

Purpose of this procedure:

Older people require special care and consideration from prescribers. First always question whether a drug is indicated at all and consider the following points of good practice.

The Procedure:

- 1.0 It is a sensible policy to prescribe from a limited range of medicines and to be thoroughly familiar with their effects in the elderly.
- 2.0 A reduced dose may be required compared to that required in younger patients. In particular a lower starting dose with careful up-titration should be considered for certain medicines.
- 3.0 Review repeat prescriptions regularly. It may be possible to stop the medicine or it may be necessary to reduce the dose to match diminishing renal function.
- 4.0 Elderly patients may benefit from simple treatment regimens. Only medicines with a clear indication should be prescribed and whenever possible given once or twice daily. In particular, regimens which call for a confusing array of dosage intervals should be avoided.
- 5.0 Write full instructions on every prescription (including repeat prescriptions) so that containers can be properly labelled with full directions. Avoid imprecision such as 'as directed'.
- 6.0 Child-resistant containers may be unsuitable.
- 7.0 Instruct patients what to do when the medicines run out, and also how to dispose of any that are no longer necessary. Try to prescribe matching lengths of supply.

Associated materials/references:

[The Safe Use of Medicines Policy](#)

[Prescribing in hospitals and NHS Lothian healthcare premises Procedure](#)

[Prescription writing in community prescribing documents Procedure](#)

[Prescribing in a multi-culture, multi-faith society Procedure](#)