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A Re-Audit of Polypharmacy Recognition in Older Patients on Admission to an Acute Hospital.

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Abstract

BACKGROUND: Polypharmacy has a high overall prevalence of approximately 37%. Left unrecognised, polypharmacy can increase the risk of drug-drug interactions and lead to prescribing cascades. Prompt recognition and management of polypharmacy is essential as it may represent a reversible cause of a patient's symptoms.

METHODS: A re-audit of polypharmacy recognition in Bantry General Hospital was performed. Patients were included if they were aged seventy-five years or older, prescribed 5 or more medications on admission and were in-patients during a 24-hour period on the 10th of September 2024. The presence or absence of polypharmacy as a diagnosis was recorded.

RESULTS: 25 patients were identified as eligible for inclusion. 17 male patients (68%) and 8 female (32%) were included. The median age was 82 years old and ages ranged from 75-99. Polypharmacy was included as a diagnosis in only one of the 25 patients' admissions (4%), this is a marginal increase from 0 (0%) in the previous audit. The mean number of medications observed was 8.76 (2.7% less than the previous audit). The number of medications prescribed ranged from 5 – 15. The maximum number of prescribed medications reduced from 21 to 15 in the re-audit.

CONCLUSION: Marginal improvements in the volume of polypharmacy and polypharmacy documentation were observed in this re-audit, however, further efforts are required to reduce this problem. It is important to recognise and document polypharmacy in older patients to reduce the potential for adverse outcomes.