

Medical Podcasts In English For Non-Native Speakers

S1 E2 Polypharmacy

Polypharmacy is a subject which we hear a lot about especially in the context of older patients or those who have chronic diseases. It can often feel like a no-man's land which is too vast to even contemplate approaching. However, there are resources out there to help and as ever in medicine it is always a team effort.

Definition.

There is no one definition.

- Numerical definitions vary greatly but the most common one is the use for 5 or more medications a day(1).
- Other definitions look at duration of medication use and healthcare setting in which it is used, for example number of medications on discharge or during a hospital admission. There is now also a move towards “many” and “too much” as a way of reflecting that certain patients will need more medications due to their baseline diseases.

Which drugs are my patients taking now?

- Look at a patient's EHR or electronic health records. However, this will often not reflect medications prescribed in the private sector.
- It also does not give you a true indication as to whether a patient is actually *complying with their treatment*. [A Morisky adherence scale](#) can help you find out which drugs a patient are taking.
- *Bringing all their medications in a shopping bag* is probably just as efficient in a consulting room as you will see for yourself unopened or duplicated packets. In fact it is to identify duplicated and PIM medications that medication reviews are undertaken.

PIM or potentially inappropriate medications.

- Check to see if any are on the [2019 Beer's list of the American Geriatric Society](#) (2). This list will help you identify medications which should be used with caution in older adults.
- You can also use the STOPP START tool and in the show notes there is a link to a [Catalan STOPP-START resource](#) which you can find in the annex at the end of the paper. This tool gives you a list of medications which you should specifically think about stopping in older adults. There is also a list of medications which you should specifically consider starting with the indications for each medication.

Multiple prescriptions and multiple specialists.

Often the confusion occurs because patients are prescribed different medications by different specialists and there is a reluctance to change a colleague's prescription but going through the GP or geriatrician can make this more of a team effort. Also the patients themselves often have opinions as to which aspects of their health and quality of life are most important to them.

Opioids.

The opioid epidemic in the USA has made many headlines and although the situation in Spain and Catalonia is nowhere near that of other countries, the CCMC, or Council of Catalan Colleges of Physicians, has drawn up [recommendations regarding opioid prescriptions and use](#). It brings to our attention the fact that between 2012 and 2016 there was a 45% increase in opioid prescriptions.

Whilst recognising the use and need for opioids, the recommendation is to consider a step by step approach to analgesia.

- If opioids are needed then it is preferable to have a regular prescription to control the pain.
- Regular use of break through doses which are extra doses to combat pain between the regular timed doses, should be a sign that the baseline should be reviewed.
- These prescriptions should also be reviewed every 3 to 6 months and patients should be adequately informed as to the addictive nature of these drugs.

Deprescribing.

Deprescribing medications is the next stage but it is often not a simple stop taking the medication today message. Resources do exist:

- [Canadian deprescribing project](#) which also has patient information leaflets on their website.
- [US Deprescribing network](#).

Polypharmacy is a subject which affects us all, no matter where we are in the prescribing chain. Use the resources available and work through the work CPD work sheet.

Links:

[Morisky adherence scale.](#)

[2019 AGS Beer's list of PIM.](#)

[Catalan STOPP-START.](#)

[CCCM Position Statement on Opioid Prescription.](#)

[Canadian deprescribing project.](#)

[US Deprescribing Network.](#)

References:

1. Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. What is polypharmacy? A systematic review of definitions. BMC Geriatrics. 2017.
2. Fick DM, Semla TP, Steinman M, Beizer J, Brandt N, Dombrowski R, et al. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019;

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- 1) *Identify 3 of your patients who need a medication review and use the STOPP-START tool.*
- 2) *Ask 3 of your “non-compliant” patients how you can help them with their medications and see if you need to think about changing your practise across other patients too.*
- 3) *Review [the CCMC recommendations regarding opioid prescriptions](#) and use and summarise what you need to be doing with your patients.*
- 4) *Find a deprescribing guideline which works for three of the medications identified in your STOPP-START review.*