

Case N° 4: Inappropriate prescription T Pepersack

A 80 old man was admitted from an institution for *deterioration of general status*. His GP observed an *extrapyramidal syndrome* and administered Levodopa 125 mg, 3x/d since 2 days.

At **admission** the patient was *agitated*, and developed urinary *incontinence* and *visual hallucinations*.

History:

- Hypertension (atenolol 100mg+Chlortalidone 25 mg)
- Benign prostate hypertrophy
- Falls
- Dysphagia
- GERD
- BPCO
- Ischemic heart disease and atrial fibrillation
- Depression secondary to bereavement
- Type 2 diabetes

Treatment

- Tenoretic® 1/d (atenolol 100mg+Chlortalidone 25 mg)
- Terazocine 10 mg/d
- Coruno® 16mg/d (Molsidomine)
- Chloropotassuril® (Potassium chloride 13.5 mEq/dial)(3x/d)
- Zyloric® (allopurinol)(300 mg/d) (allopurinol)(
- Daonil® 1/d (glibenclamide 5mg)
- Glucophage® (Metformin) 2 x 850 mg/d
- Prozac® (fluoxetine) 20mg/d
- Zantac® (ranitidine) 300mg/d
- Zolpidem 10 mg/d
- ... and Levodopa 125mg 3x since 2 days

Physical examination

BP 120-60 mmHg, HR 68/min, T°: 36.7°C, agitated, disoriented, with a bladder retention. Weight 42 kgs, BMI 17Kg/m², hydration seemed normal

Neurological examination

Fluctuation of vigilance, dysarthria, dysphagia, cranial nerves OK but limitation of vertical movements of the eyes, severe akineto rigid syndrome.

Biochemical

Urea 40 mg/100mL, Creatinin 1 mg/100 mL, Na 127 mEq/L, K 4.9 mEq/l, urate 3 mg/100mL, Albumin 3.1 mg/100mL, Glycemia 57 mg/100mL, HbA1c 5%.

Discussion

Discuss the possible inappropriate prescriptions (under, mis and over prescription) and the alternatives (if any)

What are the drugs you propose to stop?

What alternatives drugs?

What are the drugs you propose to begin?