Polypharmacy and deprescribing

The term polypharmacy means "many medications" and is recognised as two distinct types:[1]

- Appropriate polypharmacy where patient benefit outweighs harms.
- Problematic (or inappropriate) polypharmacy, when one or more medicines are prescribed that are no longer needed, either because:
  - There is no evidence based indication or the dose is unnecessarily high;
  - One or more medicines fail to achieve the intended therapeutic objectives;
  - One, or the combination of several drugs cause unacceptable ADRs, or put the patient at an unacceptably high risk of such ADRs, or because
  - The patient is not willing or able to take one or more medicines as intended.

Polypharmacy and deprescribing I[2]

- Many national and international guidelines now recognise polypharmacy as a major patient safety issue which needs to be addressed.
- There is evidence that deprescribing appears to be feasible and generally safe and that medication reviews can reduce inappropriate polypharmacy.
- Recent research has also begun to show improvement in outcomes due to polypharmacy management, including a reduction in hospital admissions.
- Conduct holistic, personalised medication reviews more regularly than normal for patients with frailty and/or multimorbidity, considering the number and type of medicines they are prescribed or may buy, using an evidence-based review tool.
- Ensure appropriate polypharmacy towards the end of life; consider the harm to benefit profile of each medicine, particularly those for long term prevention where the time to reach benefit may be many years ahead.

Polypharmacy and deprescribing II[3]

- Prescribers can help avoid problematic polypharmacy from developing in the future by actively involving the patient in the prescribing decision by agreeing treatment goals, using shared decision making and tools such as patient decision aids.
- The NHS BSA Polypharmacy prescribing comparators can be used by commissioners in collaboration with local GP practices to help identify areas for review, with the relevant and appropriate education and training support in place.
- Individual patients can be prioritised for review by criteria such as number of medicines, age, frailty, multimorbidity and care home residency.
- Clinical pharmacists working in Primary Care Networks are ideally placed to undertake medication reviews to proactively manage people with complex polypharmacy.
- A number of validated tools can be used to facilitate and guide the medication review process. These include IMPACT, The Beers criteria, STOPP/START, NO-TEARS, Specialist Pharmacy Service: A patient centred approach to polypharmacy, and the 7-Steps medication review.

Deprescribing algorithms

Algorithms, advice, and guidance on deprescribing are available for the following medicines (attachments 1-8): allopurinol, NSAIDs, antidepressants, antihyperglycaemics, antiypertensives, antipsychotics, benzodiazepines and statins.

Case study and patient information leaflet

The case study (attachment 9) demonstrates some of the principles of ensuring appropriate polypharmacy in an older person with multimorbidity.

A patient leaflet explaining medication review and deprescribing can be found at attachment 10.

References

1. Scottish Government Polypharmacy Model of Care Group. Polypharmacy Guidance, Realistic Prescribing 3rd Edition, 2018. Scottish Government. Available at: www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf Accessed 21/05/19
2. PrescQIPP. 254. Polypharmacy and deprescribing I 2.0 Available at https://www.prescqipp.info/our-resources/bulletins/bulletin-254-polypharmacy-and-deprescribing/
3. PrescQIPP. 254. Polypharmacy and deprescribing II 2.0 Available at https://www.prescqipp.info/our-resources/bulletins/bulletin-254-polypharmacy-and-deprescribing/

Additional resources available	Bulletin & Implementation resources	https://www.prescqipp.info/our-resources/bulletins/bulletin-254-polypharmacy-and-deprescribing/

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