

Polypharmacy

Introduction

Polypharmacy is strongly associated with multimorbidity and is a significant public health challenge. Mixed physical and mental multimorbidity is common across the lifespan of our patients and is exacerbated by deprivation. Deprivation is associated with a higher prevalence of depression, drug misuse, anxiety, chronic pain, coronary heart disease, and diabetes mellitus in patients of different ages.¹ Multimorbidity is a complex topic and thus this module focuses on the prescribing issues in relation to patient care.

As our population ages, the prevalence of multimorbidities, polypharmacy and the potential for adverse drug reactions all increase. It is important to distinguish appropriate and inappropriate polypharmacy and crucial to have an awareness of high-risk drugs and vulnerable patient groups. Yet prescribing guidelines are usually based on single diseases and do not consider patients with multimorbidities. All those involved in the medicines pathway should be prepared to address problematic polypharmacy, and involve patients with decisions about their care, particularly when prescribing to those who are taking multiple medicines.

Adverse drug events are a leading cause of harm for patients and a major concern for patient safety, given that prescribing is the most common therapeutic intervention. It is estimated that over half of all medicines are prescribed, dispensed or sold inappropriately with many of these leading to harm.² In addition, a prescribing cascade is possible where additional drugs are prescribed to treat adverse effects from other medicines, causing further potentially inappropriate polypharmacy.³ An example of this would be when a calcium channel blocker causes ankle oedema, and a loop diuretic is prescribed. Addressing inappropriate polypharmacy through review and subsequent deprescribing of unnecessary drugs is one method of reducing harm.

Module aims:

- To understand the background to polypharmacy in the context of multimorbidity
- To learn about the large number of resources available to clinicians and patients to improve the quality of long-term prescribing
- To introduce tools that help clinicians structure the review of medicines

This module has two cases rather than the typical three or four. However, the cases are considerably longer than normal and are reflective of the long-term complexities met by clinicians when managing patients with multimorbidity and polypharmacy.

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