The administration of more medications than clinically required or appropriate. Although the number of medications is an important consideration, the focus is the appropriateness and safety of the medications.

What is Polypharmacy?

Although the number of medications is an important consideration, the focus is the appropriateness and safety of the medications.

Who is Responsible for Polypharmacy Reduction?

It takes a team to reduce the risk of polypharmacy. The members should at least include: the client, nurse, prescriber and pharmacist. Each team member has a unique role to contribute.

What is FNHA doing about Polypharmacy?

Community healthcare services are encouraged to develop process and strategies for:

- Best Possible Medication History (Medication Reconciliation)
- Meaningful medication reviews every six months for individuals at risk for polypharmacy
- High functioning clinical teams

What do we hope to achieve?

- Increased community and individual wellness
- Decreased number of different medications at lowest effective dose
- Decreased unscheduled emergency room visits and hospital stays
- Decreased medication related adverse effects
- Decreased falls for Elders

Why is Polypharmacy a Concern?

- Elders may experience more adverse effects than younger people and may not present with the common adverse effects identified for the medication.
- The adverse effects of anticholinergic medications could contribute to falls, anxiety, delirium and reversible cognitive impairment.
- Adverse effects can lead to hospitalizations and/or functional decline.
- The number of medications increases the risk for adverse effects exponentially.

How can we Reduce Polypharmacy?

There are numerous types of medications which can be successfully discontinued and replaced with non-drug therapies. The result can lead to a feeling of improved wellness. Consider these steps to provide a meaningful medication review:

- Seek client consent
- Confirm goals of care, co-morbidity & frailty
- Collect assessments; include client perspective
- Evaluate risks & benefits; confirm indications; time for benefit
- Develop plan for reduction; stop; start; monitoring

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For more information, contact:

Gina Gaspard RN, MN, GNC (c)
Clinical Nurse Specialist, Healthy Living and Chronic Disease, Nursing Services
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IN MANY FIRST NATIONS COMMUNITIES, POLYPHARMACY ENDANGERS WELLNESS

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**Percentage of First Nations People Receiving Multiple Medications in 2015**

<table>
<thead>
<tr>
<th>Number of Medications</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>57,273 (58%)</td>
</tr>
<tr>
<td>6-10</td>
<td>21,172 (21%)</td>
</tr>
<tr>
<td>11-20</td>
<td>14,619 (15%)</td>
</tr>
<tr>
<td>&gt;20</td>
<td>5,705 (6%)</td>
</tr>
</tbody>
</table>

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