

Prescribing Habits for Elderly Patients in a Sample of Psychiatry Residents at Ibn Nafis Psychiatric Hospital: A Descriptive Study

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Abstract

Original Research Article

As the elderly population increases the domain of geriatric psychiatry is developing. Senior patients have unique clinical presentations and coexisting medical conditions necessitating a thorough assessment and treatment plan. We aimed to investigate how residents at the Ibn Nafis University Psychiatric Center in Marrakech (Morocco) prescribe psychotropic drugs to elderly patients. We also explored the recommendations offered by research for the treatment of psychiatric disorders in this citizenry. A cross-sectional descriptive design was employed. Seventeen psychiatry residents at the Ibn Nafis University Psychiatric Hospital made up the research population. A survey in French was provided to every resident for completion. The collected data was processed using Microsoft Excel 2019. We found that 38% of the residents used typical antipsychotics, 81% used atypical antipsychotics and 94% used benzodiazepines in the event of agitation. For Major Depressive Disorder MDD 72% prescribed Sertraline. For anxiety disorders sertraline was prescribed by 56% of the sample. Of the medications prescribed by the residents risperidone was selected the most frequently by 77%. Alprazolam was found to be prescribed by 56% in cases of insomnia. The study emphasizes the need of a tailored therapeutic approach for elderly patients. Selective serotonin reuptake inhibitors (SSRIs) especially sertraline, atypical antipsychotics especially risperidone, anxiolytics especially hydroxyzine and alprazolam are preferred by residents at Ibn Nafis University Psychiatric Center over other psychotropics in the context of older adults. This work also highlights the value of weighing each medications benefit-risk ratio. Prescription of psychotropic medications to elderly patients ought to be tailored to their particular requirements and present health status. Etiologic treatment, the minimum effective dose and monotherapy ought to take precedence over symptomatic treatment. Additionally non-pharmacological approaches like cognitive-behavioral therapy lifestyle modifications and relaxation techniques ought to be given priority.

Keywords: Psychotropics, Elderly, Geriatric Psychiatry, Antipsychotics, Prescription, Side Effects.

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I. INTRODUCTION

With their wide range of clinical presentations older adults hold a prominent position in mental health consultations. Physicians have an equally wide range of therapeutic options at their disposal from traditional and more modern pharmaceutical interventions to psychotherapy. Nonetheless managing these patients necessitates giving potential side effects and comorbidities considerable thought. With the worlds aging population continuing to rise the field of geriatric psychiatry is one that is fast changing. A greater need for specialized mental health services catered to the particular requirements of senior citizens has resulted from this shift in the population. Furthermore a comprehensive evaluation and treatment plan are required due to the high prevalence of comorbid medical conditions in the elderly population. In-depth discussions

of the many clinical presentations available treatments and the significance of addressing possible side effects and comorbidities that may develop in this susceptible patient group will be covered in this article on the intricacies of geriatric psychiatry. Our goal is to enable clinicians to give their older adult patients the best possible care by bringing to light the particular difficulties and factors that need to be taken into account.

II. OBJECTIVES

The study aims to achieve these objectives:

- Examine the prescription habits of residents at Ibn Nafis University Psychiatric Center concerning psychotropic medications for elderly patients.

- Explore the guidelines provided by scientific literature for the management of psychiatric disorders in the elderly population.

III. MATERIELS AND METHODS

This study used a cross-sectional descriptive design to gain a better understanding of the prescription practices of psychotropic medications for elderly patients at the Ibn Nafis University Psychiatric Center. The research population consisted 17 psychiatry residents at Ibn Nafis University Psychiatric Hospital. Each resident was given a survey to answer. To process and evaluate the data acquired from the surveys, Microsoft Excel 2019 was utilized.

IV. RESULTS

1. Agitation

In the event of agitation, the percentage of residents who reported using typical antipsychotics was 38 percent. Of the residents, 81% prescribed atypical antipsychotic medications, and 94% said they used benzodiazepines. These results suggest that the psychotropic medications most frequently prescribed by the residents to treat agitation in the senior population are benzodiazepines and atypical antipsychotics.

2. Major Depressive Disorder

Regarding the prescription of psychotropic medications in the context of Major Depressive Disorder (MDD) the following information was found: sertraline is commonly prescribed by 72% of the residents. Escitalopram prescriptions were made by 17% of the residents, and 11% prescribe paroxetine. These results suggest that the psychotropic drug most frequently prescribed by residents to treat Major Depressive Disorder in the senior mental health population is sertraline.

3. Anxiety Disorders

The following prescription patterns were found: Sertraline prescriptions were made by 56% of the residents, while 18% reported that they prescribe benzodiazepines. Of the residents 13% said they had written prescriptions for paroxetine. While 13% mentioned writing prescriptions for other drugs.

Based on the data it can be inferred that sertraline is the psychotropic medication most frequently prescribed by the residents to treat anxiety disorders in the senior mental health population. Many of the residents also used benzodiazepines which are well-known for their fast onset effect. A lesser portion of the residents has the habit of prescribing the antidepressant with anxiolytic drug paroxetine, while the rest used a range of other medications.

4. Psychotic Disorders

The following prescription patterns are revealed in the context of treating psychotic disorders: a whopping 77% of the residents said they prioritize risperidone.

While the remaining 13% reported preferring other drugs. This suggests that most often choose risperidone to treat psychotic disorders in the elderly population due to its effectiveness in treating psychotic symptoms while possibly minimizing side effects.

5. Insomnia

Concerning managing insomnia in seniors, of the residents, 56% said they preferred alprazolam, Merely 13% of the residents reported writing prescriptions for hydroxyzine. While the rest of the residents reported prescribing other drugs.

Based on the data, the most often prescribed medication by residents for treating insomnia in the senior mental health population is the benzodiazepine alprazolam. Due to its sedative qualities and quick onset of action alprazolam is a well-liked option for treating sleep disturbances in this patient population. Of the residents a smaller percentage prescribed hydroxyzine an antihistamine with sedative properties.

V. DISCUSSION

1. Generalities

In psychiatry, the pharmacological treatment of elderly patients presents special challenges. Age-related reductions in medication tolerance have been shown in studies, as it puts this population at risk for side effects like confusion and falls [3]. These findings emphasize the need for a customized therapeutic approach that considers the unique clinical presentation of each patient as well as any coexisting conditions [2]. The prescribers role is crucial in this situation. To be certain that the therapeutic benefits outweigh any possible risks they must methodically assess the benefit-risk ratio of each medication under consideration. It should be noted that, whenever feasible, etiological treatment must always be privileged first instead of symptomatic treatment [2]. This approach tries to address the underlying causes of psychiatric disorders in order to achieve long-lasting therapeutic results and minimize the negative effects associated with a symptomatic management alone.

2. Antidepressants:

Although tricyclic antidepressants have demonstrated impressive effectiveness in treating depressive disorders in all its forms, their poor tolerance in older adults should restrict their use to severe and treatment-resistant depression [4]. In our study, residents prefer using selective serotonin reuptake inhibitors (SSRIs) as an alternative to tricyclic antidepressants when treating elderly patients.

Selective Serotonin Reuptake Inhibitors in older adults are better tolerated and effective in treating all types of depression [4]. This explains why all surveyed physicians prescribe them exclusively in this context.

With its H1 antihistaminic effect Mianserin (10 mg) may be the preferred pharmacological option for conditions such as anxious depression or insomnia resistant to hypnotics.

Tianeptine is known to be well-tolerated in the elderly population when administered at a dose of 12.5 mg per day [4].

Venlafaxine Bupropion and Agomelatine (Valdoxan) have their place as well [5].

3. Antipsychotics

Even at low doses classical Antipsychotics are linked to unpleasant or even serious side effects. Neuroleptic malignant syndrome is the most dreaded side effect. This explains why 2/3 of residents decide not to prescribe them to senior patients. The use of classical neuroleptics is a difficult choice because of the possibility of side effects and the risk of serious complications like neuroleptic malignant syndrome especially in elderly patients [4].

Better tolerability of atypical antipsychotics can result in better patient adherence and fewer relapses. Furthermore when compared to classical antipsychotics, atypical antipsychotics have not been linked to increased risks of stroke or death according to multiple meta-analyses [4].

Research indicates that risperidone is superior to haloperidol in mitigating agitation and delusions in elderly patients exhibiting positive and negative symptoms of psychosis. The recommended dosage range for risperidone is 0–2 milligrams [4]. The vast majority of residents in our sample (87%) prefer to prescribe risperidone for treating psychotic disorders in older adults.

Olanzapine works well for agitation and for treating both positive and negative symptoms of psychosis. Doses of 2.5 to 10 mg per day are advised for elderly patients with psychosis and 2.5 to 5 mg per day for those who have dementia [4].

Aripiprazole at a dose of 15–30 mg daily shows promise as a second-line treatment for psychosis in the elderly. Nevertheless its effectiveness in controlling delirious agitation in dementia patients has not been conclusively demonstrated [4].

4. Anxiolytics

This study reveals that benzodiazepines were prescribed by nearly 30% percent of residents. Because

of the typical decline in hepatic and renal function their half-lives increase by 50–100%, which increases susceptibility to their central effects and cause symptoms like drowsiness disorientation and memory problems [4].

In our work residents prescribe hydroxyzine at a rate of 31% and alprazolam at 51%. Prioritizing short-acting medications like Oxazepam or Lorazepam is advised.

H1 Antihistaminic medications like hydroxyzine are frequently prescribed to elderly patients because they reduce anxiety and don't lead to addiction. But they have sedative properties and cause anticholinergic effects at high doses (above 100 mg/day) [4].

For elderly patients, half the usual dosage of non-benzodiazepine hypnotics (like zolpidem and zopiclone) is recommended [4].

VI. CONCLUSION

Prescription of psychotropic drugs for elderly patients should be customized based on their needs and current state of health. Etiologic treatment, the minimum effective dose and monotherapy ought to take precedence over symptomatic treatment. Furthermore non-pharmacological methods like relaxation techniques cognitive-behavioral therapy and lifestyle changes ought to be prioritized.

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