

ST2-POA-EPA2 – Medication in patients 75 and over

Area of practice	Psychiatry of old age	EPA identification	ST2-POA-EPA2	
Stage of training	Stage 2 – Proficient	Version	v0.4 (BOE-approved 04/05/12)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	<i>The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).</i>			
Description Maximum 150 words	The trainee can use antidepressants and antipsychotics to provide quality care for those elderly patients at high risk of drug interactions and adverse effects. They have a comprehensive understanding of the problem and can apply it to this group; they can engage the patient and relevant others, providing an explanation of the rationale, risk–benefits and relevant side effects. Medication is used, where appropriate, as part of a comprehensive biopsychosocial management plan. They display an ethical and professional approach to the patient and others involved in the patient’s care.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	2
	COM	1, 2	SCH	1, 2
	COL	2, 3, 4	PROF	1, 5
	MAN	1, 2, 4, 5		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Implications of a patient’s advancing age and physical disease on prescribing practice. • Poor adherence not uncommon (under-/overuse, hoarding old medications, sharing). • Risk of polypharmacy with age, problems with cognition, vision and dexterity. • Knowledge of common side effects, eg. sedation, falls, confusion, hyponatraemia, parkinsonism, CVA and mortality risk, hypotension. <p>Skills</p> <ul style="list-style-type: none"> • Assess <ul style="list-style-type: none"> – psychiatric and medical diagnoses 			

	<ul style="list-style-type: none"> - capacity to consent to treatment - other current medications - past history of drug response - risk benefit. • Plan; tailor drug to the patient <ul style="list-style-type: none"> - consider interactions with other drugs and general medical diagnosis - consider evidence base - consider potential adverse affects - consider duration and possible sequential treatments or augmentation strategies - situate prescribing within the context of the broader treatment plan. • Implement <ul style="list-style-type: none"> - educate patients, carers and families - consider route administration and adherence/supervision - consider health service requirements and resource implications - monitor the patient for toxicity, efficacy and side effects - modify drug dose appropriately. • Evaluate <ul style="list-style-type: none"> - evaluation of outcome from an appropriate range of perspectives, eg. patient report, objective measures, carer report, mental state exam - plan for long term follow up - treatment resistance. <p>Attitude</p> <ul style="list-style-type: none"> • Professional and ethical attitude towards patient, their supports and others involved in the care of the patient. • Willingness to educate others formally and informally as required. • Avoiding ageist stereotypes and therapeutic nihilism.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Professional presentation.

References

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar