

## OASIS Alert

### Studies & Surveys: BEWARE OF MEDICATIONS THAT INCREASE PNEUMONIA RISK

Sedation and swallowing disorders can be unintended consequences.

Use your OASIS C assessment medication review as an opportunity to prevent pneumonia, improve compliance and reduce hospitalizations.

Recent research suggests those caring for elderly patients may need to balance risks when using inhaled corticosteroids for stable chronic obstructive pulmonary disease (COPD) or antipsychotics for behavioral symptoms.

The risk: Patients with stable COPD who received inhaled corticosteroids 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, physician **M. Bradley Drummond** from **Johns Hopkins**, tells **Eli**. Patient subgroups with the greatest pneumonia risk included those taking the highest doses of the inhaled medication, and patients taking a combination of inhaled corticosteroids and bronchodilators.

Consult the physician: In deciding whether to prescribe the inhaled corticosteroids, physicians need to 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 life threatening for the person -- the inhaled steroids might pose more harm than benefit, he cautions.

Learn How 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 antipsychotics appeared to pose a higher risk of pneumonia than conventional versions of the medications, according to an abstract of the study.

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