

What is polypharmacy?

Overdiagnosis and overtreatment happen across the entire life span, but the effects pile up in older age. One clear example of the harms this may cause is inappropriate polypharmacy.

Polypharmacy is when a person is taking 5 or more medicines every day. Medicines can provide many benefits in treating and preventing health problems. However, sometimes polypharmacy can be inappropriate. For example, people may be taking medicines that are not working or no longer needed; medicines may have been prescribed to treat the side effects of other medicines (prescribing cascade) or other treatment options may be better. People with inappropriate polypharmacy can experience harmful effects.

What causes inappropriate polypharmacy?

Polypharmacy is more common in older people who have multiple health problems and are cared for by different doctors – maybe a GP and several specialists. These doctors might not talk about the patient together and may not know all the medicines a person is taking. This means that, over time, older people with multiple health problems can end up with a long list of medicines recommended by different doctors, and often we do not know the combined effects of medications on the body for older people.

What harm comes from inappropriate polypharmacy?

When people take multiple medicines, they are more likely to experience problems or harmful effects. This is because sometimes one medicine combines badly with other medicines, this is also called interactions. Taking multiple medicines can worsen certain health problems. Harmful effects of taking multiple medicines can include:

- Falls and fractures
- Memory problems
- Hospitalisation
- Higher risk of death

Polypharmacy also leads to other problems, such as

the burden of correctly taking multiple medicines at the right time, repeat visits to doctors and pharmacists for prescriptions, and financial costs.

What can we do to avoid harm from inappropriate polypharmacy?

Keep track of your medicines

Keep a list of your current medicines that includes the name, strength, the usual brand, dose, what you use the medicine for and when and how to take it. This might also include when you started that medicine and which doctor first prescribed it. If you have an electronic health record (My Health Record) you can share this list with your doctor and the team caring for you. Your medication list is unlikely to be available to all health professionals. You may also want to share this information with your family or carer.

Get more information

Ask your pharmacists for a Consumer Medicines Information sheet and to explain any questions you might have about your medicines. Keep this information for the future.

Medicines review

You can ask your doctor or pharmacist to review your medicines. Your doctor can arrange an accredited pharmacist to visit you at home. The pharmacist will work with you and your doctor to make a plan on how to manage your medicines and avoid problems. This is called a Home Medicines Review and is paid for by the government at no cost to you or your doctor.

Have the conversation about your medicines

Ask your doctor/pharmacist the following questions to ensure your medicines are still right for you:

- Do I still need to take all of my medicines?
- Are all my medicines still helping me to stay well?
- Could any of my medicines be causing [...]?
- Could any of my medicines be affecting the others?

Do I need to take all these medicines? Considering deprescribing.

More and more research now shows that inappropriate polypharmacy can be reduced through a process called deprescribing. Deprescribing means reducing or stopping medications that are no longer helping you or may be causing problems. Deprescribing involves patients, their family and/or carer, doctors and pharmacists who together:

1. review all medicines a person is taking and why
2. identify how likely each medicine will cause problems
3. identify if each medicine is still right for the person or could be stopped
4. if medicines can be stopped, prioritise which should be stopped first
5. agree on a management plan
6. stop medicines carefully, one by one
7. meet frequently to see if the plan works or the patient is experiencing problems.

Remember, it is very important to not abruptly stop taking a medicine without the advice of your doctor or pharmacist. This can also lead to health problems.

Polypharmacy Glossary

Deprescribing – carefully reducing the dose or stopping medicines that are no longer necessary or might be causing problems.

Inappropriate polypharmacy – when the potential harms of taking multiple medicines outweigh the potential benefits this may be due to conflicts or interactions between medicines.

Interactions – when medicines combine badly together and cause a possible harmful effect.

Polypharmacy – when a person is taking 5 or more regular medicines every day.

Home Medicines Review – a service where an accredited pharmacist visits a person at home to discuss their medicines and identify any problems. The pharmacist reviews the medicines and provides a report and suggestions for improvement (if needed) in discussion with the person's GP.

Webster-pak TM – is one type of dose administration aid which is a tablet/capsule dispenser that is custom-prepared by a pharmacist. Dose administration aids can support people to remember to take their medicines at the right time each day.

QUESTIONS WE CAN ALL ASK

To learn more about polypharmacy or see a list of questions to ask your health professional, you can visit the Wiser Healthcare website.

