

# Polypharmacy & De-prescribing in General Practice

Polypharmacy is the concurrent use of multiple medications. This is an issue for all patients with co-morbidities, although most prominent in the elderly, with a recent MJA study finding that 66% of people aged 75+ years taking five or more medications. Polypharmacy can be associated with multiple side effects, interactions and patient harm. De-prescribing is the process of withdrawal of an inappropriate or redundant medication with the goal of managing polypharmacy and improving outcomes. This tutorial is linked to the supervision activity of prescribing audit and feedback.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Adverse effects and harms of polypharmacy</li> <li>• Approach to de-prescribing medications, including common target drugs e.g. PPIs, statins</li> <li>• Benefits and practicalities of arranging a <a href="#">Home medication review</a></li> </ul>				
<b>PRE-SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Read the BPAC article <a href="#">Polypharmacy in Primary Care</a></li> <li>• Read the AFP article <a href="#">Thinking through the medication list</a> on appropriate prescribing in the elderly</li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• Supervisor to review a couple of their own patients with polypharmacy</li> <li>• De-prescribing is best achieved in close partnership with the patient</li> <li>• Drug cessation should be considered in all patients as a part of regular medication review</li> <li>• Each co-morbidity will have its own guidelines - for patients with multi-morbidity, the art is to try to combine guidelines sensibly for the individual patient and not to follow each one slavishly</li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1662 432 1792"><b>Read</b></td> <td data-bbox="432 1662 1490 1792"> <ul style="list-style-type: none"> <li>• NPS MedicineWise News <a href="#">Older, Wiser, Safer</a> on polypharmacy</li> <li>• MJA article <a href="#">First do no harm: a real need to deprescribe in older patients</a></li> <li>• Consultant Pharmacy Services <a href="#">Deprescribing Resources</a></li> </ul> </td> </tr> <tr> <td data-bbox="336 1792 432 1843"><b>Watch</b></td> <td data-bbox="432 1792 1490 1843"> <ul style="list-style-type: none"> <li>• <a href="#">Bohemian Polypharmacy</a> - a parody of Queen's classic song Bohemian Rhapsody</li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• NPS MedicineWise News <a href="#">Older, Wiser, Safer</a> on polypharmacy</li> <li>• MJA article <a href="#">First do no harm: a real need to deprescribe in older patients</a></li> <li>• Consultant Pharmacy Services <a href="#">Deprescribing Resources</a></li> </ul>	<b>Watch</b>	<ul style="list-style-type: none"> <li>• <a href="#">Bohemian Polypharmacy</a> - a parody of Queen's classic song Bohemian Rhapsody</li> </ul>
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<b>FOLLOW UP/ EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Ask the registrar to undertake the Clinical Reasoning Challenge under exam conditions</li> <li>• Registrar to present a case of a patient with polypharmacy and approach to de-prescribing</li> <li>• Formal prescribing audit and feedback</li> </ul>				



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## Clinical Reasoning Challenge

Hillary Thrift is an 87 year old widow who has recently moved into the region and is now a patient of your practice. She presents for repeat scripts. She is frail but otherwise relatively well.

Her medication list is as follows:

- Atorvastatin 40mg mane
- Irbesartan 75mg daily
- Allopurinol 100mg daily
- Panadol Osteo 2 tabs tds
- Pantoprazole 40mg mane
- Lasix 20mg mane
- Amitryptiline 10mg nocte
- Stemetil 5mg prn
- Alendronate 70mg weekly

QUESTION 1. In considering deprescribing in a patient with polypharmacy, what are the MOST IMPORTANT factors in prioritising which medications to withdraw? List up to FOUR factors.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

QUESTION 2. You wish to seek input into managing Mrs Thrift's complex medication regime in order to guide your decision making. What is the MOST IMPORTANT community-based intervention for medication management you can arrange as a GP?

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## ANSWERS

### QUESTION 1

The most important factors in prioritising which medications to withdraw are

- medications with the least utility e.g. resolved illness, limited efficacy
- medications with highest risk e.g. potential for serious adverse effects
- medications with the most significant adverse impact on wellbeing
- medications which the patient wishes to cease
- medications with complicated administration regimens

### QUESTION 2

Pharmacist-facilitated home medicines review