Podcast Introduction and Topic Overview

In fact, most pharmaceuticals do not address the underlying cause of a medical problem, but rather the symptomatology. There's a few exceptions to that like antibiotics, but for the most part, we're treating symptoms and we're getting…

more or less of a reaction, a response, depending on how efficacious the medication is and how severe the underlying condition is. So seldom does a condition become worse only because we have de-prescribed a medication.

So what is a person to do to manage this potential problem? One thing is to know what you are on and actually probably for many of us carry around a list of what we are on in case of an unexpected need for a medical intervention.

you made it past menopause or are you going through it now? I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menopausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome. Today, I thought we would talk about a couple of concepts that may be a little bit foreign to most of you. And the two that I'm going to define are polypharmacy and deprescribing.

Deprescribing is sort of obvious, which is taking people's prescriptions and narrowing them down or discontinuing certain ones.

Understanding Polypharmacy and Deprescribing

And polypharmacy is the idea that many, many Americans and people in other developed countries as well. are on multiple medications. More than five is the official definition of polypharmacy.

And there are groups of scientists and clinicians who are actually focused on trying to reduce polypharmacy, which involves deprescribing, because there are around 750 hospital admissions per day in the U. S., according to the Lown Institute, due to people being on multiple medications or medication side effects.

The chance of medication side effects goes way, way up uh once you hit around five medicines. And some people are on way more than that, as you may know.

The data support that around a third of uh Americans have used five or more medicines in the last 30 days. The fact that so many US adults use so many medications shouldn't come as a complete surprise to us when we are aware of the recent CDC data from the NHANES study, National Health and Nutrition Examination Survey data, showing that only around 10 % of American adults are totally metabolically healthy when taking into account things like cholesterol, blood pressure, other kinds of blood tests and physical exam, ruling out obesity and so on.

So the medications that most of us are on are for basically chronic conditions. The kinds of medication side effects which may land somebody in the hospital involve things such as loss of balance and loss of full cognition or awareness.

And this may in turn lead to falls and fractures and even hospitalizations and death.

Why Multiple Medications Become Risky

We are often receiving various medications from a number of different specialists who may not be in the same healthcare system, and the data of what medications were actually being prescribed may not be very clear to

anyone, including ourselves or our primary care physicians.

This may lead to interactions between various medications. Another feature is that as we age, our metabolism of medications may change, our absorption of medications may change.

And so something that may have been working fine for many years, let's say a high blood pressure medication, may now have side effects when we are 70 something years old that were not present when we were 50 or 60 when they were originally prescribed.

Something that I wasn't aware of when I began doing research for this segment is that most of the medications that older folks take have never been proven to be efficacious in older individuals.

Most scientific studies have a older age limit on the initial study subjects, and this may be 60 or 65. And therefore, when we're in our 70s and 80s, we're basically taking something that has never been shown to be efficacious.

And certainly medications make it onto the market without any proof of long-term efficacy. One example would be multiple sclerosis medications. These are tested for some number of years at the outset, but if we've been on them for 10, 15, 20 years, there's no data that they are actually working well for us at that stage.

Another reason to consider deprescribing, which would be talking to our physicians about this is the cost of the medication, both to ourselves out of pocket and to the healthcare system in general.

And we certainly appreciate how huge the contribution of pharmacy products is to our national healthcare expenditures. As I mentioned, there are clinical and scientific groups who are looking at this problem and they have come up with lists of medications that are particularly worrisome and often dangerous for older individuals.

High-Risk Medications for Older Adults

I was quite surprised when I read through this list and I'll put a reference to some of these lists from this organization in the show notes below, but they include things such as antihistamines, anticoagulants, antibiotics, antidepressants, antipsychotics, digoxin.

benzodiazepines, includes Valium, proton pump inhibitors, which is many of the anti-acid medications that people are taking, antidiabetic medications, muscle relaxants, and NSAIDs, non-steroidal anti-inflammatory drugs.

So this is a very, very long list. And how the medications got on this list is these are the medications that tend to have the most side effects and complications in older individuals.

In some cases, it's understood that the mechanism is changes in absorption or metabolism as we get older. In some cases, it's just basically somewhat of a concern for all ages, but as we get older, it just…

seems to have a higher incidence of the same side effects or complications that have been noted in younger individuals. The idea here is that if you are on one of these medications or are about to be prescribed one of these medications, that you might talk with your physician about alternatives and say, you know, what's the story here?

Is there something else I can be taking? Can I lower the dose? Sometimes that's enough or um If I drop one of my medications, will that make this other medication less likely to cause side effects and complications?

Often, medications that are on this list are really the only alternative for some people, and then there's really nothing much we can do about it. Again, when I looked through this material initially, I was a little bit surprised to find how clinicians find it.

difficult to deprescribe with their patients. And there are probably many, many reasons why this may be the case. I'm going to read a quotation from one of the study groups about this subject.

Prescribers could be choosing the path of least resistance because of system level barriers such as health care system fragmentation, deference to colleagues' clinical decision making, time required to coordinate care with other clinicians, an adequate time for shared decision making with patients." End quote.

How to Talk With Clinicians About Medication Review

And just to break that down a little bit, if something was prescribed 10 years ago by an eye doctor, and for whatever reason, the woman is still on that, myself as her gynecologist may not be inclined to discontinue it even though the original condition has long passed.

The patient may be very concerned about discontinuing something saying, that was terrible when that happened and I'm afraid if I stop taking it, my condition will come back.

In fact, most pharmaceuticals do not address the underlying cause of a medical problem. but rather the symptomatology. There's a few exceptions to that like antibiotics, but for the most part, we're treating symptoms and we're getting more or less of a reaction, a response, depending on how efficacious the medication is and how severe the underlying condition is.

So seldom does a condition become worse only because we have de-prescribed a medication. So what is a person to do to manage this potential problem. One thing is to know what you are on and actually probably for many of us carry around a list of what we are on in case of an unexpected need for a medical intervention.

And that would include prescription medications, supplements that we are taking, and then over-the-counter medications that may also have important side effects or interactions with other medications we're taking.

When we are seeing a clinician for an issue and there's a chance of a prescription being written for it, knowing all of our medications that we're already on is important, and then discussing with the doc perhaps that is this a medication that's particularly high risk for an older individual?

If there is uh such a medication about to be prescribed, there might be alternatives. One option is if your medication is on the list of suspects that might cause more risk of side effects, one might narrow down the time that it is being taken to the time of most need.

So you might not be taking something 24-7, but rather only when you're going outside and you're not going to have access to a bathroom or those kinds of considerations.

Managing Side Effects and Safer Alternatives

Insomnia would be another good example of something that might be approached with a lower risk medication or with a totally alternative option, such as various things that can be done to reduce your risk of sleep problems.

Sometimes acupuncture, physical therapy, yoga, meditation. All of these are options that might be useful for certain conditions. If you do experience a side effect of a medication, make sure to report it to your primary care physician and your prescribing person, which may be not the same individual.

You may not have an option to not take that medication, but at least you're aware of the situation and the potential risk. Making oneself aware through search engines of what potential medication side effects may be can be a useful strategy as well.

Often a side effect may occur for a length of time, a few hours, days, etc., and then go away. So I wouldn't advocate stopping medications at the first sign that you have any side effects from it.

If you do experience a side effect of a medication, certainly notify your clinicians, but don't automatically stop the medication because some medications are not good to stop without a tapering schedule.

Closing Remarks and Podcast Outro

And in some cases, there's really no alternative to the medication and you might have a way to manage the side effect. So I hope today I've given you some things to think about if you're one of the third of older Americans who are on five or more prescription medications.

If this is the kind of information that you find useful and interesting, I would like you to like and subscribe. Thanks so much for being here with me and I hope to see you again soon.

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