“Reducing Polypharmacy”  
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Many older adults are on too many medications, however, some may actually be undertreated for some conditions, such as depression, pain and osteoporosis.

Some basic prescribing principles include:

- Evaluate the drug regimen of long term care residents on each regulatory visit.
  - Ensure there is a reason (diagnosis) for every medication the patient is receiving.
  - Determine whether each medication has led to a significant improvement in this patient. If not, consider discontinuing or changing.
  - Evaluate if non-pharmacological treatments been tried for the diagnosis
  - Is the patient on the right medications for that condition based on current guidelines?
  - Assess the risks and benefits of each medication in the context of the individual patient

- Medication reconciliation at admission, readmission, transfer and discharge.
- Check for drug-drug, drug-disease and drug-food interactions. Include over the counter (OTCs), eye drops, topicals, homeopathic/alternative remedies and nutritional supplements.
- Always consider potential interactions with other medications, especially warfarin, phenytoin, amiodarone and antibiotics.
- Assess for side effects, specifically orthostatic hypotension, increased confusion, unsteadiness, falls, nausea, anorexia, constipation, depression, anxiety.
- Start low, go slow, but go all the way to achieve therapeutic benefit.
- Avoid drugs with significant anticholinergic effects whenever possible.
- Evaluate if the patient is on the most cost-effective alternatives.

There are various tools available to assist in the evaluation of medication regimens. Two of these are STOPP (Screening Tool of Older Persons’ potentially inappropriate Prescriptions) and ARMOR (Assess, Review, Minimize, Optimize, Reassess).

SNFs are mandated by CMS to avoid unnecessary drug use. There are penalties for SNFs that demonstrate unnecessary drug use. Surveyors assess the appropriateness of medications used in LTC and have a list of “medications of particular relevance”, which includes medications listed in the Beers criteria and they also possess a list of medications subject to "gradual dose reductions." All NPs working in SNFs to be familiar with these guidelines and know how to perform and document medication related issues.

The Beers criteria helps providers improve medication safety for older adults. For further information on the Beers criteria go to: http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012
Most recent information from CMS, January 2011, 483.25(l) can be found here:

References:


