Pharmacy: polypharmacy review in an older adult

- Discipline and setting: Clinical pharmacy, in an ambulatory-care medication review.
- Patient profile (fictional): A fictional 82-year-old woman, takes 11 regular medicines for hypertension, type 2 diabetes, insomnia, and low mood.
- Presenting complaint: The GP requested a medication review after two falls in one month. She also reports daytime drowsiness and light-headedness on standing.
- Assessment findings: The standing blood pressure measured 24 mmHg below the seated reading. The medication list included long-term diazepam, amitriptyline, and two antihypertensives. Renal function showed an eGFR of 42. The anticholinergic burden score came to 3.
- Clinical reasoning (annotated): The working conclusion is medication-related falls. Orthostatic hypotension and central sedation are the drivers. The 2023 AGS Beers Criteria flag diazepam and amitriptyline as potentially inappropriate for adults over 65, and the evidence links both to falls and confusion. A primary cardiac cause was ruled out because the ECG was normal and symptoms tracked posture. A neurological cause was excluded because the cranial-nerve and gait screens were unremarkable apart from unsteadiness after standing. An infection was set aside because inflammatory markers and urinalysis were clear.
- Management and outcome: The pharmacist recommended a slow diazepam taper, a switch off amitriptyline, and a reduced antihypertensive dose, with a four-week review. Over eight weeks the orthostatic drop narrowed to 10 mmHg and she reported no further falls.

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