

Too Many Prescription Drugs Can Be Dangerous, Especially for Older Adults



Taking multiple drugs together (polypharmacy) is common. A typical U.S. adult takes at least one medication a week, and many take multiple drugs. Among older adults, the use of multiple drugs is even more common because older people are more likely to have more than one disease needing treatment. Also, many conditions require more than one medication.



The dispensing of opioid medication has significantly increased in the past 5 years for individuals 60 years or older.¹ As a result, those aged 60 and older use the most medications; 37% of them reported using five or more prescription medications in the past month.²

What Is the Danger of Polypharmacy?

Taking multiple drugs increases the risk for harmful drug reactions. Over-the-counter drugs and herbal supplements can interact with prescription medications, and this may cause unintended effects. Among older individuals, polypharmacy increases the chance of falls, hospitalization, and other serious medical complications. The good news is that many prescribed drugs are not necessary and should be stopped or replaced by safer medications that are equally effective. It is estimated that in primary care, about one in five prescriptions given to older adults could be discontinued or changed to a safer alternative.³

Who Is Most at Risk of Harm From Polypharmacy?

- People taking five or more drugs.
- Those with chronic diseases of the liver, kidney, or heart.
- People taking sedatives, opiate pain relievers, tranquilizers, nonsteroidal anti-inflammatory medications, anticoagulants, insulin or oral drugs for diabetes, or drugs for heart problems.
- Those with memory problems or who have trouble taking medications as prescribed.
- People living alone.
- Those with a history of substance abuse or other psychiatric problems.⁴

What to Do If a Person Is Concerned About Polypharmacy

It is wise to keep track of multiple medication use. It also is important to work with a medical care provider to make sure the medications are necessary and do not affect each other. To do this, it is best to make an appointment with a primary medical care provider:

- Bring a list of all current medications and dosages.
- If prescribed any medications by other providers, be sure to add these medications to the list.
- Make a note of all over-the-counter medications and herbal or vitamin supplements taken, along with doses and frequency.
- Describe any problems that may be caused by, or made worse by, any medications.

At any age, discussing the need for medications each year with a primary care provider is the best way to prevent harm from polypharmacy.

References

1. Fauber, J., & Gabler, E. (2012). Narcotic pain killer use booming in elderly. *MedPage Today*. <http://www.medpagetoday.com/Geriatrics/PainManagement/32967>
2. Gu, Q., Dillon, C. F., & Burt, V. L. (2010). *Prescription drug use continues to increase: U.S. prescription drug date for 2007–2008* (NCHS Data Brief No. 42). Hyattsville, MD: National Center for Health Statistics.
3. Opondo, D., Eslami, S., Visscher, S., de Rooij, S. E., Verheij, R., Korevaar, J. C. et al. (2012). Inappropriateness of medication prescriptions to elderly patients in the primary care setting: A systematic review. *PLoS ONE*, 7, e43617.
4. Scott, I. A., Gray, L. C., Martin, J. H., & Mitchell, C. A. (2012). Minimizing inappropriate medications in older populations: A 10-step conceptual framework. *American Journal of Medicine*, 125, 529–537.



The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWTArequest@PIRE.org. To join the PAW Listserv, visit <http://paw.dsgonline.com>, or simply scan the QR Code to the right.

