

March 16, 2017

Thank you for allowing me to give written testimony on proposed House Bill 3232.

The Oregon Health Authority Public Health Division states that

In Oregon, falls are the leading cause of fatal and nonfatal injuries for adults 65 and older. One in three older adults falls each year, and 20 to 30 percent of people who fall suffer moderate to severe injuries, such as bruises, hip fractures, and head traumas.

<https://public.health.oregon.gov/PreventionWellness/SafeLiving/FallPrevention/Pages/index.aspx>

A metaanalysis study in *Archives of Internal Medicine* from 2009 on the use of sedatives and hypnotics, antidepressants, and benzodiazepines demonstrated a significant association with falls in elderly individuals. This paper studied data from 22 publications and found that use of some drug classes have as much as 1.68 times the rate of falls in these patients. (JC Woolcott, et al. *Archives Internal Medicine*. 2009;169(21):1952-1960.)

A 2011 report by the Office of the Inspector General for the Department of Health and Human Services reviewed on Medicare claims data for atypical antipsychotic drug claims. In the time period studied (January 1 – June 30 2007), 14% of elderly nursing home residents had Medicare claims for atypical antipsychotic drug use. Of these, 83% were associated with off label conditions. More notably, in 88% of the claims, the drugs were being used to when the patient had a condition listed in the FDA boxed warning. This warning exists when medical studies indicate that the drug carries a significant risk of serious or even life-threatening adverse effects. Finally, this study also found that 22% of these drugs “were not administered in accordance with CMS standards regarding unnecessary drug use in nursing homes.” These alarming national statistics and more data are available in Inspector General Levinson’s report at <https://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf>.

Psychotropic medications fit into multiple drug classes, such as antidepressants, stimulants, antianxiety medications, antipsychotics, and mood stabilizers. Potential side effects are sleepiness, anxiety, insomnia, suicidal thoughts or attempts at suicide, aggression, irritability acting on dangerous impulses. Uncontrolled movements, blurred vision, dizziness, drowsiness and unsteadiness are also possible. The elderly are especially susceptible to these side effects due to changes in their metabolism, interactions with their other medications, and the presence of underlying medical conditions. These drugs can have disastrous effects in the elderly population. Patients on these psychotropic medications deserve careful monitoring.

Testimony to Senate Committee on Human Services
Regarding House Bill 3262

Clinical scenario, a patient of a long-term facility is on at least one psychotropic medication, he/she has been admitted to the hospital for an unrelated medical complaint such as sepsis from a urinary tract infection. This may affect his mentation and may require additional medications to help control or stabilize this patient.

He is discharged back to his facility with at least 3 psychotropic medications. He has returned to his baseline health but because of the psychotropic additional medications not being reviewed by his regular PCPs. He is unsteady and unstable and suffers a fall. He is brought back to the hospital and noted to have multiple rib fractures and a head bleed is admitted to the intensive care unit and after one month of care, he unfortunately dies.

This scenario could have been prevented if this bill was enacted. Think of the lives affected, and the cost on the health care system from such a simple preventable act.