Chemotherapy in the Geriatric Population

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The population in America is aging, and the number of older adults who develop cancer continues to grow. Gerontologic considerations in the delivery of health care become increasingly more important as a result of these population trends. Factors such as physiologic age-related changes, comorbid conditions, and the incidence of polypharmacy contribute to the challenges of administering chemotherapy to older patients with cancer. Age-related physiologic changes, including alterations in the gastrointestinal system, renal system, body composition, and hematopoiesis, impact patients' ability to tolerate standard doses of chemotherapy. In addition, these changes increase the likelihood of developing severe toxicities. Comorbid conditions confound the side effects of chemotherapy, and the use of multiple medications places older patients with cancer at increased risk for developing drug interactions. Older patients with cancer may be more susceptible to developing toxicities from chemotherapy, and these toxicities may be more severe. When healthcare professionals follow age-appropriate standards of oncology care, chemotherapy can be safely and effectively administered to older patients with cancer. Oncology nurses play a crucial role in assessing for potential complications and managing toxicities. Incorporating geriatric care into oncology nurses’ daily practice ensures quality care for older patients with cancer.

**Key Words:** geriatric nursing, drug therapy

Age-Related Physiologic Changes in Older Adults

Many physiologic changes occur in the human body as it ages. Virtually every organ system is affected. These physiologic changes may impact older patients' ability to tolerate standard doses of chemotherapy as well as the resulting side effects. Understanding...