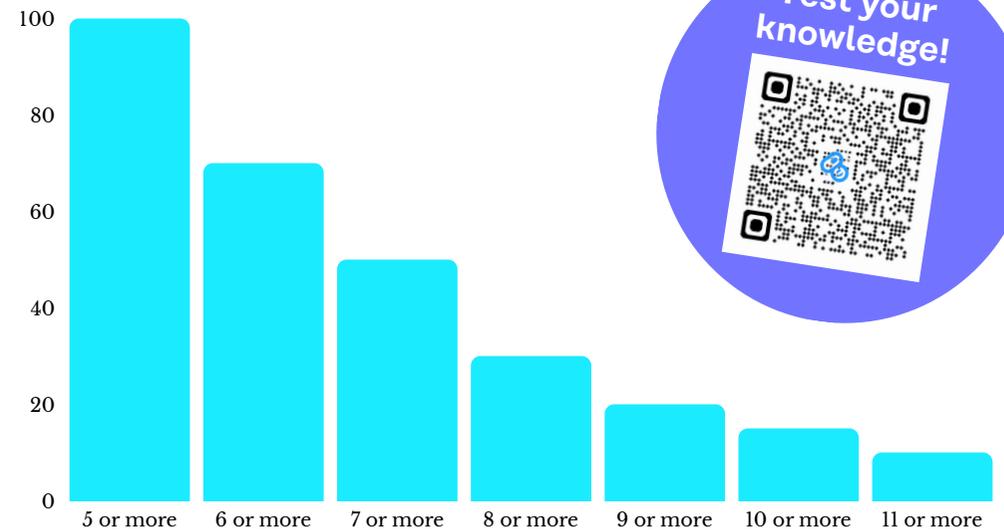


Polypharmacy in Aged Care

- Polypharmacy is the concurrent use of multiple medicines. It is common in older people because they often have several chronic diseases that require management with medicines.
- Polypharmacy can have risks of medicines-related harm, such as adverse drug reactions, cognitive decline and hospitalisation
 - This risk increases in patients over 65 years of age due to increased sensitivity to drugs, changes in kidney function, liver metabolism and in overall body composition (such as water retention, muscle mass and body fat).
- People living in aged care homes are more likely to take multiple medicines than people living in their own home. Data collection around medication use is part of the National Aged Care Mandatory Quality Indicator Program (QI Program).
 - The QI Program is mandatory for all Commonwealth subsidised residential aged care providers, including residential respite services.
 - The QI Program aims to support providers to measure and monitor their performance, support continuous quality improvement and contribute to improved health and wellbeing outcomes for care recipients.

Number of medicines

Percentage of people by the number of medicines dispensed, for patients with polypharmacy aged 75 years and over, 2018-19



SOURCES: AIHW analysis of Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data 2018-19. Published by the Australian Commission of Safety and Quality in Health Care.

Test your knowledge!



Polypharmacy is defined as the prescription of NINE or more medications to a recipient*

Strategies to reduce Polypharmacy

- Use the fewest possible number of medications and the simplest possible dosing regimen.
 - Discontinue all unnecessary medications.
 - Avoid starting medications to combat the potential side effects of other medicines
- Use of a medication should be linked, wherever possible, to a current diagnosis.
- New medications should be trialled at the lowest dose and titrated slowly.
- Exercise careful medication reconciliation during care transitions, ie communication to accepting providers.
- Consider patients' goals of care and life expectancy when assessing medication appropriateness.
- **Interventions are needed to identify people at increased risk of harm from polypharmacy, to prompt timely review of their medicines.**

*Any medication with an active ingredient is counted in the polypharmacy quality indicator, except for the following, which must not be included in the count of medications:

- Lotions, creams or ointments used in skin and wound care
- Dietary supplements, including those containing vitamins
- Short-term medications, such as antibiotics or temporary eye drops
- PRN medications. Different dosages of the same medicine must not be counted as different medications