

“America’s other drug problem—polypharmacy”: Are a multitude of prescriptions for the elderly causing unnecessary harm?

Elderly patients make up more than one-third of all hospital

stays, and it’s not hard to understand why many of those stays would involve prescription drugs. However, it may be surprising to learn that more than half of those visits include medication-related complications—this is according to an action plan created in 2014 by the U.S. Department of Health and Human Services (HHS). The HHS found that those preventable complications prolonged hospital stays by an additional three days on average.

Because many older patients are taking multiple medications for various conditions, the chance of dangerous interactions between drugs is elevated in this population. Often meds are prescribed by practitioners who never speak with each other or compare notes. And if the patients are admitted to the hospital, the odds of physicians-making-the-rounds adding another drug to the senior citizen’s current roster is substantial.

In a perfect world, none of those newly-prescribed drugs would be unsuitable or unnecessary. And none would cause serious side effects. But our world is far from perfect.

“The problem is huge”; however, UCLA Medical Center is making strides to protect patients

Dr. Maristela Garcia is director of the inpatient geriatric unit at UCLA Medical Center in Santa Monica. Perhaps she sums it up best when she says: “This is America’s other drug problem—polypharmacy. And the problem is huge.”

In order to protect geriatric patients from prescription complications or unnecessary medications, three years ago the medical center brought on Dominick Bailey, a clinical pharmacist specializing in geriatric care. It’s his job to work with physicians and patients to ensure that patients are receiving only the drugs they need, that their prescription combinations will not prove harmful, and that they understand how and why to take their meds.

A 2013 studies-analysis published in the Journal of the American Geriatrics Society demonstrated that employing a dedicated geriatric pharmacist such as Bailey can serve to decrease prescription complications and re-admissions due to harmful drug interactions or lack of medication compliancy on the part of the patient after discharge. (Sometimes older patients can become confused about which meds they need to take, and how and when they need to take them. Improper drug protocol at home can cause a different set of problems, and they can be serious.)

During a six-month window of Bailey’s tenure in the geriatric unit, prescription-related re-admissions plummeted from twenty-two to three. In addition to consulting with physicians at the hospital about pharmacological approaches for elderly patients and advising the patients themselves about best practices for taking their meds,



Bailey also often speaks by phone with other pharmacists and patients' relatives to coordinate lists of drugs and ensure accuracy and timeliness.

A national, preventable problem that causes needless suffering and drains healthcare costs

Although there aren't recent numbers, in 2006 the Institute of Medicine found that more than 400,000 annual "adverse drug events" transpired in U.S. hospitals involving elderly patients...events that could have been prevented. They might be caused by an incorrect prescription or an incorrect dosage, for example. The estimate (in 2006 dollars) for the healthcare loss is \$3.5 billion per year.

There are other instances when a drug doesn't do harm to the patient, but the patient doesn't truly need it. A study of VA facilities showed that more than 40% of physically-compromised patients were prescribed at least one unnecessary medication upon being discharged. "There are a lot of souvenirs from being in the hospital: medicines they may not need," says David Reuben, chief of the geriatrics division at UCLA School of Medicine.

A study in 2013 revealed that almost 20% of patients experienced prescription-related issues within six weeks of hospital discharge. Over one-third of those complications fell into the preventable category, and a small percentage were serious to the point of being life-threatening.

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