

Guidelines for Pharmacist Counseling of Geriatric Patients

The geriatric patient can pose significant challenges to counseling by the pharmacist—complex medication regimens, physical limitations, cognitive impairment, economic issues, adherence, and attitudes toward sickness and medications—requiring the counseling process to occur with a responsible party or family member.

The American Society of Consultant Pharmacists (ASCP) believes pharmacists should educate and counsel all geriatric patients to the extent possible. These guidelines provide specific guidance for counseling geriatric patients and their caregivers.

Guidelines

1. Knowledge and skills

Pharmacists should possess knowledge and skills to effectively counsel the geriatric patient¹:

- Current knowledge of geriatric pharmacotherapy and aging
- Knowledge of the geriatric patient's culture and attitude toward health and illness
- Awareness of patients' sensory or cognitive impairments

2. Process steps for counseling¹

- Establish a relationship to maximize effective communication by demonstrating genuine interest and acceptance.
- Address people using their preferred name.
- Introduce yourself as a pharmacist, explain the purpose and expected length of the session, and obtain the patient's agreement to participate.
- Implement a strategy to overcome any patient-specific communication barriers

- Assess the patient's knowledge about health problems and medications, physical and mental capability to use the medications appropriately, and attitude toward the health problems and medication.
- Provide information orally and use visual aids or demonstrations to fill the patient's gap in knowledge and understanding. Show the patient the colors, sizes, shapes, and markings on oral solids. For oral liquids and injectables, show patients the dosage marks on measuring devices. Demonstrate the assembly and use of administration devices such as nasal and oral inhalers. Provide written handouts to help the patient recall the information.
- Use active listening skills, good eye contact, and gestures when appropriate.
- Observe nonverbal cues such as body language, behavior or facial expression, for reactions.
- Give support, encouragement and feedback.

3. Special considerations in communicating with elderly patients include:

- Focusing on abilities, rather than disabilities.
- Assessing individually and reassessing often.
- Using family or caregiver as a resource when the person is unable to give information.
- Considering environment. Education and counseling are most effective when conducted in a room or space that ensures privacy and opportunity to engage in confidential communication. Provide easy access and appropriate seating. Minimize barriers to communication. Use appropriate learning aids such as graphics, anatomical models, medication administration devices, memory aids, written material, and audiovisual resources.
- Being aware of the potential for interference in communication abilities due to emotion, anxiety, anticipation, fatigue or pain.
- Adjusting the pace and allowing adequate time for response.
- Employing a variety of communication media such as signs, pictures, or other aids.
- Assessing comprehension by restating the patient's statements to ensure comprehension.
- Adapting goals to what the patient can comprehend.
- Being respectful and reinforcing with nonverbal cues.
- Returning when the patient is more receptive if

there is a lack of response or cooperation.

- Giving simple, relevant information.

4. Consider “alternative” approaches based on special needs (aphasia, hearing, visual, cognitive impairments).

- Use writing pads, signs, signals, pictures, and gestures.
- Face the person directly to achieve eye contact and enable lip reading.
- Speak slowly and clearly without exaggeration or shouting.
- Focus on the main subject without unnecessary detail.
- Ensure that hearing aids or glasses are in use.
- Position what needs attention so that it is in the center of the visual field.
- For printed communication, use black printing on white or off-white paper and larger font sizes.
- Be creative about methods of communicating, including talking books, radio, and tapes.
- Address one topic at a time.
- Adapt to disease-related language and memory deficits.
- Allow the patient to feel in control.
- Manner, tone of voice, and body language can convey power and authority.

5. Content¹

The content of an education and counseling session may include the information listed below:

- The medication’s trade name, generic name, common synonym, or other descriptive name(s) and, when appropriate, its therapeutic class and efficacy.
- The medication’s use and expected benefits and action (including whether the medication is intended to cure a disease, eliminate or reduce symptoms, arrest or slow the disease process, or prevent the disease or a symptom).
- The medication’s expected onset of action and what to do if the action does not occur.
- The medication’s route, dosage form, dosage, and administration schedule (including duration of therapy).
- Directions for preparing and using or administering the medication. This may include adaptations to fit patients’ lifestyles or work environments.
- Action to be taken in case of a missed dose.
- Precautions to be observed during the medication’s use or administration and the medication’s potential risks in relation to benefits. For injectable medications and administration devices, concerns about latex allergy may be discussed.
- Potential common and severe adverse effects that

may occur, actions to prevent or minimize their occurrence, and actions to take if they occur, including notifying the prescriber, pharmacist, or other healthcare provider.

- Techniques for self-monitoring of pharmacotherapy.
- Potential medication–medication (including non-prescription), medication–food, and medication–disease interactions or contraindications.
- The medication’s relationships to radiologic and laboratory procedures (eg, timing of doses and potential interferences with interpretation of results).
- Prescription refill authorizations and the process for obtaining refills.
- Instructions for 24-hour access to a pharmacist.
- Proper storage of the medication.
- Proper disposal of contaminated or discontinued medications and used administration devices.
- Any other information unique to an individual patient or medication.

Additional content may be appropriate when pharmacists have authorized responsibilities in collaborative disease management, including:

- The disease: whether it is acute or chronic and its prevention, transmission, progression, and recurrence.
- Expected effects of the disease on the patient’s normal daily living.
- Recognition and monitoring of disease complications.

6. Documentation¹

Pharmacists should document education and counseling in patients’ permanent medical records as consistent with the patients’ care plans and applicable policies and procedures, and state and federal laws. When pharmacists do not have access to patients’ medical records, education and counseling may be documented in the pharmacy’s patient profiles or on a specially designed counseling record. Record that counseling was offered and was accepted and provided or refused. As appropriate, document the content (for example, counseling about food–medication interactions). Safeguard all documentation to respect confidentiality and privacy and to comply with applicable state and federal laws.

The complete guidelines are available at: www.ascp.com and are printed with permission of the American Society of Consultant Pharmacists. MPM

References

1. Adapted from the American Society of Health-System Pharmacists. ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling. *Am J Health-Syst Pharm.* 1997;54:431-434.