Polypharmacy — when a person is taking too many medications. This is a common problem among people who are being treated for several to many conditions or symptoms. It can result in dangerous drug interactions and multiple adverse drug reactions and events. Contributing to polypharmacy are prescription medications, over-the-counter medications, and supplements.

The risk of adverse reactions and drug interactions increases with the number of medications a person takes. The drug categories most commonly involved in adverse reactions are cardiovascular agents, antibiotics, diuretics, anticoagulants, hypoglycemics, steroids, opioids, anticholinergics, benzodiazepines, antipsychotics, and nonsteroidal anti-inflammatory drugs (NSAIDs).

Older adults, even those without any type of dementia, are likely to suffer the effects of polypharmacy. 90% of people 65 and older take at least one drug per week, more than 40% take five or more different drugs per week, and 12% take ten or more drugs per week.

Often, a medication is prescribed to treat the side effects of another medication. Sometimes, that medication has side effects, too; so, yet another drug is prescribed to try to manage those side effects. This is called the prescribing cascade.

Dangers of Polypharmacy

The more drugs a person takes, the more likely it is that there will be
- adverse drug events – An ADE is harm resulting from the use of a drug.
- drug interactions - Drug interactions happen when one drug affects the activity of another drug when they are administered together.
- non-compliance - failure to take all medications at the right times and in the right dosages
- visits to the emergency room and hospitalizations

How to Avoid Polypharmacy, Drug Interactions, and Adverse Events

- Provide all healthcare providers complete information about conditions, diagnoses, symptoms, and medications. They can take all of the information into account when prescribing medications to avoid polypharmacy, adverse drug interactions, and side effects common with Lewy body dementia (LBD) or another condition.

- The medication list should include all drugs: prescription medications, OTC drugs, vitamins, supplements, and herbal products. Include all types of medications for internal and external use in various forms: pills, tablets, capsules, liquids, patches, creams, inhalers, injectable solutions, chewable or dissolving medications, suppositories, ointments, and drops.
Include the brand name for the drug and its generic name. For example, include Exelon (brand) and rivastigmine (generic). This avoids any confusion between similar sounding drug names, such as between Celexa and Celebrex.

Include dosage, strength, frequency, prescriber, condition or reason for the drug, date started, date stopped, reaction or ability to tolerate, and notable side effects. Do this for prescriptions, supplements, and over-the-counter drugs.

- If several physicians are prescribing medications, ask one – probably the doctor managing the LBD symptoms or the primary care physician – to monitor the total load of medications.

- Encourage doctors to avoid adverse reactions to medications by
  - introducing medications one at a time
  - starting new medications at the lowest dose possible
  - increasing dosages slowly while carefully monitoring for positive and negative reactions
  - terminating the medication if there are negative reactions or when the drug is no longer needed.

- Record your observations of reactions to drugs (positive and negative) and report these to the doctor.

- Be aware of common symptoms of drug interactions: tiredness, sleepiness or decreased alertness; depression, or general lack of interest; constipation, diarrhea or incontinence; loss of appetite; confusion, either ongoing or episodic; falls; skin rashes; weakness; anxiety or excitability; dizziness; hallucinations; increased Parkinsonism (movement problems).

- Ask the doctor to perform a drug regimen review at least annually and when prescribing new medications. Ask the following questions:
  - Can any of the current drugs be removed? If so, ask that they be deprescribed.
  - Are there any negative interactions between the medications currently being taken?
  - Can any of the current symptoms or conditions be due to one or more of the medications?

- Find a pharmacist who is knowledgeable about LBD, the medications for its symptoms, and the drugs that are potentially dangerous for people living with LBD. Ask if a geriatric pharmacist is available. Talk with pharmacists and ask questions about LBD and medications to determine who has the level of knowledge needed to be a member of the healthcare team. If English is not your first language and you need help understanding prescriptions, find a pharmacist who speaks your language.

- If you can't find an LBD-savvy pharmacist in your area, find one who is willing to learn. Provide the pharmacist with resources for professionals from the LBDA.

- Fill all prescriptions at the same pharmacy with the same LBD-knowledgeable pharmacist. That one person will be aware of all the medications and can watch out for potential drug interactions and drugs that should be avoided.

- If several physicians are prescribing medications independently of one another and no doctor is monitoring the total load of medications, ask a knowledgeable pharmacist to review all of the medications with the goal of identifying any drugs that interact with each other (increasing, decreasing, or otherwise affecting their outcomes).


- Do not try weaning off any medication without consulting the doctor.

The information set forth in this material is intended for general informational use only. It is not intended to be medical, legal, or financial advice or to take the place of competent medical, legal, or financial professionals who are familiar with a particular person’s situation. Each individual is advised to make an independent judgement regarding the content and use of this information.