

The Geriatrics PRN: Demystifying a Population

Overview of the PRN

The Geriatrics Practice and Research Network (PRN) was cofounded by Mary Beth O'Connell and Todd Semla on November 12, 1995, with 58 members joining that first year. As of January 2017, membership exceeded 400 pharmacy professionals and learners dedicated to the care of older adults and related issues involving aging. The Geriatrics PRN provides programming on topics in geriatric pharmacy and aging and provides members to network, share information, and develop collaborative research.

Members of the Geriatrics PRN are highly regarded for their geriatric pharmacy knowledge. In addition to holding leadership positions and maintaining ACCP Fellow status, many are actively involved in the American Geriatrics Society, American Society of Consultant Pharmacists, and American Association of Colleges of Pharmacy, among others. Moreover, postdoctoral training, research experience, and board certification in pharmacotherapy and/or geriatrics are common among pharmacist members of the Geriatrics PRN.

Opportunities and Resources for Resident and Fellow PRN Members

With its 20 resident members, 3 fellow members, and 120 student members, opportunities abound within the Geriatrics PRN. Attending the ACCP Annual Meeting is an ideal way to meet other like-minded pharmacists and trainees. In fact, the Geriatrics PRN offers generous scholarships for student, resident, and fellow applicants to attend the meeting every year. At the on-site Geriatrics PRN Business and Networking Meeting, pharmacists whose institutions are recruiting announce job and advanced training opportunities for those interested. Being a relatively small PRN allows us to work one-on-one with trainees to help identify opportunities for personal and professional development.

Current Clinical Issues

Areas of interest for Geriatrics PRN members include, but are not limited to:

- Medication-related problems, including nonadherence and suboptimal prescribing
- Evidence-based interventions for managing behavioral and psychiatric symptoms of dementia
- Patient-centered approaches to medication deprescribing, including at end-of-life
- Use of the Beers criteria¹ and STOPP/START criteria² in clinical, research, and teaching settings
- Models of interprofessional geriatric clinical practice
- Drug development and approval in an aging society

References

1. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 updated Beers criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc* 2015;63:2227-46.
2. O'Mahony D, O'Sullivan D, Byrne S, et al. STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. *Age Ageing* 2015;44:213-8.

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