

MULTIPLE MEDICATION MANAGEMENT

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Polypharmacy is the term used to describe the intake of multiple medications and can be an issue for anyone required to take many medications. It is often defined as the use of 5 or more medications (1). Polypharmacy is considered most common in the elderly population, as elderly people are more likely to have more than one health condition at a time that may require treatment with medication.

As we age our body encounters many physiological changes.

These changes can affect the way our body breaks down medications, how we absorb these medications and how they are used in the body. Physiological changes can contribute to a higher risk of adverse drug events. Hepatic blood flow (blood through the liver) slows and drug metabolism is reduced which leaves the ageing liver more susceptible to drugs and toxins (2). This means that drugs may stay in the body longer than is expected and the effects of the drug on the body may last longer.

The kidneys, which are a filtering system in our blood, go through some changes as we age. Reduction in renal function in elderly clients, particularly the glomerular filtration rate, affects the clearance of many drugs (3). If we are not filtering the blood in our body effectively through our kidneys, what would normally be discarded as waste products in our urine, stays in our blood stream.

Side effects of drugs or adverse drug events can present as problems that could be misinterpreted as symptoms of disease or illness, such as forgetfulness, weakness or tremors. Adverse reactions caused by polypharmacy can be difficult to identify. The symptoms described above, could put you at increased risk of functional decline and at greater risk of falls.

Some suggestions to reduce your risk of adverse effects related to polypharmacy:

- know the medications you are taking and why
- ensure your doctor and pharmacist are aware of any 'over the counter' medications you are also taking. (These include vitamins and other medications that do not require a prescription)
- if you are admitted to hospital, review your medications with your GP once you return home
- advise your GP if you experience any new symptoms
- try to visit the same GP so they know your medication and medical history (if they know you quite well they are likely to pick up any physiological changes)
- try to fill your scripts each time at the same pharmacist (they keep a record of your medications and any allergies you may have)
- take your medications on the appropriate day and time (a pill organiser may be useful if you have many tablets to remember)

It is important to highlight that many people continue to be prescribed multiple medications. These may be required for that person's well being and they may not suffer any ill effects. This will be the case for many elderly people, and as long as they are monitored by their GP, they will probably remain free of any negative effects of polypharmacy.

If you are on many medications and they have not been reviewed for some time, it is a good idea to speak with your GP. If you have recently commenced new medications, especially over the counter preparations, having a discussion with your pharmacist on how they may interact with your current medications is advised.

References

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3. Margoni, A and Jackson, S.H.D (2004) Age related changes in pharmacokinetics and pharmacodynamics: Basic principles and practical applications. British Journal of Clinical Pharmacology. Jan 57(1) 6:14

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