

# Polypharmacy and Potentially Inappropriate Medications (PIMs) in older adults referred to a Liaison Psychiatry service

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## Introduction

- The older patient is more likely to be prescribed a lot of medications (polypharmacy) on account of multi-morbidity and being under the care of several specialists.
- Adverse drug events and reactions account for significant numbers of acute hospital presentations in this population group, with increased morbidity and mortality.



## Aim

- To estimate the prevalence of polypharmacy and Potentially Inappropriate Medications (e.g anticholinergics) in patients 65 years and older referred to a Liaison Psychiatry Service (St. Mary's Hospital, Paddington).

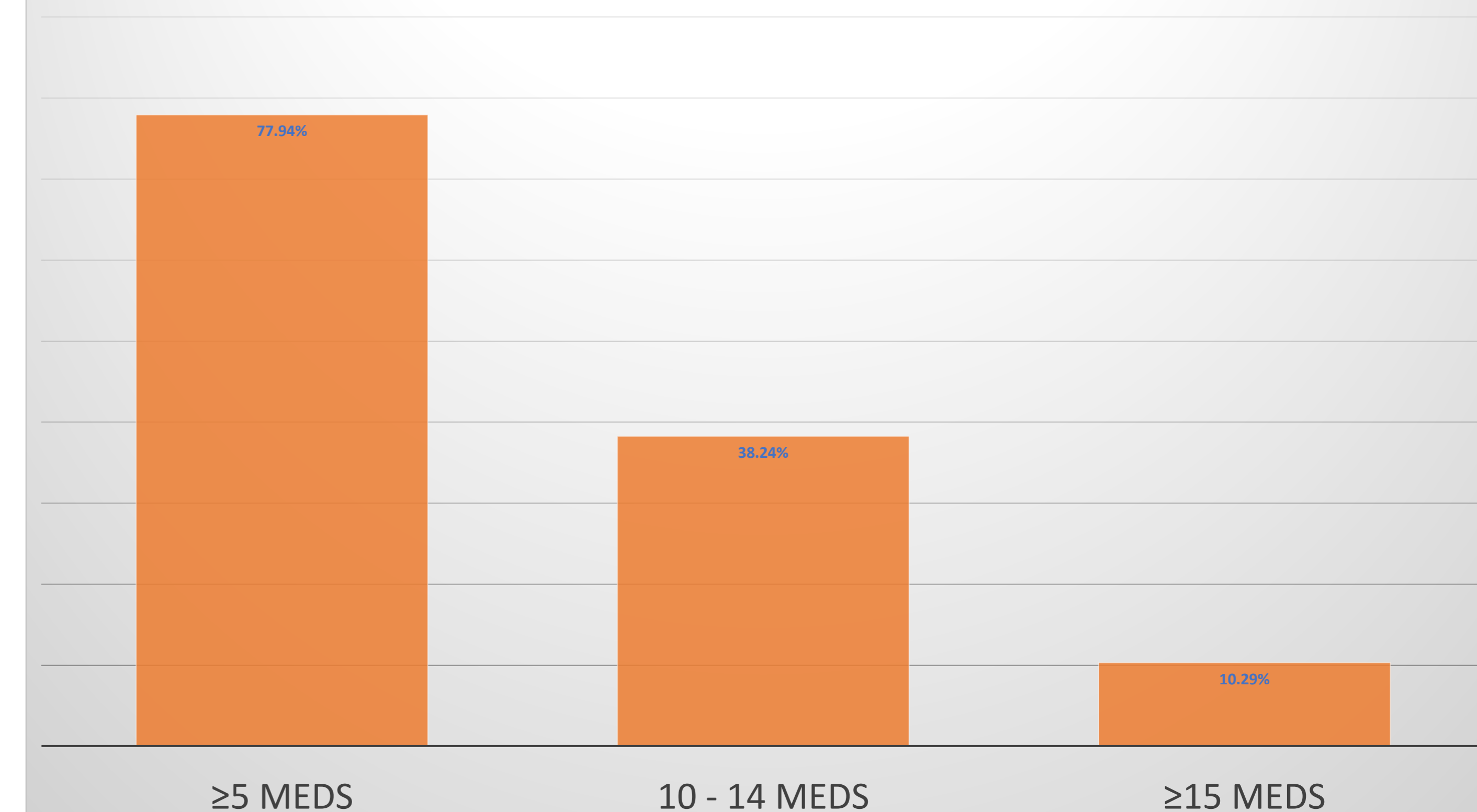
## Methods

- Over a 3-month period (01/06/19 - 31/08/19) all referrals from wards and A&E were screened for medications currently prescribed and administered.
- 69 of 77 referrals were included in the study, having complete and reconciled medication records.
- The Anticholinergic Burden Scale (ACBS) was used to identify anticholinergic medications.

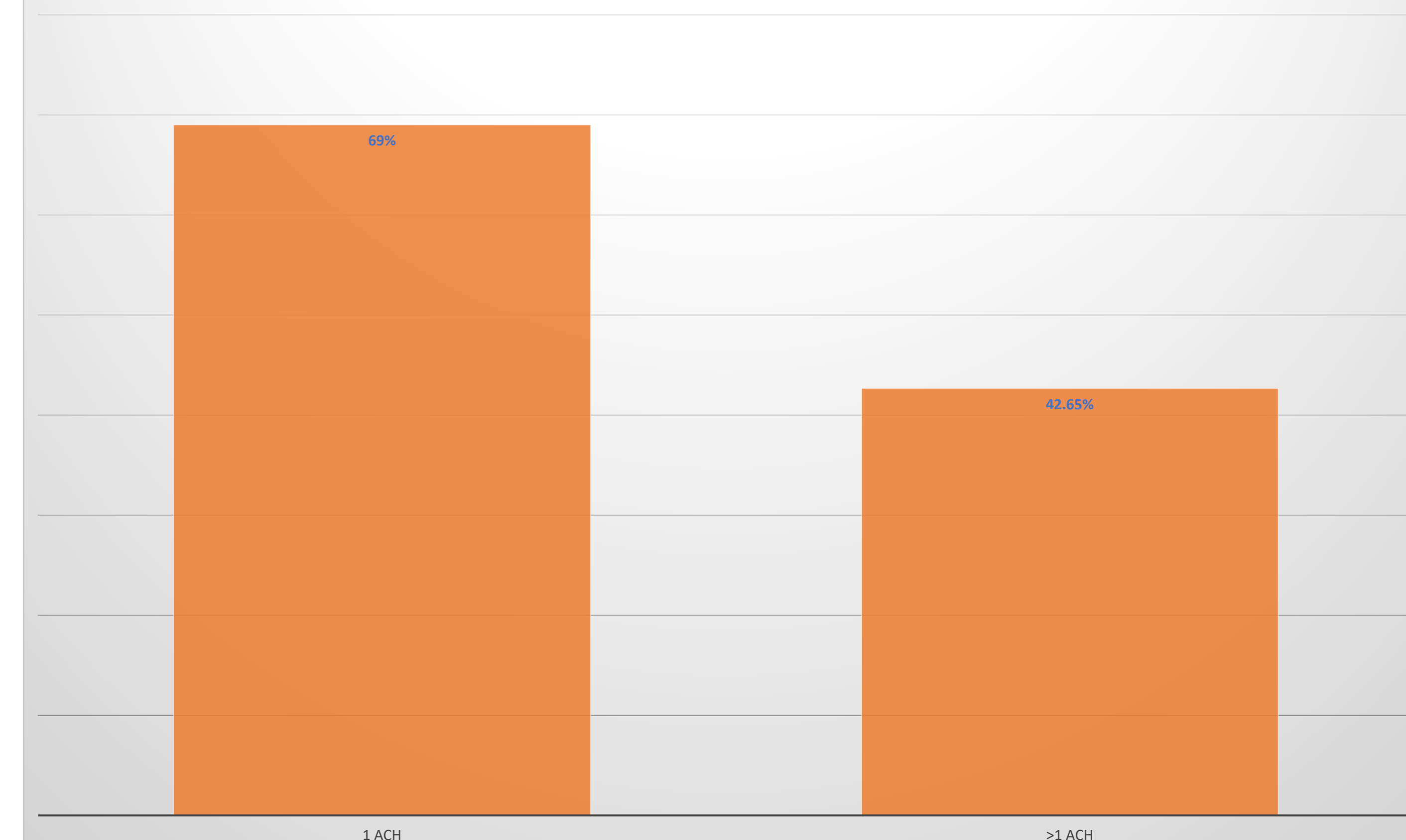
## Results

- 77.94% prescribed 5 – 9 medications
- 38.24% prescribed  $\geq 10$  medications
- 10.29% prescribed  $\geq 15$  medications
- 69% prescribed only 1 anticholinergic
- 42.65% prescribed  $\geq 1$  anticholinergic

## Polypharmacy



## PIMs (anticholinergics): Anticholinergic Burden Scale.



## Conclusions

- Polypharmacy and potentially inappropriate prescribing remain widespread in the older adult population. Anticholinergics are also commonly prescribed, in some cases in combination.
- Other classes of Potentially Inappropriate Medications prescribed (including medications no longer needed, and OTCs) also ought to be identified and reviewed.
- Polypharmacy and PIMs adversely impact morbidity and increase mortality rates.
- Reduction in anticholinergic burden may improve cognition and quality of life.
- Pharmacovigilance and regular training are needed across services caring for the older patient.

## References

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