

MDS Alert

MEDICATION MANAGEMENT: Beware: These 2 Types of Meds Heighten Pneumonia Risk

If the resident has COPD coded in Section I, or antipsychotic use in O4, take a closer look.

To help prevent pneumonia in elderly residents, the care team should weigh whether residents really need inhaled steroids to treat COPD -- or antipsychotics for behavioral symptoms.

The evidence warns: Patients with stable COPD who use inhaled corticosteroids may be at increased risk for developing pneumonia, according to a recent systematic review of the literature. Patients who received the medications for at least six months were 34 percent more likely to contract pneumonia than those receiving either a placebo or non-steroid inhaled therapy, researchers reported in a recent issue of the Journal of the American Medical Association.

"The studies in [the meta-analysis] included people started on the medications for the study for a period of six months up to three years," lead study author **M. Bradley Drummond, MD, MHS**, at Johns Hopkins tells **Eli**.

Patient subgroups with the greatest pneumonia risk included those taking the highest doses of the inhaled medication (greater than 1,000 µg/day), and patients taking a combination of inhaled corticosteroids and bronchodilators.

In deciding whether to prescribe the inhaled corticosteroids, physicians should evaluate a patient's individual characteristics and level of symptoms, says Drummond, noting that several studies have shown the inhaled steroids to be quite effective. If a patient has only a few symptoms -- or if pneumonia would be lifethreatening for the person -- the inhaled steroids might pose more harm than benefit, he cautions.

Antipsychotics Create Short-term Risk

Antipsychotic medications may increase the risk of developing pneumonia by almost 60 percent in elderly people, according to study findings published last year in the Journal of the American Geriatrics Society.

The risk appeared highest within the first week following the prescription, decreasing gradually thereafter. Atypical psychotics appeared to pose a higher risk of pneumonia than conventional versions of the medications, according to an abstract of the study.

"There was no clear dose-response relationship," states the abstract.

The bottom line: Clinicians should monitor patients for sedation and swallowing disorders after starting them on an antipsychotic, and carefully weigh the risks and benefits of using the medications in elderly people, the study authors suggest in the article.