

Foreword

Since the beginning of time, humans have sought relief from ailment in plants, herbs, and chemicals. The earliest forms of medicine extracted from plants was morphine, for pain.

As a pharmacist and because my main focus is deprescribing, I am a self-proclaimed “antipharmacist” where I approach every problem believing a medication is a cause, working to limit medication use whenever possible. Using this philosophy throughout my pharmacy career, I established Medication Managers, LLC, a consulting practice that serves nursing facilities and long-term care pharmacy clients across the country, and later became the executive director and chief executive officer of the American Society of Consultant Pharmacist (ASCP) and the ASCP Foundation. At ASCP, we use a patient-focused approach, driven by deprescribing. We strive to make sure individuals are on the least amount of needed medications, and for most that means eliminating unneeded medication.

While a remedy for every ailment has evolved just as modern health care, a clear understanding of the body, how it ages, and the impact of medicine and chemicals on its function has lagged behind. Sometimes we don’t want to know that medications that work may not be good for us—people don’t want to admit that French fries and wine can be bad either—as we seek short term relief, often at the expense of long-term complications.

Medication–use is no different. I know from my parents, the motivations behind the use of medication can often times be risky. Ignoring risks that don’t manifest immediately with the relief medication provides.

One tried and true solution has always been the sound and steady advice from the pharmacist.

Pharmacists spend at least 6 years in college focused almost exclusively on how medications work in the human body. They pour over the benefits and risks not only in diseases and conditions, but when used in combination with other medications. They enter the health care workforce uniquely skilled at managing medications.

Many readers may not recognize that pharmacists in hospitals, clinics and in long-term care settings often dose highly complex antibiotics, pain regimens, and diabetes protocols. Pharmacists serve as a line of defense between the prescribing practitioner and the ingestion of the drug by the patient. Today's pharmacists work in doctors' offices, clinics, and some do home visits, all in an effort to ensure that medications are providing the benefits we seek without the risks we fear.

I view my profession, especially those pharmacists focusing on older adults, as in the perfect position to impact the aging population. Baby-boomers are now turning 70, and with that seniority comes an increased need for medication management. Our country's health and financial stability depend on us finding innovative ways to use pharmacists to improve quality of life and lower the burden of medications and medication use.

As caregivers, many of us recognize that help is needed. Compliance and daily household situations can create risk. Forgetting to take your medicine, forgetting you took your medication and taking another accidentally, taking more because your symptoms are bad, taking less because you don't like how it makes you feel, storing your medicine in places where it can break down or overheat. The list of problems that one can encounter with medication outside the body can sometimes be as long as the risks inside the body.

Dr. Bartlett is a geriatric pharmacist specialist. She has years of experience working with complex individuals and their equally complex medications. She has multiple stories and insights in this book that can lead you down the road toward sound advice and

help you help yourself or one of your loved ones battle the emerging polypharmacy epidemic.

Help is all around us in the form of qualified pharmacists, the trick is understanding that it is always important to ask questions. Herein lies some answers to what's going on, when to ask for help, who to ask and what you can do to help manage medications in an ever-changing medication landscape.

The ASCP Foundation proudly endorses Dr. Bartlett's work in better communicating helpful advice to those struggling with their own or their loved one's medications. This endorsement highlights the great opportunity to communicate the important contributions of senior care pharmacists. Our members are doing fantastic things; we need to tell their stories and continue to support their endeavors. Pharmacy is a family, and ASCP serves as the place for senior care pharmacists to network, share, and improve their practice approaches and to educate those challenged by and navigating the healthcare system.

The mission of the ASCP Foundation is to carry out the charitable – including scientific, literary, and educational – purposes of ASCP, a non-profit organization that strives to empower pharmacist and transform aging.

Pharmacists who specialize in helping people navigate medication related issues can be found at www.helpwithmymeds.org.

My goal is parallel to Dr. Bartlett's, to improve medication management for older adults by bringing the skills of senior care pharmacists to those who need them. The golden age of pharmacy is straight ahead of us; there are just so many older adults who need our expertise!

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American Society of Consultant Pharmacists (ASCP)
ASCP Foundation
Empowering pharmacists
Transforming Aging