

# Polypharmacy: Appropriate or not?

InS:PIRE



*By Morna Ball/Pamela MacTavish*

The term polypharmacy itself just means “many medications” and has often been defined to be present when a patient takes five or more medications. Polypharmacy can be common following an ICU admission.

**“During the InS:PIRE pharmacy review we have found a 30% increase in the number of medicines patients are prescribed following their ICU admission.”**

Polypharmacy is associated with increased medication-associated adverse events, drug interactions, and health care costs. Polypharmacy can be acceptable if all medicines are clinically indicated and the patient accepts that they all improve their wellbeing and help achieve the health outcomes important to them.

The foundation of the InS:PIRE programme is patient centred care. During the InS:PIRE programme patients meet with the Intensive Care Pharmacist on a one to one basis. The aim of this session is also to provide patients with the opportunity to ask questions and discuss any issues they may have with their medicines. This encompasses the aims laid out in the General Pharmaceutical Council’s Strategic Plan.

We issue patients with a medication passport which lists their medication and why they have been prescribed it. Patients have told us that they like this and it is helpful when visiting other Health Care professionals.



We recognise the need to empower patients about their health and to encourage them to be active members of the healthcare team.

We use the National Patient Safety Foundation's Document "Ask Me

Three Questions" to enable patients to initiate meaningful discussions with their healthcare providers.

Promoting Clear Health Communication with Ask Me 3®



©2018 National Patient Safety Foundation

Promoting Clear Health Communication with Ask Me 3 • 1

NPSF National Patient Safety Foundation®

www.npsf.org

We have also recently incorporated Medicines in Scotland: What's the right treatment for me? which was launched in March by Healthcare Improvement Scotland.



Within our last cohort at InS:PIRE we had 2 patients who were non-adherent with their medicines as they simply didn't understand why they had been prescribed so many. By explaining what each medicine was for and why it was important to take it, their adherence improved. By the end of the programme one of the patient's symptoms had improved contributing to him being able to return to work and the other had significantly reduced pain and increased mood, dramatically improving his quality of life.

### References

General Pharmaceutical Council. Strategic Plan 2017-20

NHS Scotland. Polypharmacy Guidance March 2015

Garpestad E, Devlin JW, Polypharmacy and Delirium in Critically Ill Older Adults : Recognition and Prevention. Clinics in Geriatric Medicine 2017 33(2):189-203

Thakkar K et al. Empowering patients to take control of their medicines with My Medication Passport. Pharmacy Management National Forum – 12th November 2013.

<http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=472dbd06-0236-4c39-8b50-cd5f40a72d47&version=-1>