

## Polypharmacy - A need for a standardised assessment and management of older people with polypharmacy

Clinical Quality - CQ - Patient Safety

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### INTRODUCTION

The UK population is ageing quickly, with the number of individuals over 65 rising from 9.2 million to 11 million in the last decade. This increase has led to more comorbidities and complex treatment regimens, often referred to as polypharmacy, which can cause adverse effects, increase admissions, mortality and high healthcare costs. To address these issues, the NHS is adopting a patient-centred approach to optimise medication use and improve outcomes. This includes:

- 1) Evaluating/ comprehensive assessment of the patients.
- 2) Setting shared, realistic goals
- 3) Identifying unnecessary and/or harmful medications.

### AIM

Data was gathered from community patients referred to the Early Intervention Team (EIT), which aims to ensure safe discharges and prevent hospital admissions related to falls, frailty, and cognitive or functional decline in Suffolk.

### RESULTS

Out of fifty-one patients, 90.2% adhered to their medication regimen, but over half (54.9%) did not understand its purpose and reported side effects, including falls (82.4%), memory problems (64.7%), and constipation (54.9%). Additionally, 72.5% wanted their medications reviewed. Twenty-two patients GP were promptly contacted. Notably, one patient's annual medication cost was calculated as £5,256.96.

#### Problem/Cause of referral

1. Falls	75%
2. Decompensation from frailty	12%
3. Decreased mobility	12%
4. Other	2%

#### Most Prescribed Medications

1. Statins	39.2%
2. Beta Blockers	29.4%

#### Cost Analysis (e.g.)

1. H2-Blocker	719,40£ per patient per year
2. Corticosteroids	1416£ per patient per year

### METHOD

Data were collected from March to May 2024 for fifty-one patients aged 65 and older who received home visits from EIT and were on five or more medications. Medical records were reviewed to identify medications associated with health deterioration and to assess the frequency of medication reviews, along with related costs. A survey was also conducted to evaluate the impact of their medication regimens on quality of life and gauge interest in reviewing and potentially reducing their medication burden.

### CONCLUSION AND RECOMMENDATIONS

Polypharmacy leads to high financial and health costs, yet medication reviews are often inadequate or unavailable. The authors suggest conducting regular reviews in outpatient falls or frailty clinics to monitor adherence and tolerance. Further research is needed to ascertain the benefits of this practice.

### REFERENCES

*National medicines optimisation opportunities 2024/25*, NHS England; September 2024.  
*Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes*, NICE Guidelines; 2015

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