

Impacts of Prescribing Cascades on Pain and Mood in Older Adults



A [prescribing cascade](#) is when an adverse drug effect is misinterpreted as a new medical condition, and a new drug is prescribed. Medication side effects are treated with new medications, as described by Dusty in [How Much is Too Much?](#)

An example of a prescribing cascade is when a blood pressure medication has a side-effect of edema, resulting in a new diagnosis of heart failure, and a diuretic.

- Swollen limbs feel tight and heavy and are at risk for painful wounds.
- Treating this edema with a diuretic can worsen dehydration and constipation, and contribute to confusion, urinary tract infections and delirium.
- Lower blood pressure can contribute to falls, painful injuries and hesitance to walk independently. Loss of mobility increases risk of depression.

Any intervention must be re-assessed to determine:

Is it indicated? Treatments that may no longer be therapeutic are described in [Choosing Wisely in Long Term Care](#) and [AHS Deprescribing Resource Guide](#). [Medicine check-ups for older adults](#) supports shared decision-making conversations.

Is it safe? What is the impact on falls and cognition? E.g., Check blood pressure sitting, standing, and after meals, to identify postural/post-prandial hypotension.

Is it effective? Do your assessments show improvements in pain and/or mood?

Is the person able (and willing) to take the medications? Do they have difficulty swallowing, or attempt to decline medications?

Looking for more resources? Check out:

- [Deprescribing in LTC Framework](#)
- [Resources](#) to share with patients, families, and healthcare professionals