

Multiple Medicines

Half of people age 60 and over take three or more prescription medicines on a regular basis. One in 10 take seven or more drugs. In many cases, taking many medicines is absolutely necessary. People with high blood pressure, for example, often need to take two drugs. People with diabetes often take two or three, and people with heart disease often require three to five medicines.

Unfortunately, though, the more drugs you take, the more likely you are to get one you don't need, to be prescribed the wrong drug, or to experience dangerous side effects from drug interactions. It also makes adherence to your treatment regimen more difficult, and adds to costs. Sometimes, it even lowers the chance of successful treatment. This brief will help you understand what doctors often call "polypharmacy," and possibly eliminate unnecessary, and costly, drugs from your medicine cabinet.

THE LATEST RESEARCH

Recent studies have helped define the problem. In one, researchers at Harvard Medical School interviewed and reviewed the medical records of 3,457 adults nationwide. They found that 17 percent were prescribed a drug they did not need. At the same time, 37 percent were *not* prescribed a drug they did need.

A second study by researchers at the San Francisco VA Medical Center probed the records and experience of 196 people who were taking an average of eight drugs each. All were older than 65 and their average age was 75. The researchers found that 65 percent were taking at least one drug they did not need, and inappropriate use rose steadily with the number of drugs a person was prescribed. For example, people taking seven to nine drugs were prescribed an average of one drug they did not need while those taking 10 or more drugs averaged two incorrect prescriptions.

Here, too, people taking many medicines were also more likely to *not* be receiving one they needed; two out of three were not prescribed a drug they should have been. Overall, 42 percent of the patients (82 of 196) were taking a drug they did not need and, at the same time, not taking one they should have been.

These studies and others have found a number of common reasons people

taking many drugs are prescribed a drug they do not need. See the box on page 2 for a list.

The results of such studies also speak to broader problems in medicine — that of over-treatment and under-treatment, and a medical culture that has a tendency to (a) over-rely on drugs and (b) overplay the benefits of drugs and under-play their risks.

TAKING STEPS TO AVOID THE PROBLEM

If you are currently taking three or more prescription drugs, the single most important step you can take to find out if your treatment regimen is sound is to schedule a "medication review" appointment with your doctor. This sounds like common sense, and it is. But a surprisingly large number of people taking multiple medicines do not have such reviews, and many doctors don't initiate them.



One big reason for that is your doctors may not know how many medicines you are taking. Studies indicate that about 40 percent of seniors get prescriptions from more than one doctor. So, if you see several doctors – for example, a couple of specialists – who have prescribed you a drug, the burden is on you to *tell all your doctors every medicine you are taking*.

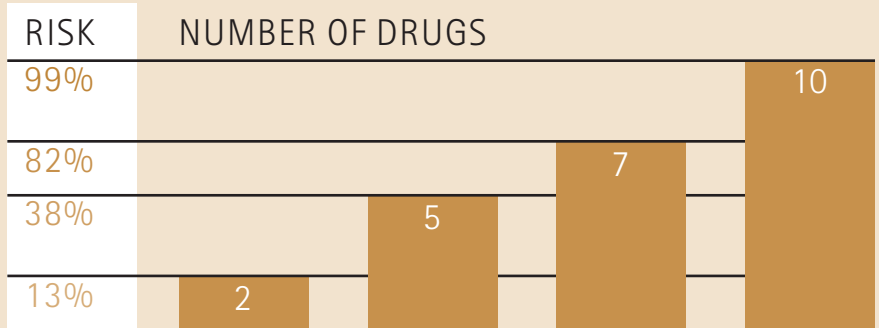
Medication reviews are sometimes called “brown bag” visits – so dubbed because you literally put all your prescription bottles in a bag and bring them to the doctor’s office. An alternative is to write down *all* the information from your pill bottles. Or, if you have prescription drug coverage, you can ask your insurer to email or print out and send you a copy of all your prescriptions over the past year (or longer).

Remember, you’ll also want to tell all your doctors about any nonprescription (over-the-counter) medicines or dietary supplements (herbs, vitamins, etc.) you are taking. These can add to the risks of adverse reactions if you are taking multiple medicines.

In preparation for your medication visit, we advise making a list of any side effects or symptoms you have

RISING RISK

THE RISK OF ADVERSE DRUG EVENTS INCREASES SHARPLY WITH NUMBER OF DRUGS YOU TAKE



Source: Frazier, Susan. "Health Outcomes and Polypharmacy in Elderly Individuals," *Journal of Gerontological Nursing*, September 2005.

been having that may be related to your medicines. In particular, think carefully about any problems that occurred after you starting taking a second, third, or fourth medicine. For example, have you been feeling drowsier, more agitated, or having more frequent stomach upset?

But the central purpose of a medication review is to see if your treatment is optimal and if you still need to be taking the drugs you currently are. There is no substitute here for an open dialog with your doctor(s). Given the

study results presented in this brief, we believe that doctors owe you an updated evaluation and explanation for each medicine you are taking.

SOME SPECIFIC QUESTIONS TO ASK

Why do I need this drug?

It’s such a simple question, but deceptively so. Remember, drug companies work very hard to convince doctors to prescribe drugs for almost every ailment. And our culture is suffused with the belief that pills are a simple and easy solution. Sometimes, they are.

But a growing chorus of doctors believe many medicines are overprescribed, and that polypharmacy presents growing risks. Your doctor should explain clearly why he or she is prescribing a drug, especially if you are already taking two or more. You may need to prompt this discussion. If your doctor utters the words, “well, let’s try it and see if it helps,” or something close to that, that’s a signal that he or she doesn’t really know if the drug is right for you.

COMMON REASONS A DRUG MAY BE WRONG FOR YOU

- The drug is inappropriate for your diagnosis.
- The drug is appropriate for your diagnosis but wrong because of your individual medical situation.
- The drug duplicates one you are already taking.
- The drug is no longer needed because your symptoms have subsided or the medical condition has resolved.
- The drug interacts adversely with one or more you are taking.
- Scientific evidence no longer supports the drug’s use for the reason prescribed.

In that instance our advice is: proceed cautiously. You may – and probably will – choose to take the medicine. But you'll want to monitor your response to it especially closely and check in with the doctor soon again.

It will help inform the discussion with your doctor if you do some homework on the drugs you are taking, or are prescribed. That's much easier these days with a wealth on information in good reference books and on the Internet. Our Web site – www.CRBestBuyDrugs.org – is one resource. Also try MedicalGuide.org, healthcentral.org, medlineplus.gov, WebMD.org, and mayoclinic.org.

Does this drug duplicate any other medication I'm taking?

Studies indicate that duplications are especially likely if you get prescriptions from more than one physician. Also pay close attention to whether you are taking a brand-name medicine and a generic that are essentially duplicative.

BE ESPECIALLY VIGILANT IF YOU...

- Take five or more drugs.
- Take drugs for three or more health problems.
- Get prescriptions from two or more health-care providers.
- Have not reviewed all of your drugs and supplements with your primary-care doctor in the past year.
- Have recently been discharged from a hospital.
- Have been taking a drug for more than a month that's known to cause addiction or rebound symptoms, such as a pain killer.

In other cases, doctors may use related or very similar medicines to treat different problems. For example, a primary-care doctor may prescribe a diuretic to treat high blood pressure while a neurologist may prescribe a beta-blocker, which also lowers blood pressure, to prevent migraines. Similarly, someone with both depression and diabetes-related nerve damage may be prescribed an antidepressant such as fluoxetine (generic

Prozac) by one doctor and a tricyclic antidepressant, which can relieve chronic pain, by another. In each of those cases, you may be able to keep taking the medicine that treats both problems and drop the other drug.

Is this drug meant for short- or long-term use?

Doctors often intend to stop a prescription after awhile but end up prescribing it indefinitely. Or they may simply not know that the medicine can be stopped.

A good example of this is the medicines to treat heartburn and stomach acid reflux (also called GERD which stands for gastroesophageal reflux disease). These drugs are called proton pump inhibitors, or PPIs. One is omeprazole (*Prilosec, Prilosec OTC*); another is Nexium and a third is Prevacid. Many people end up taking a PPI for many years even though studies indicate that for most the need for the drug stops after six months or so. If you need to start taking it again because symptoms return, you can.

Antidepressants are another example. People with mild-to-moderate depression should generally take a break after six months or a year to see if the problem has eased. (Note: don't stop taking an antidepressant without consulting





your doctor or therapist, and never do so “cold turkey” since that can trigger problems).

Other drugs, such as sleep aids or opiate pain relievers, should be used for even briefer periods but are often continued when patients become dependent on them.

It’s especially important to consider stopping medicines when you check out of a hospital. Discharge plans often include prescriptions for drugs started

while you were there. But most of these – such as laxatives, sedatives, pain relievers, and stomach protectors – can be eliminated when you leave.

Can non-drug measures reduce or eliminate my need for a drug?

Doctors and patients often turn to prescription drugs before giving lifestyle changes or non-drug treatments a chance. There is a bias towards viewing drugs as better. But that’s simply not true in many cases. Spending just 10 to 15

minutes a day on exercises that strengthen the pelvic muscles, for example, is safer and at least as effective at treating urinary incontinence as common medications are, studies show. Similarly:

- Acupuncture, exercise, massage, spinal manipulation, and relaxation training are usually better first choices for back pain than muscle relaxants or prescription painkillers.
- Changes in sleeping habits and stress reduction can often help relieve insomnia better than long term use of pills.
- Changes in eating habits and quitting smoking can usually prevent heartburn.
- Headaches and allergies can be eased by identifying and avoiding the triggers.
- People with only moderately elevated blood pressure or cholesterol levels who start exercising, lose weight, and improve their diet may be able to reduce or even eliminate their need for drugs.

HOW TO STICK WITH THE DRUGS YOU REALLY NEED

It’s as harmful to skip drugs that are necessary as it is to take those that aren’t. Many patients fail to take medications as prescribed because they disagree with, don’t understand, can’t afford, or simply can’t follow the treatment plan. In addition to eliminating needless medications, these steps can help you stick with a complicated drug regimen:

- Keep a written schedule of the pills you take, how often to take them, and any special directions. Update the record as your prescriptions change.
- Take medicines at the same time each day, and, if necessary, use calendars, timers, or pillboxes that remind you which drugs to take and when.
- Ask if you can take the drug daily, weekly, or monthly rather than multiple times a day.
- Monitor your disease. Home blood-pressure or blood-sugar testing, for example, can help motivate you to take your medicine.
- Ask about lower-cost generic versions. They can save you money.
- Keep medicines where you’ll notice them. But don’t store them in bathroom medicine cabinets where they’re exposed to damaging humidity and heat.
- Know what to do if you miss a dose or inadvertently take an extra one.
- Order refills in time to avoid treatment gaps and lapses.

WARNING: DON'T STOP ON YOUR OWN

Don't stop taking any prescribed medication, even if it's causing side effects, without first talking with your doctor. Stopping prematurely may trigger a worse problem. To prevent withdrawal reactions or a worsening of the treated condition, your doctor may need to taper the drug (slowly wean you off it) or substitute another drug. You may also require more frequent monitoring when you stop taking a drug.

How important is this drug given my finances and overall health?

You may be reluctant to discuss your financial situation with a doctor, or to raise the issue of the cost of treatment. But studies clearly show that many people do not fill prescriptions because they can not afford them. It's much better to be up-front with your doctor about the limits of your resources. This can lead to prioritizing your medical needs, including the prescription drugs you take. It may also prompt switches to less expensive medicines, such as generics.

Studies show polypharmacy is now especially common towards the end of life. People with terminal illnesses, for example, or people whose health is declining rapidly due to advanced age are often taking eight or more drugs. Who of us hasn't seen an elderly person's nightstand or bureau stacked high with a plethora of pill bottles.

While some of those medicines are certainly going to be essential to easing pain and discomfort, many doctors now believe that, as a whole, they can actually lower quality of life for people at the end of life, and waste money.

Does my health or age make this drug unsafe for me?

Many drugs pose particular risks for people aged 60 and over, in part because changes in kidney function slow the elimination of many drugs from their body. Researchers have identified some 50 medicines that

older people should always or almost always avoid, including some sedatives, pain relievers, antidepressants and anti-anxiety medications, antihistamines, and muscle relaxers.

Many drugs and supplements also pose special risks to people with certain health problems, notably impaired kidney or liver function. But many other diseases can also make drugs more dangerous, including some that your doctor may overlook. For example, certain eye drops for treating glaucoma can potentially worsen asthma and heart failure.

Does this drug interact with any other medicines or supplements I take?

Many drug combinations decrease the effectiveness of one or both medicines, while others increase the risk of side

effects. Some can even be life-threatening. Adding certain antibiotics or antifungals to cholesterol-lowering statin drugs, for example, increases the risk of potentially deadly kidney damage.

Mixing drugs and herbs can also be bad medicine. Echinacea may interact with immunosuppressants such as cyclosporine (generic, *Sandimmune*), saw palmetto with the prostate and hair-growth drug finasteride (*Propecia*, *Proscar*), and St. John's wort with dozens of medications. Even vitamins and minerals can complicate the use of medications. Calcium and iron can impair the absorption of drugs, and potassium supplements can lead to dangerously high levels of potassium in people who take ACE inhibitors or angiotensin-receptor blockers (ARBs).

Most doctors are familiar with these problems, but don't count on a full accounting from your doctor. They may either lack the knowledge or the time. A better strategy is to make a point of (a) discussing potential drug interactions with a pharmacist and (b) looking up the drug in a reference book or on the Internet. A few Web sites specialize in giving you this information, such as www.drugdigest.org, www.drugs.com, and www.medscape.com.

THE SHOPPER'S GUIDE TO PRESCRIPTION DRUGS SERIES

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