Yanet Garrido

Week 4 Discussion

* Discuss two (2) common risk factors for polypharmacy. Give rationale for each identified risk factor.

Age- Older adults are affected by polypharmacy since “older persons are at larger risk for adverse drug events because of metabolic changes and decreased drug clearance associated with ageing this risk is compounded by increasing numbers of drugs used (Davies, et al., 2015). Polypharmacy increases the potential for drug-drug interactions and also is a risk factor for hip fractures (Rolland, et al., 2016).” Moreover, this could result in a matter with adherence to medication and outcome to cognitive or visual troubles. Secondly, the aged population is at risk of experiencing an Adverse Reaction (ADR) to the utilization of polypharmacy. Because the elderly has metabolic modifications and reduced drug clearance prescription are not as quickly emitted like people of a younger age (Reeve, et al., 2017). Moreover, the half-life of the drug remains in their system in an extended period, and they may end up consuming their next medication when the former drug is still in the system.

* Discuss two interventions you can take as a Nurse Practitioner in your clinical practice to prevent polypharmacy and its complications.

The ways to avert polypharmacy is through identifying the medications the patients are consuming and establishing how they operate on the body. Besides, commencing a patient out on a low dosage of the medicine and gradually increasing will be best to reach its efficacy. When intensifying the dosage, the patient encounters an ADR; the prescription ought to be reduced to its final best efficacy. Another method is to check for addictive manners and if the patient sees other medical health care workers. The patient might be getting prescriptions from other health care workers, and if I give a similar medicine or even a more significant dose of the medication, the patient may be at peril for an overdose. It is vital that someone is conscious of their patients, but not restricted to, their health matters, the drugs they are getting, whether the patient might have addictive behaviors, or other relevant information, which can assist the best care for the patient.

Reference

Davies, E. A., & O'mahony, M. S. (2015). Adverse drug reactions in special populations–the elderly. British journal of clinical pharmacology, 80(4), 796-807.

Reeve, E., Trenaman, S. C., Rockwood, K., & Hilmer, S. N. (2017). Pharmacokinetic and pharmacodynamic alterations in older people with dementia. Expert opinion on drug metabolism & toxicology, 13(6), 651-668.

Rolland, Y., & Morley, J. E. (2016). Frailty and polypharmacy.

**Wendy Pelegrin**

**Discuss two (2) common risk factors for polypharmacy.**

One of the most common risk factors for polypharmacy is the absence of a strong patient-physician relationship. This can be due to multiple reasons, such as patients not having a primary care provider or having multiple physicians, which can lead to communication issues between patient and physician. Another common risk factor is when patients do not have access to medications and cannot get refills on time. This can lead to patients having to seek out other options, such as going through the internet or trying to get prescriptions from other physicians. This can also lead to patients taking medications that may be harmful or not prescribed by their actual physician.

A third common risk factor is when patients are not properly educated on how to take their medications properly. They may not understand how long they should take a medication or how often they should take it. Patients who do not understand how and when they should take their medications may end up over-medicating themselves, which can lead to negative side effects and even addiction issues in some cases (Holmes, 2012,).

**Discuss two interventions you can take as a Nurse Practitioner in your clinical practice to prevent polypharmacy and its complications.**

There are a few interventions you can take as a Nurse Practitioner to prevent polypharmacy and its complications.

1. Diagnose the problem

The first step is to diagnose the patient's problems and determine what medications they are taking. This is done by asking questions about their symptoms and their medical history. The nurse practitioner should also review all past prescriptions, including over-the-counter drugs. Before starting any new medication, the nurse practitioner needs to know if the patient has any allergies or other conditions that could affect their response to the medication. The nurse practitioner can then assess which medications are necessary and which ones should be stopped or changed in some way.

1. Educate patients on proper use of medications

Patients can help themselves by learning about their medications and following instructions on how to use them correctly. Some people do not know how often they should take their drugs or even where they should store them so they do not accidentally take too much or mix them with other drugs that could cause dangerous reactions when taken together. The nurse practitioner can teach patients how they should take their medications so they do not have adverse reactions or experience side effects from taking them at the wrong time (Ritsner, 2013).

References

Holmes, H. (2012). *Polypharmacy, an issue of clinics in geriatric medicine - E-book*. Elsevier Health Sciences.

Ritsner, M. S. (2013). *Polypharmacy in psychiatry practice, volume I: Multiple medication use strategies*. Springer Science & Business Media.

Mayra Vazquez

Advanced Pharmacology

Professor: Dr. Latoya Dotson

May 25, 2022

**Poliypharmacy**

**Common Risk Factors for Polypharmacy**

The two common risk factors for polypharmacy include chronic conditions and depressive symptoms. However, older patients with chronic disorders are at greater risk of polypharmacy. From a certain point of view, obesity is associated with increased medications that may lead to chronic disorders. Older patients experiencing chronic conditions usually are associated with excessive use of drugs that increase the risk of polypharmacy (Rieckert, et al, 2018). Another risk factor associated with polypharmacy is depressive symptoms. Research indicates that older adults diagnosed with depressive disorders are highly associated with excessive polypharmacy (Ersoy & Engin, 2018). Furthermore, older patients with a history of depression are at higher risk of experiencing polypharmacy. Many nursing home residents have reported a significant association between depressive symptoms and polypharmacy. The chronic pain caused by depression causes polypharmacy in the older population.

**Interventions**

Counseling is the intervention you can take as a Nurse Practitioner in clinical practice to prevent polypharmacy. However, this counseling is performed during the hospital stay, where the nurse guides the patient about the medical prescription (Rankin, 2018). The primary outcome of the counseling is to help monitor harmful or beneficial impacts for the patient from stopping medications. The counseling mostly focuses on optimal patient outcomes and effective medication adherence. Another intervention for preventing polypharmacy is the use of computer data entry and feedback procedures. Notably, this computerized decision support greatly improves appropriate polypharmacy in older adults. The method effectively ensures the improved patient quality of life and helps achieve definitive outcomes. Therefore, the two interventions are important for nurses to help prevent polypharmacy and its complications.

**References**

Ersoy, S., & Engin, V. S. (2018). Risk factors for polypharmacy in older adults in a primary care setting: a cross-sectional study. Clinical interventions in aging, 13, 2003.

Rankin, A. (2018). Interventions to improve the appropriate use of polypharmacy for older people. Cochrane Database of Systematic Reviews.

Rieckert, A., Trampisch, U. S., Klaaßen-Mielke, R., Drewelow, E., Esmail, A., Johansson, T., ... & Sönnichsen, A. (2018). Polypharmacy in older patients with chronic diseases: a cross-sectional analysis of factors associated with excessive polypharmacy. BMC family practice, 19(1), 1-9.

**Jose Cardentey**

**Risk Factors of Polypharmacy**

The first risk factor of polypharmacy is multimorbidity. Multimorbidity is found in the elderly population and is defined as the concurrency of more than two chronic health conditions in the body of an elderly person. Esroy and Engin (2018), define polypharmacy under a cross-sectional study and name comorbidity as the main risk factor for polypharmacy. Administration of various drugs in the treatment of each condition could lead to fatalities in the old especially due to slow metabolism rates. Another risk factor is organization-based errors such as patient files that are poorly fed in. This is the most misleading information any healthcare provider would receive. Patient records carry the history of ailment and the treatments given in the course of treatment. Carelessly updating them could lead to misinformation which further deteriorates the health of the patient leading to polypharmacy.

**Nursing Role in Preventing Polypharmacy.**

           As a nurse practitioner, I am a primary healthcare giver there are many ways of preventing polypharmacy. The key one is having updated records that are specific to details such as correct medical listing with the right brand or generic names per prescription, the dosages, frequency of dosage, and period under placement. I would give them information on the need to have their records of treatment, prescriptions, and healthcare providers. Also, I would ensure that I insist on instructing them on how to use the drugs with prescription instead of over-the-counter drugs. This counsel would enable reduce the effects of the drugs on the patients. Lastly, I would teach them how to organize their drug cabinet to ensure they don't overdose on the same drug. This could be done by placing different packages for every drug and how to keep the drugs without risking contamination and children's reach (C & Azhagesan, 2017).

**References**

C, A., & Azhagesan, C. (2017). Role of Nurse in Polypharmacy. Medwinpublishers.com. Retrieved 25 January 2022, from https://medwinpublishers.com/NHIJ/NHIJ16000123.pdf.

Ersoy, S., & Engin, V. S. (2018). Risk factors for polypharmacy in older adults in a primary care setting: a cross-sectional study. Clinical interventions in aging, 13, 2003.