

Letter to the Editor: The Pundit Speaks

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“Polypharmacy May Be Hurting You”

One of my pet peeves is that patients are being prescribed too many medications simultaneously, which is a situation called “polypharmacy.” Polypharmacy is described as taking five or more medications daily. One survey found that more than 50% of female Medicare beneficiaries took five or more medications daily, with 12% taking 10 or more daily. Patients have suffered from a largely hidden epidemic of side effects from drugs that usually have few offsetting benefits. A major challenge in developed countries is the increasing number of patients with multiple (two or more) chronic conditions. Multiple chronic conditions are seen most often in those aged over 65 years. A recent survey among older adults in 11 countries reported the high rates of multiple conditions, such as hypertension, heart disease, diabetes, lung problems, mental health problems, cancer and/or joint pain and arthritis. As a result, older adults are likely to be prescribed multiple medications (polypharmacy) and utilize more healthcare, at a higher cost. Polypharmacy and potentially inappropriate medications in older individuals are associated with adverse drug events, death, impaired physical and cognitive function, falls, and hospitalization. Approximately 53% of over-65s in the United States and 42% in Canada take four or more prescription drugs. Many over-65s take five or more prescription drugs, and this rate is increasing. More than 30% of over-65s are believed to be taking at least one medication that is potentially inappropriate. Dr. Barbara Farrell notes that at her hospital in Ottawa, it is not unusual to see a patient on 25-30 medications. Although the term “deprescribing” (defined as reviewing and identifying medications to be stopped, substituted, or reduced) first appeared in the literature in 2003, the problem of polypharmacy in the elderly has been recognized for 30 years. Some recommend “deprescribing” eleven drugs including antibiotics before dental surgery; proton pump inhibitors; statins for primary prevention; benzodiazepines/Z drugs; beta-blockers; drugs for asthma/COPD; antimuscarinics for urinary incontinence; anticholinesterase inhibitors for dementia; muscle relaxants for back pain; stool softeners and supplements. Patients have suffered from a largely hidden epidemic of side effects from drugs that usually have few offsetting benefits. Recent studies have made us aware that drug company cover-ups result annually in up to 2.7 million hospitalized Americans with serious adverse drug reactions and, of these, there are 128,000 deaths. The drug industry has a hidden business model to maximize profits on scores of drugs with clinically minor additional benefits, which serves their commercial interests well but does not do justice to the public.

In the America that I love, you should periodically review all medications with your doctor, eliminate those with possible cross reactions and stop any unnecessary drugs. As always, drug safety and effectiveness should be of utmost importance.

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