



A publication of the Brown Medicine  
Geriatrics Department 401-649-4010

## Did you know?

Brown Medicine-Geriatrics offers after hour access to on-call physicians, same day sick visits and weekend appointments for urgent issues.

Please call the office for more information and/or to schedule an appointment.

## Weekend Urgent Care Visits for Primary Care Patients

Avoid going to the Hospital Emergency Room or another Urgent Care Facility.

Hours:  
Saturday: 9:00 a.m. - 3:00 p.m.  
Sunday: 9:00 a.m. - 12:00 p.m.

Brown Physicians Patient Center  
375 Wampanoag Trail  
East Providence, RI 02915

Call Geriatrics Primary Care to schedule an appointment: 401-649-4010

## 2 ways to get the Geriatrics Newsletter:

1. Available at our Geriatrics office in East Providence
2. Online at:  
[Brownmed.org/division-of-geriatrics-and-palliative-medicine](http://Brownmed.org/division-of-geriatrics-and-palliative-medicine)

## Drugs to Avoid in Older Adults

The American Geriatrics Society recommends avoiding certain medications in older adults to reduce the chance of reactions and side effects. It is important to be aware that some of these drugs are available over-the-counter (OTC). The following highlights two types of drug classes that should be avoided.

**Non-steroidal anti-inflammatory drugs, or NSAIDs**, are used to reduce pain and inflammation. They are available OTC and include drugs such as ibuprofen (Advil) or naproxen (Aleve). NSAIDs can increase the risk of bleeding ulcers, increase blood pressure, affect your kidneys, or worsen heart failure. People taking steroids or blood-thinning medications are at a higher risk of developing bleeding problems if NSAIDs are used. Discuss pain relief options with your doctor before taking any of these medications. Acetaminophen (Tylenol) is not an NSAID. If effective, it is safe when taken below the maximum dose on the package. Patients with liver disease should avoid acetaminophen.



Another commonly available OTC class of drugs to avoid is **antihistamines**. These medications can be used for allergies, cough/cold or as a sleep aid. Examples of these medications include diphenhydramine (Benadryl), chlorpheniramine (Chlor-Trimeton), or doxylamine (NiteTime Sleep-Aid). Be cautious of combination pain relievers or cold remedies that may include an antihistamine, like Tylenol PM. Antihistamines can cause drowsiness, confusion, constipation, or problems urinating. Read the product label carefully and speak to your doctor before taking any of these products. There are usually safer alternatives that can help treat these conditions. These include drugs like loratadine (Claritin), cetirizine (Zyrtec), and fexofenadine (Allegra). Do not take the versions of these drugs that have decongestants added. They usually end with a "D" (such as Claritin D). Also, OTC saline nasal sprays or cortisone-like sprays such as fluticasone (Flonase) can be effective. Avoid decongestant nose sprays, such as oxymetazoline (Afrin). They cause more inflammation when used more than just a day or two.

Marco DelBove, Pharm.D.

# Women's Health:

Women require fewer gynecological visits as they age but certain conditions require continued gynecological care. We will briefly review some issues specific to older women.

## Menopause

One third of a women's entire lifespan is spent after menopause. Therefore, understanding the implications of the lower levels of estrogen is important. Women can develop the following:

- hot flashes and night sweats
- difficulty sleeping
- fatigue and mood swings
- difficulty with concentration and memory
- vaginal dryness and loss of interest in sex
- breast tenderness
- bladder leakage



Vaginal dryness can be treated with a wide range of creams (K-Y jelly), tablets, or rings. Avoid douching as it worsens dryness. Staying sexually active maintains a healthy vaginal mucosa. Environmental strategies can help with hot flashes such as maintaining a cool house, wearing breathable fabric, drinking cold beverages, limiting alcohol, stopping smoking, and stress reduction (yoga). Estrogen hormone therapy can be useful if symptoms persist except this is usually only started in women less than 60 or within 10 years of menopause. Otherwise the risks of breast cancer, heart disease, stroke, and blood clots become too great.

## Pelvic exam and Pap tests

Recent recommendations state that routine annual pelvic exams do not help detect disease. However, if you are having symptoms, your provider will perform a pelvic exam to look at your vulva, vagina, cervix, and rectum. Similarly, a Pap test (a screen for cervical cancer) is not routinely recommended for women over 65 unless you have never had one. If you have been screened regularly in the past and never had an abnormal test, you can stop at age 65 since the risk of cervical cancer is low.



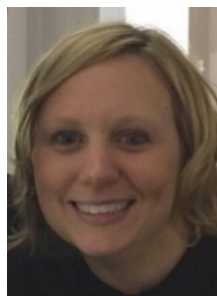
## Mammogram

A mammogram is an X-ray of the breast to help detect breast cancer. It is recommended to get a mammogram every 2 years from age 50 to 75. If a woman has poor health and is not expected to live more than 10 years, it is also reasonable to stop given they are likely to be harmed by the test rather than helped. When a mammogram shows an abnormality, the radiology center will request further tests either with X-rays, an ultrasound or a biopsy of the area of the breast in question. Breast self-exams have not been shown to be beneficial in identifying breast cancer so it is no longer recommended.



Lynn McNicoll, MD  
Division of Geriatrics

## Staff Spotlight



My name is Kerri Kelley, MSW, LICSW. I am a clinical social worker at The Miriam Hospital and Brown Medicine Division of Geriatrics. I obtained a bachelor's degree in both Psychology BA and Sociology BA from Rhode Island College in 2004. I later went on to obtain a Master of Social Work degree in 2006 from Rhode Island College. I have experience working with patients in the inpatient hospital setting as well as outpatient medical and psychiatry clinics. In my current role as a clinical social worker in the geriatric medical clinic at Brown Medicine I provide many services to our patients. These services include but are not limited to emotional support for depression, anxiety, family issues, adjustment to illness, grief/loss; memory screenings; caregiver support and resources; and community care referrals and resources. I collaborate with our Providers, Geriatric Medicine Fellow, nurse care manager and staff to ensure that the psychosocial needs of patients are being addressed. I am involved in the geriatric interdisciplinary care team and the Geriatrics Patient Family Advisory Council. I enjoy traveling and spending time with my husband, two children and our dog, Wes.



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