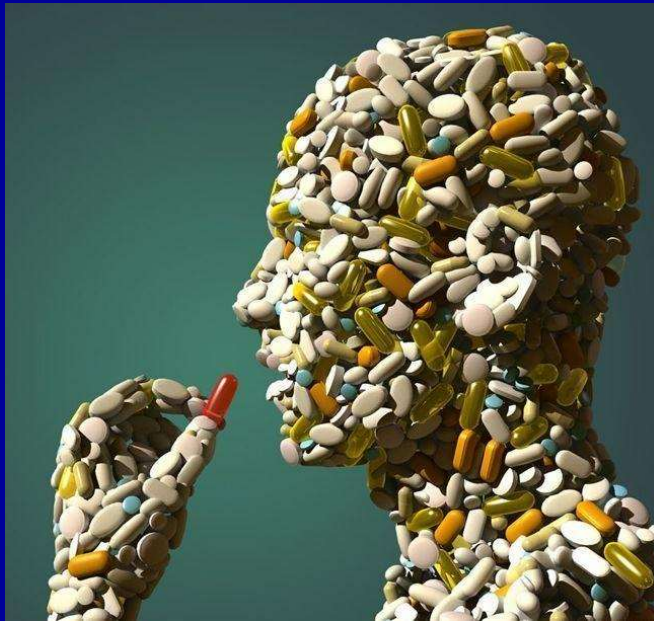


Polypharmacy



Joan MacLeod

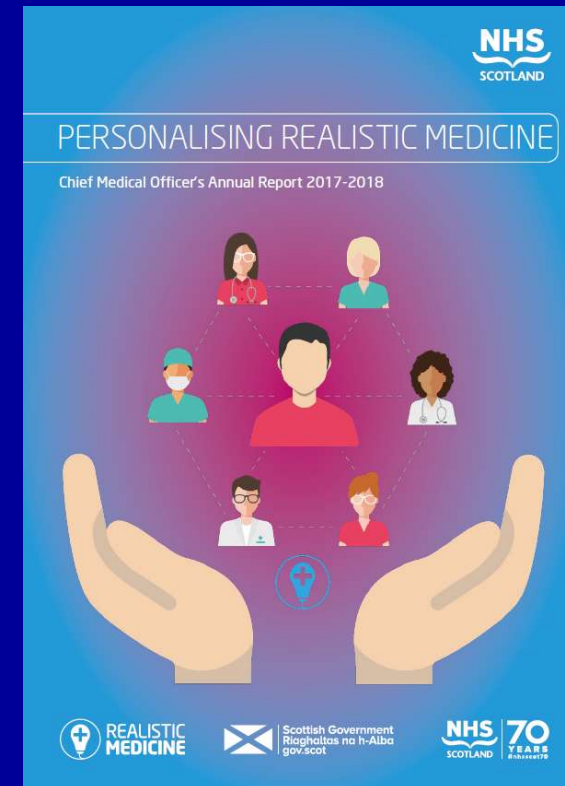
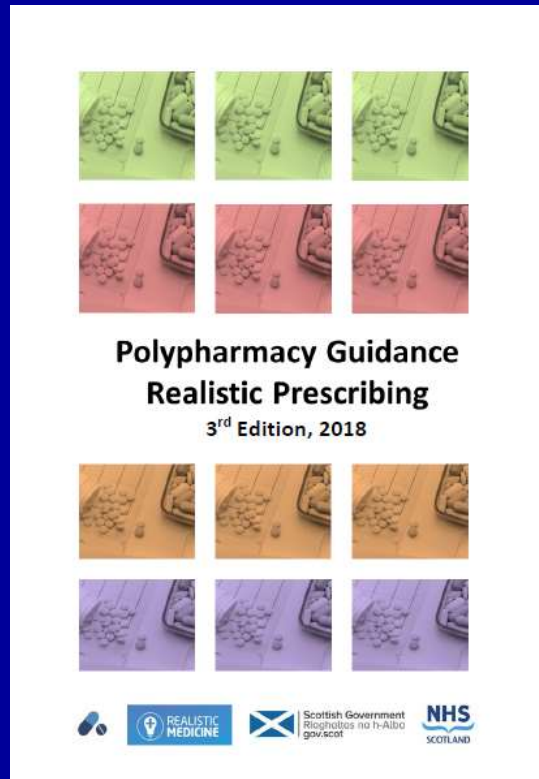
Lead Pharmacist, ACHSCP, NHS Grampian

Joan.macleod@nhs.net

Polypharmacy –what is it?

- Phenomena of **multiple medicine use**
- No one agreed definition in the academic literature
- Generally considered to be the routine use of 4 or 5 medications at the same time
- **Appropriate v. problematic/inappropriate polypharmacy**
 - Appropriate = medicines use has been optimised and prescribed according to best evidence
 - Problematic/inappropriate = multiple medication use is inappropriate, or where the intended benefit of the medication is not realized
- 2 key issues with medication – safety & efficacy

Scottish Guidance



<https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf>

<https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018/>

Scottish Polypharmacy Definitions

Appropriate polypharmacy is present, when: (a) all drugs are prescribed for the purpose of achieving specific therapeutic objectives that have been agreed with the patient; (b) therapeutic objectives are actually being achieved or there is a reasonable chance they will be achieved in the future; (c) drug therapy has been optimised to minimise the risk of adverse drug reactions (ADRs) and, (d) the patient is motivated and able to take all medicines as intended.

Inappropriate polypharmacy is present, when one or more drugs are prescribed that are not or no longer needed, either because: (a) there is no evidence based indication, the indication has expired or the dose is unnecessarily high; (b) one or more medicines fail to achieve the therapeutic objectives they are intended to achieve; (c) one, or the combination of several drugs cause unacceptable adverse drug reactions (ADRs), or put the patient at an unacceptably high risk of such ADRs, or because (d) the patient is not willing or able to take one or more medicines as intended.

20:16 Thu 22 Aug BBC NEWS

'Multiple medicines' side-effect risk for over-65s



[Credit: Getty Images]

Two million older people are risking side-effects from taking multiple medications, a charity has warned.

Age UK says more than one in 10 over-65s in England take at least eight prescribed medications each week.

While many are vital for those with complex conditions, the charity says one in five may be inappropriate.

GPs said no-one should be taking

Prescription drug dependency worrying - health chiefs

By Nick Triggle
Health correspondent

4 hours ago

Share



06:49 Fri 27 Sep HUFFPOST LIFE

GPs Warn Against Medicine Waste As Pill Packet Photo Goes Viral

"When I ask to see patients' cupboards, they often look better stocked than most local pharmacies."



Max Patrick
***** PLEASE SHARE !! *****

I am a GP. This medication was left behind by a UK NHS patient who moved away. It was returned by a relative.

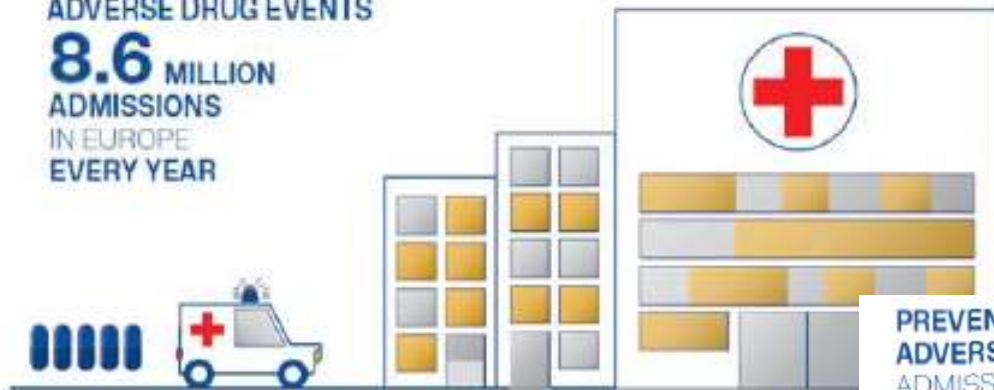
It includes nearly £1000 of diabetic items, £100 of nasal sprays and much more. All unused. All wasted.

The cost of this pile would pay for an NHS nurse for almost one MONTH.

Scale of the problem?

UNPLANNED HOSPITAL
ADMISSIONS CAUSED BY
ADVERSE DRUG EVENTS

8.6 MILLION
ADMISSIONS
IN EUROPE
EVERY YEAR



PREVENTABLE HOSPITAL
ADVERSE DRUG EVENTS
ADMISSIONS

PATIENTS
ON **5**
OR MORE
MEDICINES



PATIENTS
OVER
65 YEARS
OF AGE



50% ARE
PREVENTABLE

Pictures taken from Scottish
Polypharmacy Guidance

Time for a dilemma.....



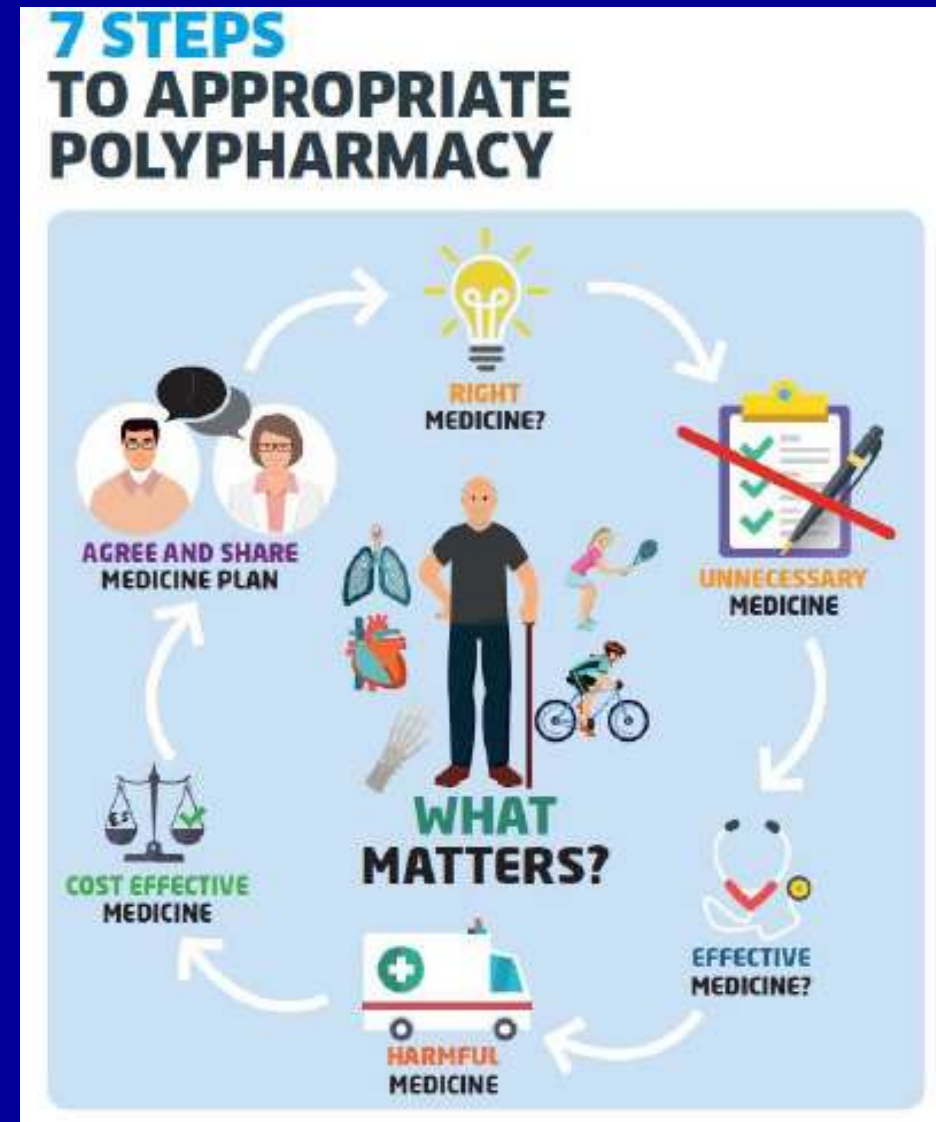
We prescribe drugs to improve quality of life and reduce mortality

BUT

Drugs can actually end up causing harm, reduce quality of life, and increase mortality

Review Process – individualised to the patient

- Always about assessing the risks and benefits for that patient – which may change over time



Wider Considerations

- Realistic Medicine
- Numbers Needed to Treat (NNT)
 - The *average* number of patients who require to be treated for one to benefit compared with a control in a clinical trial.
 - The ideal NNT is 1, where everyone improves with treatment: the higher the NNT, the less effective is the treatment in terms of the trial outcome and timescale
- Capacity and capability
- Palliative care - Living Well/Dying Well
- Frailty - 'reduced ability to withstand illness without loss of function'
- Involvement of MDT

Other Issues....

- Medication burden
 - Need for blood tests/monitoring *e.g. warfarin*
 - Side effects, ADR *e.g. statins*
 - Complexity of routine/limitations *e.g. furosemide*
- Willingness to adhere to regimen
- Unpleasant taste/texture
 - using food/drink to mask/covert medication
- Ability to swallow/chew
 - chewable tablets *e.g. CaVitD*
 - chewing of tablets (including EC/MR/SR preps)
 - choking/aspiration

Who to refer to/advise the patient to contact for review

- GP practice for all clinical issues
 - Practice-attached pharmacist
 - Pharmacy Technicians (ACHSCP)
 - GP
 - Aligned Geriatrician
 - Wider MDT
- Community Pharmacist for any issues with oversupply, advice on management