

## Polypharmacy

### Polypharmacy

**Background:** Polypharmacy is the concurrent use of multiple medications, including both psychotropic and non-psychotropic drugs. Although it may sometimes be clinically indicated, polypharmacy can have a number of negative consequences, including medication nonadherence, adverse drug reactions, and undesirable drug-drug interactions.

#### *Factors that may contribute to polypharmacy*

- Patient-related factors: Multiple medical conditions managed by multiple subspecialist physicians, having chronic mental health conditions, and residing in a long-term care facility.
  - Age
    - As people age, not only in the IDD population, there are increased risks for developing chronic health issues such as diabetes, hypercholesterolemia, and hypertension.
  - Multiple Prescribers
    - For patients who see different prescribers, there is an increased chance of duplication of therapy if there is not effective communication among the patient's healthcare team.
    - Overlapping or conflicting prescriptions may also be a result of having multiple prescribers on the healthcare team that are not communicating medication additions or changes.
  - The Prescribing Cascade
    - A medication may be prescribed in order to counteract the side effect of another medication that the patient is taking.
- Systems-level factors: Poorly updated medical records, automated refill services, and prescribing to meet disease-specific quality metrics.

#### *What to look out for*

- Look at the patient's medication list
  - Make sure that it is up to date.
  - Ensure each medication that the patient is actively taking has a valid indication
  - Consider if the medication is necessary, if the benefits outweigh the risks and if there is opportunity to simplify the patient's medication regimen
  - Some classes of medications, such as antiepileptics, can have multiple indications (e.g. mood stabilizer, migraine prevention)
  - Pay special attention to classes of medications that can have side effects that may warrant the use of additional medications (e.g. anticholinergic drugs)
- Ask the following questions
  - Is the patient taking any medications that require therapeutic drug monitoring?
  - Are there any drug interactions on the patient's medication list?
  - Are there duplications of therapy, and if so are they necessary based on the patient's past medical history?

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### Strategies to minimize polypharmacy

- Consider patient-specific nonpharmacological interventions.
- Consider removing a medication that may be causing side effects which require additional medications to be managed rather than adding more medications to the patient's list.
- Identify high risk medications and drug therapy problems.
- Deprescribing:
  - Isolate medication changes in order to assess the effect that they will have on the patient.
    - Stopping or adding multiple medications at the same time, may prevent a healthcare provider from determining which change caused any side effects or positive therapeutic outcome in the patient.

### Conclusion

- All populations are subject to polypharmacy for a number of reasons. These may include lack of communication between multiple prescribers, adverse effects of medications, and long-term use of certain medications.
- By using patient-centered care and considering how the medication needs may change overtime, members of the patient's healthcare team can consider altering the patient's medication list in order to minimize polypharmacy while maintaining the therapeutic goals of treatment.



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