

Polypharmacy decreases quality of life for palliative care patients

1 March 2019, by Courtney Caprara

Fifteen percent of adults in the United States take more than five prescription drugs each day and 39 percent of older adults are prescribed five or more daily medications.

New research from the University of Pittsburgh School of Medicine suggests that taking a large number of medications – 'polypharmacy' – isn't just expensive and burdensome to remember, but it's also associated with a worse quality of life for [patients](#) with advanced illness. The study is published this month in the *Journal of General Internal Medicine*.

"Polypharmacy is most common in patients with advanced illness," explained Yael Schenker, M.D., M.A.S., director of palliative care research at Pitt and lead author of the study. "Patients with advanced illness often experience what is called a 'prescribing cascade' when the side effects of drugs result in more prescriptions."

The study analyzed data from a large, multi-center randomized clinical trial conducted by the Palliative Care Research Cooperative Group. It included 372 participants with life-limiting illnesses and assessed their medication regimen, both prescribed and over-the-counter, as well as their quality of life and symptom burden—including depression, nausea, fatigue and pain. Nearly half of participants were over age 75 and about one-third were enrolled in hospice care.

Schenker and colleagues placed [study participants](#) into three equal groups: low (taking 0-8 medications), medium (taking 9-13 medications) and high (taking more than 14 medications). The researchers then compared patient-reported quality of life and symptom burden by medication consumption.

Patients taking more daily medications had a lower quality of life and higher symptom burden than those who took fewer medications per day, and

this trend held up even considering that patients on more medications also were likely more ill. The results also suggested that poor quality of life associated with polypharmacy may be related to medication-associated symptoms.

Schenker suggests that all clinicians caring for older or seriously ill patients should learn targeted approaches to deprescribing—appropriately withdrawing medications to reduce the number of total medications a patient takes. Schenker also recommends that clinicians discuss options with their patients to determine their preferences, particularly when the trade-off between risks and benefits is uncertain.

"We were not completely surprised by the results," Schenker said. "We've known for a while that polypharmacy is a burden for patients near the end of life, and the study confirms the importance of addressing appropriate [medication](#) use and developing systematic approaches to deprescribing."

More information: Yael Schenker et al. Associations Between Polypharmacy, Symptom Burden, and Quality of Life in Patients with Advanced, Life-Limiting Illness, *Journal of General Internal Medicine* (2019). [DOI: 10.1007/s11606-019-04837-7](https://doi.org/10.1007/s11606-019-04837-7)

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