

Characteristics and Nursing Research of Adverse Drug Reactions in Elderly Patients in Aged Care Organizations

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Abstract: Objective: To study the characteristics of adverse drug reactions in elderly patients in old-age care institutions. **Methods:** A total of 74 elderly patients in a nursing home from January 20 to 2018 were selected as subjects. The clinical data were analyzed and randomly divided into observation group and control group, 37 cases each. Control group: routine care; observation group: Improve the adverse drug reaction system based on routine care. Statistical clinical efficacy. **Results:** After the statistics, compared with the total effective rate of 95.95% in the control group, the total effective rate of the observation group was significantly increased by 63.51%, and the difference between the groups was significant, $p < 0.05$. **Conclusion:** The old-age institutions can improve the adverse drug reaction system, which is beneficial to the quality of life of elderly patients, improve the total effective rate of clinical treatment, and ensure the quality and safety of the organization. It is worthy of application and promotion in clinical practice.

Because of the quality of the drug or the harmful reactions caused by improper medication are adverse drug reactions. Including the side effects of drugs, toxic effects, aftereffects, allergic reactions, double infections caused by anti-infection, dependence and carcinogenic, teratogenic and mutation effects It is not uncommon for these adverse reactions to occur. In order to carry out the care work more smoothly, we study the characteristics of adverse drug reactions in elderly patients in the old-age care institutions. We selected 74 patients who were admitted to a nursing institution from January 2018 to July 2018 as subjects to study the characteristics of adverse drug reactions in elderly patients in the old-age care institutions, and achieved good results.

1. Materials and Methods

1.1 Normal information

Seventy-four patients admitted to our hospital from January 20 to 2018 were randomly divided into the control group and the observation group, with 37 cases in each group. Control group: 21 males and 16 females, aged 69-89 years, with routine care; Observation group: 18 males and 19 females, aged 72-85 years old, improved the adverse drug reaction system based on routine care. Statistical clinical efficacy. The clinical data of the two groups were analyzed. There was no statistically significant difference in gender age ($P > 0.05$), which was comparable.

1.2 Nursing method

Control group: We implemented routine care, followed the nursing conference system, handover system, check system and graded care system. Nursing staff should closely observe changes in the patient's condition, medication guidance, condition care, symptomatic rest, guidance rest, psychological care, etc. The observation group improved the adverse drug reaction system on the basis of routine care. The following is the specific situation of adverse drug reactions.

1.2.1 Drug cause

After many drugs are applied for a period of time, some adverse drug reactions may occur due to pharmacological effects. In the long-term clinical use of glucocorticoids, capillary diseases may bleed, and spots may appear on the skin of patients, and even adrenal cortex may appear.

Hyperthyroidism [1], In the process of drug production, mixed with high-molecular impurities may also cause adverse drug reactions. For example, penicillin allergic reaction, penicillin may contain traces of penicillin enoic acid, penicillin thiazolyl and penicillin polymers. Due to improper production or storage, the drug is contaminated, which may cause more serious adverse drug reactions. The drug is clinically controlled by the doctor. If the dose is not properly controlled, the patient may develop a poisoning reaction or even cause the patient to die. The difference between the manufacturing process and the method of administration [2], the clinical use of the patient will affect the absorption of the drug and the concentration of the blood drug. If the method is wrong, and the drug may have quality problems, it may cause adverse drug reactions.

1.2.2 Body reasons

Humans also have a great difference in the role of drugs between races. For example, the antipyretic and anti-inflammatory agent, isobutyric acid, is more common in the UK, but less common in Japan. Moreover, in drug dermatitis, the incidence of men is higher than that of women. The elderly respond differently to drugs. The half-life of penicillin in the elderly is one hour. Because of the age, the plasma protein concentration in the elderly is reduced, resulting in a decrease in the drug binding capacity. Therefore, the elderly use digitalis and reserpine. Special attention should be paid to [3]. Because different individuals respond differently to the same dose of the same drug, individual differences can affect the nature of the drug's action. For example, morphine does not inhibit the individual's ability, but instead exerts an excitatory effect. The pathological state affects the body's functions, and it also affects the drug's effects. For example, when diarrhea is used, the absorption of oral drugs is poor and the effect is small. When liver and kidney dysfunction, it can significantly extend or strengthen the role of many drugs, and even cause poisoning. Studies have found that blood types can also have different effects on the effects of drugs, and imbalances in diet can also affect the effects of drugs, such as nerve damage caused by isoniazid.

1.2.3 Effect of administration method

Misuse, abuse, improper prescription of medical staff, medical abuse of drugs and route of administration will have a certain impact on the use of drugs [4], change the absorption, distribution and role of drugs, and immediately have an effect, Initiation of adverse reactions, long-term medication may even occur accumulation of poisoning, drug interactions combined with improper medication, drug reduction or withdrawal will have adverse reactions.

1.2.4 Multi-drug combination

The combination of multiple drugs can easily cause a drug reaction. Old people should not use too much medicine, the elderly are prone to malnutrition, dehydration, and even have lost kidney function. Therefore, headache, dizziness, ataxia, and easy to fall fractures are prone to occur. Antihistamines, hypnotics, anxiolytics, and antidepressants are prone to cause these symptoms. Many drugs are combined to cause adverse reactions. Adverse reactions between drugs lead to adverse reactions during the use of the two drugs. Unreasonable use of drugs may be because consciousness does not take into account contraindications to drugs, and special patients need to be treated alone [5]. Diseases can alter drug absorption, metabolism, excretion, and the body's response to drugs. Different ethnicities have different degrees of drug use and may have an effect on the mental-somatic interactions of the elderly.

1.3 Evaluation method

This study is based on the patient's effectiveness, effectiveness, and ineffectiveness as the final assessment criteria. The so-called marked effect mainly refers to the clinical symptoms disappeared after the patient receives the treatment; the so-called effective, mainly because the patient's clinical symptoms have improved after receiving the treatment; the so-called invalid mainly refers to the treatment after the treatment There was no improvement in clinical symptoms and there was a tendency to gradually increase. Calculation efficiency = (significant + effective) / total number of

cases \times 100%. At the same time, the adverse reactions of the two groups of patients were observed.

1.4 Statistical processing

The patient data were analyzed by SPSS18.0 system software; the measurement data were expressed by ($\bar{x}\pm s$) and t test; the count data was expressed by (n,%) and χ^2 test; $P<0.05$ means statistically significant.

2. Results

The study found that the total effective rate of treatment in the observation group was 95.95% higher than the total effective rate of the control group ($P<0.05$). The difference was statistically significant, as shown in the following table:

Table 1 Comparison of clinical treatment results between the two groups of patients (n,%)

Group	Significant effect	effective	invalid	Total treatment efficiency
Observation group(n=74)	29	42	3	95.95%(71/74)
Control group(n=74)	13	34	27	63.51%(47/74)
				χ^2 8.565
				P 0.024

3. Discussion

With the continuous progress and development of society, China's aging is increasing. Due to the increasing number of elderly people and the increasing number, the elderly in modern society are facing many social problems such as pension, medical care and spiritual support, which have aroused the attention of all sectors of society, and the number of old-age institutions is also increasing. The advent of China's aging society has put forward higher requirements for the care of the elderly and the quality of disease treatment for the elderly, and many old-age institutions still use the original medical related norms. Regardless of the physiological, biochemical, and organizational forms, the elderly will have degenerative changes, so the nursing home needs more professional medication guidance and adverse drug reaction monitoring, and is equipped with enough medical staff to supervise and guide the elderly. In the absence of a sound system of adverse drug reactions, there will be cases of inappropriate medication and adverse reactions that threaten the lives of elderly patients. Antibacterial drugs, anti-blood drugs, psychotropic drugs, and treatments for Parkinson's disease are all prone to adverse reactions in elderly patients [6], Adverse reactions between drugs lead to adverse reactions during the use of the two drugs. Long-term use of the elderly will increase the probability of adverse drug reactions. The dosage of the drug in the prescription is unreasonable and the method of use is inappropriate. And the irrational use of drugs may be because the consciousness does not take into account the contraindications of the drug, it can also lead to adverse drug reactions in elderly patients, the accumulation of drugs in elderly patients, but also increase the risk of adverse reactions.

In general, the majority of elderly patients in the old-age care institutions suffer from a variety of diseases. The diagnosis, treatment, treatment and judgment of physical diseases are sometimes judged by the description of the family members. The old-age care institution should understand that the examination of the patient's personal life care and other aspects of the patient's service needs to seek the consent of their family members, so be sure to leave the family's telephone number. Elderly patients in the old-age care institutions are suffering from physical illnesses and have poor physical fitness. In the process of medication, it is extremely prone to adverse drug reactions. This article provides a comprehensive description of the adverse drug reactions. The old-age care institutions should pay attention to the side effects of the drugs while using the drugs, and the physicians should consider the physical quality of the elderly patients. In clinical care, it is

necessary to communicate with elderly patients according to the standard requirements. The environment in which elderly patients live must be fresh air. When the elderly are eating, the nursing staff must help the elderly clean their hands [7-8]. Have a full understanding of the psychology of elderly patients, take different nursing methods for different stages of the development of elderly patients, nursing staff should care about enlightening patients, often talk with patients, rationally arrange the lives of the elderly, and enhance the kindness Feeling and trust, creating a relaxed, pleasant atmosphere and a good living environment. To make them feel respected and understood, psychologically comforted and emotionally satisfied. Nursing staff should always observe the condition, speech and physical activity of elderly patients, and if abnormalities are found, they should be treated in time.

The results of the survey showed that after the statistics, compared with the total effective rate of the control group of 95.95%, the total effective rate of the observation group was significantly increased by 63.51%, and the difference between the groups was significant, $p < 0.05$. In summary, the old-age institutions improve the adverse drug reaction system, which is conducive to better quality of life for elderly patients, improve the overall efficiency of clinical treatment, and ensure the quality and safety of the organization, which is worthy of clinical application. And promotion.

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