

# FINDING YOUR NICHE: GERIATRIC CARE

ENHANCING LIFE FOR OLDER ADULTS A REWARDING PRACTICE

BY ROSALIND STEFANAC



**E**dmonton-based pharmacist and pharmacy professor Cheryl Sadowski never set out to become a geriatric pharmacist, but 24 years later, she can't imagine anything

as professionally fulfilling as caring for older adults.

Sadowski says she was “thrust into geriatrics” when she first joined North York Branson Hospital in Toronto because it was the only ward left available to cover. Working alongside another pharmacist and eventual mentor, she was able to see just how interesting the cases were and how much she got to collaborate with the healthcare team.

She went on to do her PharmD in the U.S. and a further residency in geriatrics that was accredited by the American Society of Hospital Pharmacists. “A full



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Cheryl Sadowski, Edmonton-based pharmacist and pharmacy professor

year of being immersed in geriatrics, working with some of the leaders in geriatric care was amazing,” she says. “Pharmacists can offer so much to the care of older adults.”

Given that almost all seniors have a chronic disease and are taking medications, Sadowski says pharmacists can help address under-treatment, over-treatment and challenges with the treatment being used. “It’s rewarding to see how, by fixing a medication-related problem, we can really make people’s lives better,” she says. “Whether we are community, hospital, clinic or home-

based, pharmacists are great at networking with the rest of the team and can identify other non-medication issues too.” These could be signs of elder abuse, the need for supports

through community programs or a referral onto a physiotherapist.

With some 600 U.S. board-certified geriatric pharmacists in Canada now, there are clearly others who share Sadowski’s view. Rose Patodia was among the first Canadian pharmacists to get certified back in 1998 and says she has been able to apply that knowledge in most aspects of her career since. Not only does she have vast experiencing working with older adults in long-term care settings, she has developed learning programs on the topic for other pharmacists through her work with a large pharmacy chain, a

provincial association and an educational services agency.

Currently Patodia is editorial director at Pear Healthcare where she oversees creation of continuing education content for pharmacists. She is also working with Toronto's Baycrest Health Sciences hospital on a research study focused on medication education for caregivers of people living with dementia. On top of that, she oversees pharmacy students during Toronto-based experiential rotations as Regional Clinical Coordinator of the University of Waterloo's Faculty of Pharmacy. "I'm not using my training in the traditional way you might think, but the knowledge I've developed over the years, and the sensitivity I have to issues in this population, can be applied everywhere," she says.

For example, Patodia says sometimes pharmacists make assumptions that people are functionally OK, but it's about looking at the bigger picture as patients start experiencing functional decline. "When we focus only on the medication, we may not be sensitive to the fact these patients can't hear or see things properly, or they may live alone and have difficulty opening up a vial or even coming into the pharmacy," she says. "You don't have to spend hours counselling, but being proactive and asking those little questions can make a big difference."

In the community setting, Patodia says medication reviews are a key pharmacy service that can benefit older patients. "That's the part that most other members of the healthcare team don't have as a top priority—but it should be ours," she says. "Maybe these patients also need a home visit where they'll be more comfortable—or maybe their caregivers are struggling and need resources."

#### **A forum for sharing experience**

A need for more resources for our aging population and the pharmacists who care for them is what prompted pharmacist Sue Burns to co-found the Coalition for Pharmacists Caring for Aging Canadians (CPCAC) two years ago. This not-for-profit group aims to bring together a network of like-minded pharmacists (and

other allied health professionals) together so they can learn and share ideas about treating the 80+ population.

"As pharmacists, we have to ask ourselves, do these patients really need the same drugs they were on five or 10 years ago," says Burns who has been working in geriatrics for 30 years and currently does consultations for several long-term care facilities. "Deprescribing is a big focus because the goals of therapy change as you age—it's a shift for us in terms of balancing the guidelines with the personal goals of someone who may only have a short time left."

Last October, the group had its first conference in Toronto which drew 150 attendees and touched on topics such as cannabinoid therapy in the elderly, medication errors and mindfulness. "There is always need for education as this population is not represented well in drug studies," says Burns. "As pharmacists we can make sure they are pain-free, not at risk of falls and help optimize their movements."

She says pharmacists caring for older adults also have to realize that life is finite for all of us. "Walking away saying 'I did my best' and helped them as much as I could in their final years is what's important," she says. "Knowing I've made recommendations that have impacted their quality of life—that's why I went into this field." ☺

## RESOURCES FOR GERIATRIC CARE



Alzheimer Society of Canada  
(<https://alzheimer.ca>)

Canadian Society of Hospital Pharmacists ([www.cshp.ca/geriatrics](http://www.cshp.ca/geriatrics))

Canadian Geriatrics Society  
(<https://canadiangeriatrics.ca/>)

Coalition of Pharmacists Caring for Aging Canadians (<https://cpcac.ca>)

CIHR Institute of Aging  
(<http://www.cihr-irsc.gc.ca/e/8671.html>)

deprescribing.org  
(<https://deprescribing.org/>)

The National Institute of Aging  
(<https://www.nia.nih.gov/>)

The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (<https://www.auanet.org/guidelines/beers-criteria>)

**ROSALIND STEFANAC** is a Toronto writer specializing in healthcare and business issues.



### **How do I specialize?**

Start by spending some additional time with your older patients to see what kind of issues this demographic is dealing with. There are various national and provincial continuing education resources for pharmacists/healthcare providers focused on issues such as Parkinson's disease, dementia, falls prevention, drug interactions etc., that could be useful in counselling your aging patients. Join a network like CPCAC to connect with others dealing with this patient group (general membership is \$150/year).

Consider getting accredited through the US Board of Pharmacy Specialties (there is no Canadian certification available yet). You'll have to re-certify every five to seven years.