MUSCULOSKELETAL PROBLEMS AND DRUG USE IN THE ELDERLY: PERSPECTIVE OF THE GENERAL PRACTITIONERS

Introduction: The elderly populate all over the world and in our country, demands of this population from health services are on the rise due to chronic diseases. Prevalence of osteoarthritis, osteoporosis and pain resulting from various musculoskeletal diseases are known to increase with age. Since improving national healthcare services through the enhancement of primary care is a major challenge in many countries; we aimed to investigate the perspective of the general practitioners (GPs) and the problems they encounter while dealing with musculoskeletal problems in the elderly population.

Materials and Method: 159 governmental primary health care centers were randomly chosen and involved in the study. The GPs were questioned on the types of health problems they frequently encounter in the elderly population, the groups of drugs they prefer, whether they perform intraarticular or intralesional injections, the type of drugs they prescribe for osteoporosis, the type of drug groups that satisfy their patients most, drugs that the patients might prefer according to the advice of nonmedicines and the drugs that elderly patients tend to use without prescriptions.

Results: The most frequently used drugs for the musculoskeletal problems in the elderly were nonsteroidal antiinflammatory drugs (NSAIDs), followed by COX-2 specific NSAIDs, and paracetamol. The drugs that satisfy patients most were COX-2 specific NSAIDs, followed by NSAIDs, corticosteroids and paracetamol. 90.4% of the patients demanded for prescription of the drugs that were advised by nonmedicines. The GPs have observed that NSAIDs, antibiotics, vitamins and mineral preparations, cardiovascular system drugs were used by the patients without prescriptions.

Conclusion: The GPs are frequently involved in the care of elderly patients with painful problems. NSAIDs are the most frequently used medications for musculoskeletal pain problems. A wide range of medications are used by the elderly patients without prescription.

Key Words: General Practitioners; Musculoskeletal Disease; Anti-Inflammatory Agents, Non-Steroidal; Pain.

SHORT REPORT

YAŞLILARDA KAS İSKELET SİSTEMİ PROBLEMLERİ VE İLAÇ KULLANIMI: PRATİSYEN HEKİMLERİN PERSEPTİFİ

Öz

 Giriş: Yaşlı populasyon tüm dünyada ve ülkemizde artmaktadır ve bu grup hastanın sağlığı hizmetlerinden beklediği olanak artmaktadır. Farklı kas iskelet sistemini hastalıkları na bağlı olarak osteoartrit, osteoporoz ve ağrı prevelansı ile birlikte artmaktadır. Bu çalışmada birinci basamak sağlık hizmetlerinin güçlendirilmesi ile ulusal sağlık hizmetlerinin iyileştirilmesi pek çok ülkede temel hedef olmuşdur; pratısyen hekimlerinin görüşlerini alarak; onların yaşlı populasyonu üzerindeki kas iskelet sistemi problemlerini ile ilgili oldukları problemleri incelenmesi amaçlanmıştır.

Gereç ve Yöntem: Devlete bağlı olarak çalışılan 159 birinci basamak sağlık merkezi rastgele seçilerek çalısmaya dahil edildi. Pratısyen hekimlere yaşlı populasyonda hangi sağlık problemleri ile karşılaştıkları, tercih ettikleri ilaç grupları, intraartiküler veya intralesyonel injeksiyon uygulamaları, osteoporoz tedavisinde reçeteleflendiриklileri ilaçlar, hasta memnuniyetinin en yüksek olduğu ilaçlar, yaşlı hastaların sağlığı personeli gündelik kişiliden alınan tavsiyeler üzerine alınan ilaçlar ile reçetesiz olarak kullandıkları ilaçlar soruldu.

Bulgular: Yaşlı hastalarda kas iskelet sistemini problemi için en sık kullanılan ilaçlar; steroid olmayan antiinflamatur ilaçlar (SOAİ), onları takiben COX-2 spesifik SOAİ ve paracetamolldir. En fazla hasta memnuniyeti en yüksek olduğu ilaçlar, yaşlı hastaların sağlığı personeli gündelik kişiliden alınan tavsiyeler üzerine alınan ilaçlar ve reçetesiz olarak kullanılan ilaçlar soruldu.


Anahtar Sözcükler: Pratısyen Hekim; Kas ve İskelet Sistemi Hastalıkları; Anti-inflamatur İlaç, Non-Steroid; Ağrı.
INTRODUCTION

The median age of the world’s population is increasing because of a decline in fertility and a 20-year increase in the average life span during the second half of the 20th century (1). The elderly populate all over the world and in our country, demands of this population from health services are on the rise due to chronic diseases. These problems lead to functional impairments and reduce quality of life. Prevalence of osteoarthritis, osteoporosis and pain resulting from various musculoskeletal diseases are known to increase with age. Painful states of the musculoskeletal system constitute more than 2/3 of painful states in primary care (2). Since improving national healthcare services through the enhancement of primary care is a major challenge in many countries (3); we aimed to investigate the perspective of the general practitioners (GPs) and the problems they encounter while dealing with musculoskeletal problems in the elderly population.

MATERIALS AND METHOD

159 governmental primary health care centers were randomly chosen and involved in the study. A questionnaire was sent by postage and asked to be returned. Results that are returned from 53 centers were evaluated. In this questionnaire the practitioners were questioned on the types of health problems they frequently encounter in the elderly population, the groups of drugs they prefer, whether they perform intraarticular or intraleisonal injections, the type of drugs they prescribe for osteoporosis, the type of drug groups that satisfy their patients most, drugs that the patients might prefer according to the advice of nonmedics and the drugs that elderly patients tend to use without prescriptions.

RESULTS

The frequency of the musculoskeletal problems that the GPs reported were: osteoarthritis 84.9%, osteoporosis 60.4%, low back pain 58.5%, generalized pain 50.9%, headache 28.3% and back pain 26.4%. The most frequently used drugs for the musculoskeletal problems in the elderly were non-steroidal antiinflammatory drugs (NSAIDs) (55.8%), followed by COX-2 specific NSAIDs (32.7%), and paracetamol (11.5%). Most of the GPs (96.2%) did not perform intraarticular or intraleisonal injections. The drugs that satisfied their patients most were COX-2 specific NSAIDs (44.2%), followed by NSAIDs (38.5%), corticosteroids (34.6%) and paracetamol (1.9%). The drugs used for treatment of osteoporotic patients were calcium and vitamin D preparations (82%), bisphosphonates (12%) and calcitonins (6%). 90.4% of the patients demanded for prescription of the drugs that were advised by nonmedics. The GPs have observed that NSAIDs (96.2%), antibiotics (49.1%), vitamins and mineral preparations (17%), cardiovascular system drugs (1.9%) were used by the patients without prescriptions.

DISCUSSION

General practitioners commonly encounter osteoarthritic and osteoporotic elderly patients. In a study concerning pain patterns of musculoskeletal disorders conducted in three primary care centers in Greece revealed that the prevalence of the reported musculoskeletal symptoms was related to increasing age for neck, elbow, low back, hip and knee pain (4). In another study investigating the epidemiology and management of pain in Italian general practice it was concluded that the largest category of diagnoses was “arthropathies and related disorders”, followed “dorsopathies” and “rheumatism excluding the back” (5). Similar to these findings, in our study pain due to osteoarthritis, low back and back were among the commonly reported musculoskeletal pain problems.

NSAIDs are the most frequently used medications for musculoskeletal pain problems. It was notable that NSAIDs were preferred over paracetamol in our study group despite the fact that acetaminophen is recommended in the osteoarthritic elderly group and can be taken safely in doses up to 4 g/day (6). Similarly more than half of the prescriptions of Italian GPs were for NSAIDs alone (5). In a study by Keys et al. it was reported that GPs prefer oral NSAIDs in conditions such as osteoarthritis (7). However, in a recent review about clinical approach to managing musculoskeletal pain, local treatments rather than systemic treatments were advised when feasible (8). However in our study group intraarticular and intraleisonal injections were seldomly employed. COX-2 specific NSAIDs seem to satisfy the patients most but, high satisfaction rate with the use of corticosteroids needs attention. A great proportion of the elderly patients demand for prescriptions that are advised by nonmedics and NSAIDs are frequently used with and without prescriptions (9,10).

It is a common fact that many physiological changes, psycho and motor regression, mental changes, nutritional disorders and many systemic diseases become more prevalent among older persons. Age related alterations in metabolism and the excretion of medications increase the risk of adverse drug events in the elderly. Inappropriate prescription practi-
ce entails increased burdens of impaired quality of life and drug related morbidity and mortality. Interventions in the primary care to reduce chronic NSAID usage would be cost effective in the elderly population. Safety of drug use, which is defined by the maximum efficacy, safety of drug and its convenience for the patient and cost-benefit relation, is significant for all age groups. However, this is much more so for geriatrics. Therefore, the GPs, all the physicians and the other health professionals working in this chain should pay great attention for safe use of drugs in the elderly group (11).

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