



Other Resources for Medication Monitoring

Online-only content for "Monitoring Medication Use in Older Adults," by Sheila L. Molony, PhD, RN, GNP-BC, in the *American Journal of Nursing*, January 2009, p. 68-78.

IPro. For resources on reducing anticholinergic medications and related adverse effects, see <http://providers.ipro.org/index/pres-drug-plan-prescribers>. This site includes handouts, provider forms, and patient worksheets, including materials related to the Decreasing Anticholinergic Drugs in the Elderly (DADE) project.

Agency for Healthcare Research and Quality (AHRQ). The AHRQ clinical practice guideline entitled *Improving Medication Management for Older Adult Clients* grades the quality of the available evidence supporting use of the Beers criteria and lists strategies to improve medication management. (See www.guideline.gov.)

HomeMeds.org. For a medication management model for home care and an adaptation for use by community-based care management agencies, go to www.homemed.org.

Assessing the Care of Vulnerable Elders (ACOVE). Nurses, quality improvement team members, and especially advanced practice nurses will find it helpful to reference the full set of ACOVE measures, first published in the *Annals of Internal Medicine* in 2001 (135[Suppl]:641-758) and summarized at www.rand.org/pubs/research_briefs/2005/RB4545-1.pdf.

Medication Appropriateness Index. This index has good intra- and interrater reliability and content validity. Use requires clinical judgment. It includes operational definitions and explicit instructions for each domain, including drug indication, effective-

ness, dosage, correct and practical directions, drug-drug interactions, drug-disease interactions, duplication, duration, and cost. It is time-consuming to administer and does not address underprescribing, but it has been used successfully alone and in combination with other instruments.^{1,2}

Drug Burden Index. A recently developed measure specific to sedating and anticholinergic agents, this index considers frequency and dosage as well as mechanism of action. This approach may better predict adverse effects than category-based indices alone.^{3,4}

Drug Regimen Unassisted Grading Scale (DRUGS). This is a standardized assessment of medication-related function that predicts the need for focused nursing intervention or increased support.^{5,6}

REFERENCES

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