Polypharmacy is the use of multiple medications by a patient, usually 5 or more.

An alternative definition of polypharmacy is the use of unnecessary drugs by a patient.

Polypharmacy has been associated with an increased risk of inappropriate prescribing, drug-drug interactions, drug-disease interactions, adverse drug events, morbidity (eg, anorexia, delirium, falling), hospitalization, and even mortality of nursing home residents.

A systematic process of identifying and decreasing or discontinuing drugs in instances in which potential harms outweigh potential benefits within the context of an individual patient’s care goals, current level of functioning, life expectancy, values, and preferences.

A five step process can be used when stopping medicines:

1. Obtain a comprehensive medication history including use of as needed medications and adherence to medications.
2. Identify any medications that may no longer be necessary or may be causing adverse effects.
3. Determine which medications can be safely stopped or reduced. Include resident and/or their family in prioritizing medications to be prescribed.
4. Prioritize medications to be stopped. Tapering a medication is usually the preferred method however some medications may be safely stopped abruptly, particularly if a toxicity has developed.
5. Check for benefit or harm after each medicine has been reduced or stopped which may include monitoring tests.

Reminder!

It is important to discuss any changes with medication to the resident and/or their family, and facility staff. Empower the family and facility staff to provide supportive care and active monitoring during the deprescribing process. Encourage communication!
4. https://deprescribing.org/

Version 1.4

Last Updated: 12/20/2019

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