

Am I taking too many pills?

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Activity

- * How many tablets (including prescribed, self/non prescribed medications, vitamins, minerals, supplements do you take a day?
- * Raise your hands IF.....

< 5 tablets per day?



> 5 tablets per day?



QUESTIONS

- * Do you know what they are?
- * Do you know why you are taking them?
- * Are they prescribed/non prescribed/recommended?
- * If on > 5 medications, do you take them regularly /on time?
- * Do you have any difficulty taking them?

What you want to know!

- * Are they necessary?
- * Malaysians love to take medications?
- * The more medications you are on the better you feel?
- * What about supplements??
 - * Should everybody take them?
 - * How many should I take?
 - * Which ones are good?
 - * How do I decide?
- * How about traditional medications?
- * Can I mix them with my regular medication?

SOME FACTS....

Ageing is a **BIG** issue

- * 1 million Japanese >100 years old
- * Malaysia CATCHING UP FAST
- * Ratio of young to old decreasing
- * > LONGEVITY = > NUMBER OF DISEASES
- * **IMPACT** of greater medications range

Polypharmacy in older adults

- * IS IT A NECESSARY, UNAVOIDABLE EVIL?



POLYPHARMACY

- * Mixing of many drugs in one prescription
- * Use of more medication than is clinically required
- * Multiple use of medication by an individual

Is it necessary to use so many drugs?

- * 'Obligatory' or 'rational' polypharmacy
 - * Hypertension
 - * Congestive cardiac failure
 - * Diabetes
- * 'Indiscriminate' polypharmacy
 - * A major medical problem in the elderly

How big is the problem?

- * > 65 year olds: **greatest consumers** of prescription drugs!
- * Females>Males
- * **30%** of all drug prescriptions written for patients > 65 yrs old
- * **2/3** of elderly take prescribed or Over The Counter(OTC) meds
- * Average of **5 prescribed** and 2 OTC/patient (more in Nursing Homes)
 - * ↑ **DRUG INTERACTIONS and ADRs**

How big is the problem in UMMC?

- * Pattern of geriatric admissions among the elderly to all medical wards
- * Patients discharged on multiple medications
 - 1993- 40.5%
 - 2005- 61.1%
 - 2015- **CLOSE TO 70%!!!**

Effects of Polypharmacy on Compliance

- * **Visual impairment**
 - * 32% of the time unable to identify different tablets correctly
- * **Physical problems**
 - * Tablets difficult to pick up, hold
 - * ‘Old-person-proof’ containers
- * **Memory**
 - * Complicated therapeutic regimes



Effects of Polypharmacy on Compliance

- * Adverse effects
 - * Avoid treating side effects of one drug with another
- * Cost
 - * Financial burden
 - * Stop taking, adjust dose to extend over longer time



YOUR MONEY
OR YOUR
HEALTH!

SKYROCKETING
DRUG PRICES

WHO IS TO BLAME?

* DOCTORS?

* THE OLDER PERSON?

* PHARMACIST?

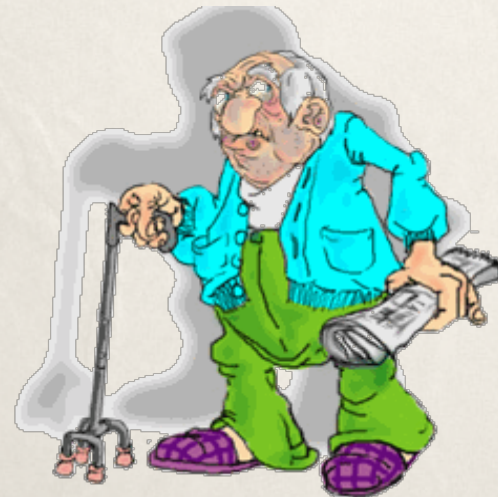
DOCTORS?

- * Ageist attitude towards elderly
 - * Misdiagnosis
 - * Inappropriate prescribing
 - * Lack of patient education on how to take medication and their side effects

- * No review of drugs prescribed

The older person?

- * More medical conditions
- * Beliefs and expectations **“A PILL FOR EVERY ILL”**
- * Less likely to mention other medication taken





PHARMACISTS?

- * Trained to provide consultation about drugs to doctors and patients
- * Expert in drug activity and SIDE EFFECTS
- * Drug labels - use of generic and brand name drug

Pharmacists?

- * No pharmacist (even the most experienced) correctly recognize all the potential drug-drug interactions when presented with scenarios involving 8 or more medicines.
- * Weideman *et al*

Inappropriate Polypharmacy

* WHEN?

* WHY?

* HOW CAN WE AVOID IT?

When?

- * Lack of awareness of age-related changes
- * In presence of memory impairment +/- multiple health problems or disease
- * Ease of access to Over The Counter(OTC) drugs

Why?

- * **“Doctor shopping phenomena”**
- * Physicians unable to keep up to date with new drugs
- * Doctor-pharmacist communication



How to avoid polypharmacy in the elderly

* CHECK

- * All medications used
- * Current and relevant past medical problems
- * Need for prescriptions at regular intervals

* WITH NEW MEDICAL PROBLEMS

- * Try non drug approach
- * Consider Adverse Drug Reaction as cause

If prescribed a new drug:ASK!!!

1. Why am I on this?
2. Is it effective for the condition?
3. Correct dose? “START LOW, GO SLOW”
4. Given time to understand AND EXPLAINED CLEARLY
5. Avoid duplication of treatment: always bring all medication to a consult
6. Correct duration
7. Least toxic alternative

SUPPLEMENTS

In Older people

Why take supplements?

- * **CONTROVERSIAL!!!**
- * Well balanced diet
- * Nutrition requirements
 - * older people = younger people.
 - * (EXCEPT Vitamin D (> 65 years old))

Who needs supplements?

* Chronic Illness

- * Chronic conditions can affect intake
- * Disability
- * Depression
- * Poor oral health (e.g., cavities, gum disease, and **MISSING TEETH**) and dry mouth
- * Antidepressants, blood pressure, and asthma medications → dry mouth

Who needs supplements?

- * **Physiological changes**
 - * Decrease in lean body mass and redistribution of fat around internal organs
 - * Change in taste (from medications, nutrient deficiencies, or taste bud atrophy)

Who needs supplements?

* **Poor Dietary intake**

- * Little or no appetite
- * Problems with eating or swallowing.
- * Eating inadequate servings of nutrients.
- * Eating fewer than two meals a day.

* **Limited income** may cause restriction in the number of meals eaten per day or dietary quality of meals eaten. ⁶

* **Isolation**

- * Older adults who live alone may lose desire to cook because of loneliness.
- * Appetite of decreases.
- * Difficulty cooking due to disabilities.
- * Lack of access to transportation to buy food.

5 simple rules when buying a supplement

- * Know why....or if you need them
- * Don't be fooled by eye-catching labels
- * Keep it simple-avoid mega doses or extra ingredients
- * Choose a respected brand
- * Caution when buying on the internet

* **SPEAK TO YOUR HEALTHCARE PROVIDER**

Thank you

QUESTIONS PLEASE!!!!