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Health Matters

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From Prescription Cascade to Polypharmacy:
Depreprescribing Goals are Set for Completion by 2020

Issues we're addressing and actions we're taking

Once named and described, the phenomenon of "prescription cascade" is easy to comprehend. Essentially, it's a process that leads to a specific kind of **inappropriate polypharmacy**. That is, the prescribing of a new drug to treat the unrecognized side effect of another medication.

One example of prescription cascade

> *A patient who has been prescribed an ACE inhibitor for high blood pressure develops a cough. But instead of recognizing the known side effect of "ACE inhibitor cough" (and changing the prescription to an alternative BP drug), the patient is misdiagnosed as having an upper respiratory tract infection and prescribed an antibiotic and/or a cough suppressant.*

Other types of polypharmacy may not necessarily be a result of the "cascade" but elderly patients (especially) are at increased risk for adverse drug reactions, falls, hospitalization and even death.

Stated another way, what was once **appropriate polypharmacy** becomes inappropriate because the risk-benefit ratio eventually becomes unbalanced and tips heavily into increased risk scenarios purely from the sheer number of drugs prescribed.

In fact, the issue of polypharmacy for seniors is now so widely recognized (and evidence based) that it has leapt from academic and clinical circles to consumer awareness with headlines like:

- **Deprescribing medications for seniors a safety priority** (CBC Feb 2016)
- **Seniors are given so many drugs, it's madness** (The Globe and Mail, May 2016)

- **More is not always better: More drugs mean seniors more likely to land in hospital, says study** (The National Post, October 2016)

As a result – and with the launch of the **Canadian Deprescribing Network** in 2016 – the goal is to cut inappropriate prescriptions for seniors by 50 per cent within the next four years by targeting the following medication classes:

- Benzodiazepines
- Proton pump inhibitors, and
- Long-acting sulfonylureas.

For the consultant pharmacists at Medical Arts, in tandem with the residences we serve, the following steps are being taken to uphold the goals set. These include:

- Upholding the Jerry Gurwitz M.D. principal that states:
  When an elderly patient presents with a status change, unless proven otherwise, it should be assumed to be a medication related problem

- Conduct quarterly medication reviews involving the pharmacist, nurse and doctor to reassess the need for each medication

- Monitor efficacy and side effects to adjust dose of each medication over time

- Set goals according to life expectancy and quality-of-life

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