

## ECHO Idaho: Behavioral Health in Primary Care

Polypharmacy

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Stephen Carlson, PharmD

The speaker has no financial relationships to disclose.

# Disclosures

- In the past, Dr. Carlson has provided consulting services for Alkermes & Heron Therapeutics.
- Dr. Carlson has no other financial relationships with commercial interests to disclose.

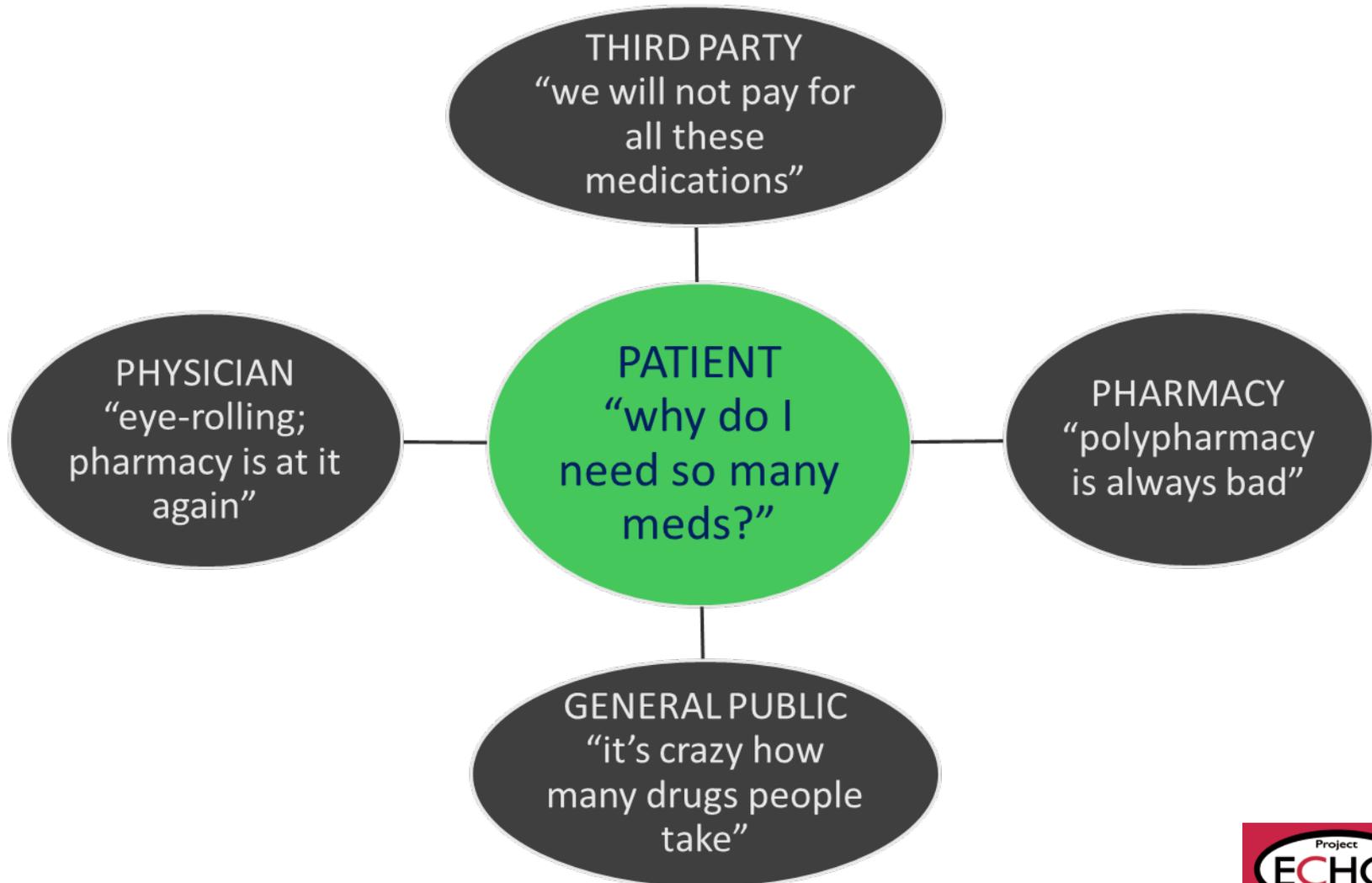
# Learning Objectives

- Define clinical pharmacotherapy
- Describe some common perceptions of the term polypharmacy
- Define polypharmacy
- Identify strategies for practicing clinical pharmacotherapy in psychiatric polypharmacy patients

# Clinical Pharmacotherapy<sup>9</sup>

- The concept of optimizing therapy and promoting health, wellness, and disease prevention with a focus on both pharmacologic and nonpharmacologic strategies.
- Take ownership of outcomes and ask questions to establish strategies.

# Polypharmacy: Common Perceptions



# Definitions of Polypharmacy<sup>1,2,3</sup>

- **No standard definition- no consensus**
- Commonly defined by number of medications (often  $\geq 5$ )
- Also found in literature:
  - Inappropriate medications
  - Medications to treat other medications' side effects
  - Excessive dose/duration
  - Diagnosis for medication no longer present

# Other terminology<sup>1,2,3</sup>

- “Hyperpharmacotherapy”
- “Overmedication”
- “Moderate polypharmacy”
- “Excessive polypharmacy”

# Why does polypharmacy matter? 1,2,3,4

- Difficult to keep track of medications (especially older adults)
  - Missed doses, overdoses
  - Taking too often or not often enough (multiple drugs with different dosing schedules)
  - Short-term medications not being d/c'd
- Increased chance for drug-drug interactions
  - Examples: fall risk, hypotension, Beers list meds
  - CYP interactions
  - QTc prolongation
- Increased chance for adverse drug reaction (ADR)
  - 1/3 (33%) of older patients who are taking  $\geq 5$  medications will experience an ADR in the following year

# Keep in mind: **legitimate** polypharmacy<sup>3</sup>

- Disease state management
  - CHF
    - ACE-I,  $\beta$ -blocker, aldosterone antagonist
  - Diabetes
    - Often requires multiple medications
    - Comorbid disease state treatment
  - Hypertension
  - Cancer
- Risk of non-adherence increases as number of medications increases

# Antipsychotic Polypharmacy (APP)<sup>5</sup>

- Generally defined as  $\geq 2$  antipsychotic medications in one patient
- Often used to manage refractory s/s of schizophrenia
- Pooled data from 147 studies between 1970s-2009
  - 82.9% were schizophrenic patients (n=1,418,163)
  - APP prevalence of 19.6%
  - Interquartile range (IQR) 12.9%-35%

# Psychiatric population: polypharmacy issues<sup>5,6</sup>

- Complexity of medications used for psychiatric illness
- Patient non-adherence
- Patient refusal
- Patient thinks medications “don’t work” so they don’t take them

# Why do we care about APP?<sup>7,8</sup>

- Some states use reduction in APP as a quality-of-care target
- Joint Commission → accreditation
- More drugs → increased costs
- Difficult to ascertain which drug therapy is contributing to symptom improvements and/or adverse effects

# The Joint Commission and Polypharmacy<sup>7</sup>

- Defines polypharmacy as concurrent use of multiple medications in one patient
  - VAGUE!
- ↑ fall risk
- ↑ hospitalization
- ↑ disorientation
- ↑ medication administration errors
- Associated with ↑ mortality compared to monotherapy

# Joint Commission: Types of Polypharmacy<sup>7</sup>

- Same-Class
- Multiclass
- Adjunctive
- Augmentation

# Conclusion<sup>8</sup>

- “Make things as simple as possible. Never simpler”
  - Albert Einstein
- Sometimes multiple medications are necessary
- Sound clinical judgment, guideline-based approach

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