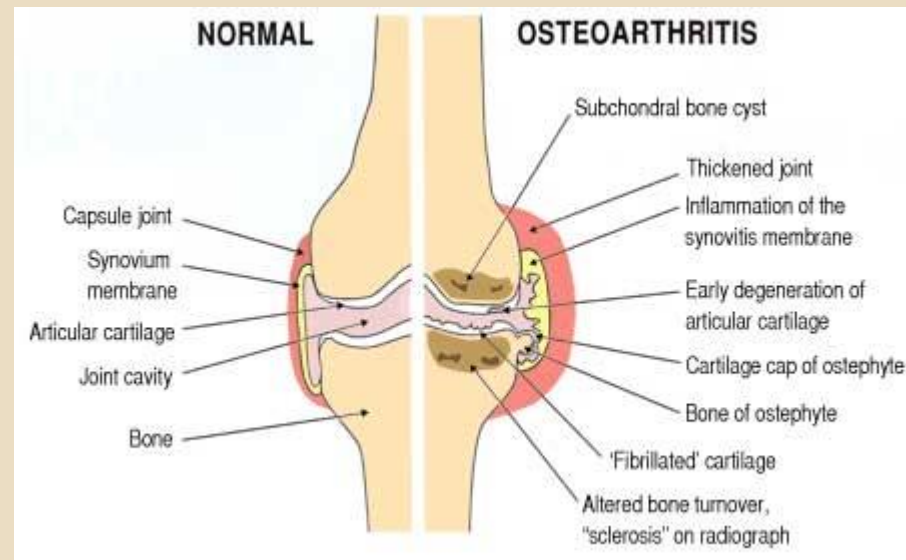


# Locomotive system changes

- degeneration of articular hyaline cartilage
- reaction of subchondral bone and periarticular soft tissues
- slow loss of total bone mass
  - ▣ 3–5 % of cortical bone in decade



- osteoarthritis
- osteoporosis





# CNS and sensory system changes

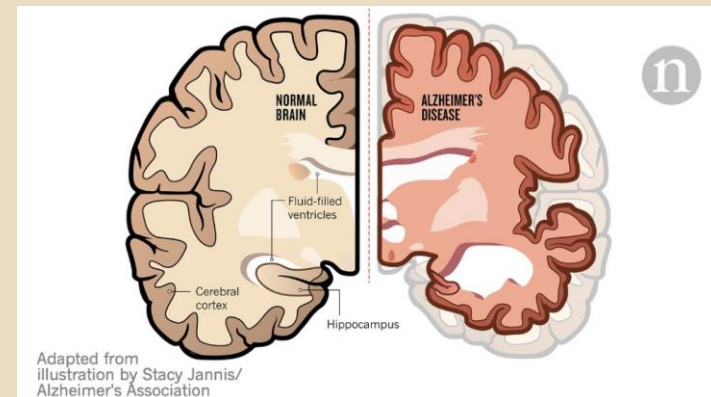
- loss of neurons, degenerative changes
- extracellular deposits of amyloid
- changes in cerebral arteries and neurotransmitters



- **dementia**
- trophic changes in auditory pathway
- lack of eye lens elasticity (loss of accommodation to nearby objects)
- opacities in eye lens



- **presbyopia, cataract**
- **presbycusis**





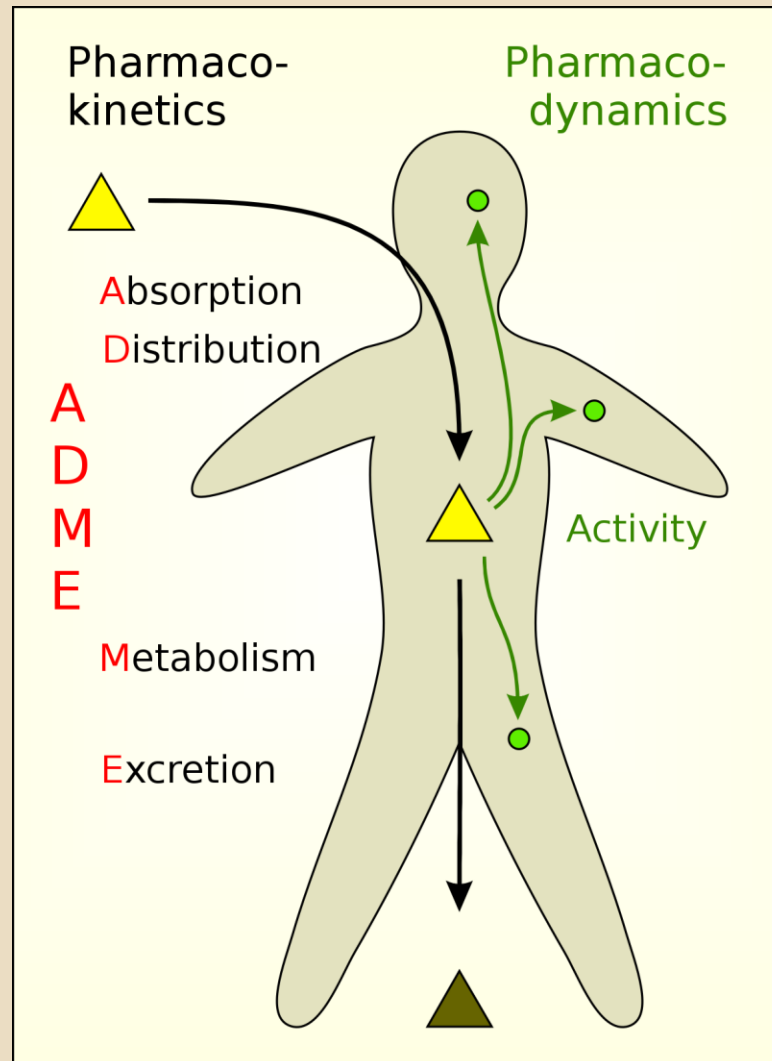
# Pharmacotherapy changes

- physiological **aging** of organs
- age-related changes in **pharmacokinetics** and **pharmacodynamics**
- **polymorbidity**
- **limited self-sufficiency**
  - ▣ visual impairment, impaired mobility, memory and thinking disorders
- influence of **social factors**
- lower **compliance**
- **polypragmasia**
- common **side effects** of drugs

# Pharmacotherapy strategy and rules

- help of family members
- written overview of prescription
- reduction in prescribed drugs if possible
- patient compliance
  
- **amount of drugs as little as possible**
- **doses as low as possible**
- **duration of therapy as long as possible**


# Pharmacokinetics and Pharmacodynamics



# Absorption changes

- **gastric evacuation is slowed down**
  - delay in drug effect
  - degradation of drug in acid environment
- **slow passage through small intestine**
  - higher drug absorption (digitalis)
- **reduced blood circulation in splanchnic region**
  - decrease in drug absorption
- **decreased absorption area in the small intestine**

# Distribution changes

- **decrease in amount of water** (15–20 %)
  - **loss of active body mass**
  - **increase in fatty tissue**
  - **hypoalbuminemia**
- 
- increase in plasma levels of hydrophilic drugs
  - risk of toxicity during accumulation of lipophilic drugs in adipose tissue
  - increase in free fraction of albumin-bound drugs (anticoagulants)

# Biotransformation changes

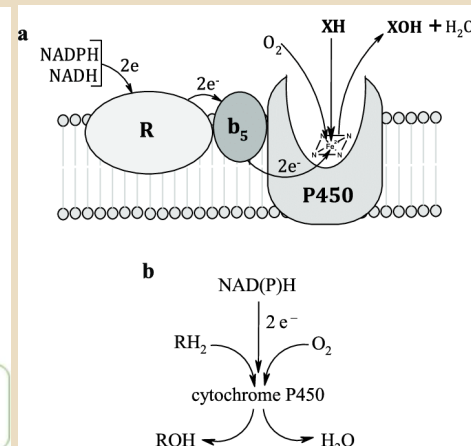
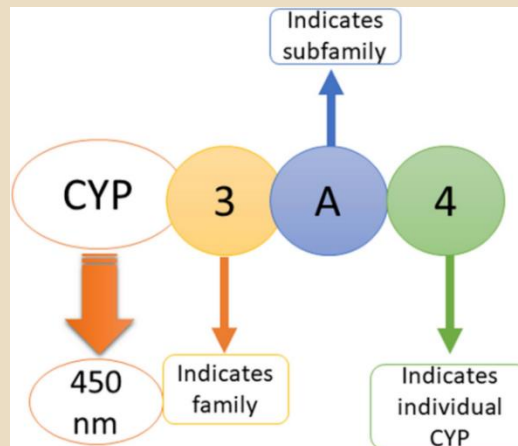
- activity of liver **microsomal cytochrome P450 enzymes** is decreased



- biotransformation of drugs slowed down



- increased risk of **drug interactions** in polypragmasia



# Biotransformation changes

## Decrease in biotransformation due to CYP changes

### □ CYP3A4

- alprazolam, granisetron, fentanyl, lidocaine, amlodipine, isradipin, clarithromycin, verapamil, zolpidem

### □ CYP2C9

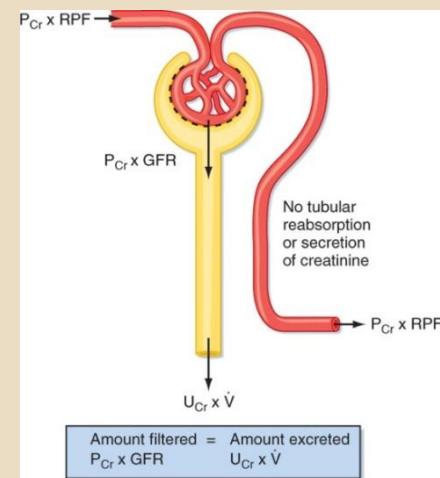
- diclofenac, phenytoin, indomethacin

### □ CYP1A2

- warfarin, propranolol, imipramine

# Elimination changes

- manifestations of **mild renal failure** in 30–50 % of patients over the age of 70
  - decrease of renal clearance
- **impairment of tubular functions**
- **risk of toxic effects**
  - aminoglycosides, atenolol, digoxin, NSAIDs, ACEi, fluconazole, metformin, methotrexate





# Examples of drug interactions

Drug	Interaction	Effect
warfarin	barbiturates, metronidazole	effect ↓ effect ↑
sulphonylurea	cimetidine	hypoglycemia
benzodiazepins	cimetidine	sedation ↑
prednisone	barbiturates	antiallergic and antiinflammatory eff. ↓
digoxin	verapamil, spironolactone	toxicity ↑
teophylline	cimetidine	toxicity ↑
chinidine	barbiturates	antiarrhythmic eff. ↓

# Pharmacodynamic changes

Clinical issue	Changes in elderly	Drugs of interest
<b>Orthostatic hypotension</b>	reduced sensitivity of baroreceptors in the area carotid sinus and in the aortic arch, reduced sensitivity of myocardial beta-receptors	central antihypertensives, diuretics, beta blockers, tricyclic antidepressants, phenothiazine antipsychotics, benzodiazepines, opioids
<b>Postural instability, risk falls and fractures</b>	reduced proprioception and postural stability, decreased skeletal muscle tone	central antihypertensives, diuretics, BB, TCA, phenoth. antipsychotics, BZD, opioids, muscle relaxants
<b>Decrease in cognitive functions, delirium</b>	structural and neurochemical changes in the CNS, decreased acetylcholine transferase, higher permeability of the blood-brain barrier	TCA, neuroleptics, barbiturates, BZD, opioids, antiparkinsonians, H2-block., metoclopramide, theophylline, digoxin, indomethacin

# Pharmacodynamic changes

Clinical issue	Changes in elderly	Drugs of interest
<b>Constipation, subileus</b>	decreased smooth muscle tone and GIT motility, higher sensitivity to anticholinergic AEs	opioid analgesics, TCA, antihistamines, antispasmodics
<b>Urinary incontinence/retention</b>	decreased smooth muscle tone, higher sensitivity to anticholinergic AEs	diuretics, especially loop (increased diuresis), anticholinergics (urinary retention)
<b>Risk of hyponatremia and dehydration</b>	ADH decrease, renal loss of Na, insufficient thirst	SSRI, diuretics, lithium, digoxin
<b>Increased risk of hypothermia</b>	poor thermoregulatory mechanisms	sedatives and hypnotics, antipsychotics
<b>Erectile dysfunction, gynecomastia</b>	decrease in sex hormone production	$\alpha$ 1-sympatholytics, sedatives, urinary spasmolytics, spironolactone, digoxin

# Low dose regimens in old age

## □ start low, go slow

- start treatment with a low dose and only gradual increase

Drug	Usual daily dose	Effective dose in old age
<b>atorvastatin</b>	10 mg/d	5 mg/d
<b>diclofenac</b>	100–200 mg/d	75 mg/d
<b>enalapril</b>	5 mg/d	2,5 mg/d
<b>metoprolol</b>	100 mg/d	50 mg/d
<b>omeprazole</b>	20 mg/d	10 mg/d
<b>ibuprofen</b> (analgesic)	400–800 mg/d	200 mg 3-4x/d
<b>trazodone</b>	150 mg/d	25–100 mg/d

# Beers criteria

- list of the **potentially inappropriate medications (PIMs)** use in older adults
- first developed in 1991 by **Mark H. Beers, MD** to decrease inappropriate prescribing and AEs
- revisions and updates managed the **American Geriatrics Society**



# STOPP and START criteria

- **STOPP** (Screening Tool of Older Person's potentially inappropriate Prescriptions)
- **START** (Screening Tool to Alert doctors to the Right Treatment)
  
- divided into the categories according to the organ system

# Disease – complex condition

- **genetics**
- **external influences**
- **dehydration**
- **malnutrition**
- **polypragmasia x insufficient therapy**
  
- **social problems** (isolation)
- **psychical problems** (loss of partner, family troubles)