Too Much of a GOOD thing

Dr. Nora Al-Shawee

RCSI Senior Clinical lecture in Medicine

MBChB, MRCP(UK), MSc (Human genetics), PGDip (Medicine for older person)
PhD Candidate

“Prescribing medicines is the most common intervention (for good or bad) that most doctors make to improve the health of their patients”

This is Maura

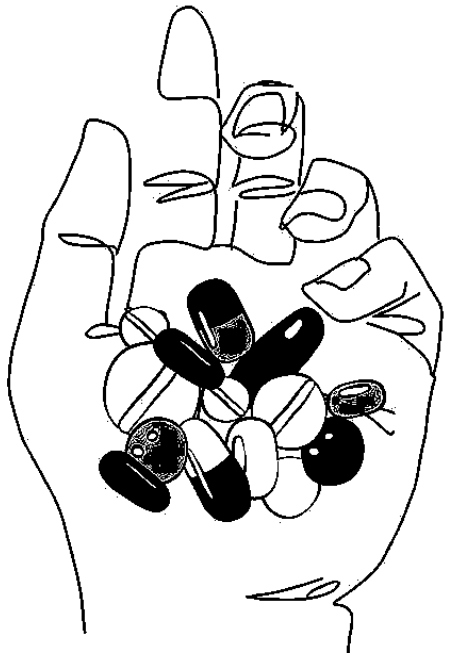
79. Metastatic breast cancer – bone mets

Prognosis 3–6 months

Nausea ++
Postural dizziness
Dyspepsia

Hx of Hypertension. Osteoporosis, dyslipidaemia.

14 medicines every day



- Alendronate
- Calcium/vitamin D
- Ramipril
- Amlodipine
- HCTZ
- Omeprazole
- Morphine MR and PRN
- Cyclizine
- Paracetamol
- Aspirin
- Senna
- Atorvastatin

Polypharmacy

Polypharmacy

The regular use of 5 or more medications at the same time

Open Access Research

BMJ Open **Trends and interaction of polypharmacy and potentially inappropriate prescribing in primary care over 15 years in Ireland: a repeated cross-sectional study**

Frank Moriarty,[1] Colin Hardy,[1] Kathleen Bennett,[1,2] Susan M Smith,[1] Tom Fahey[1]

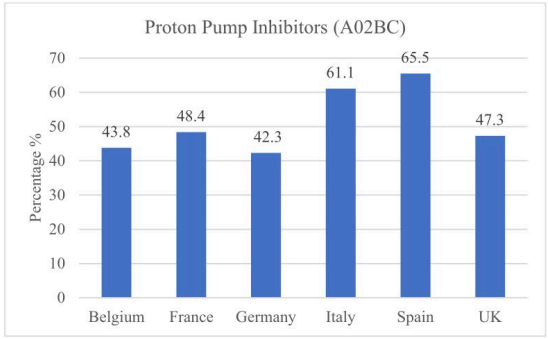
BJCP British Journal of Clinical Pharmacology

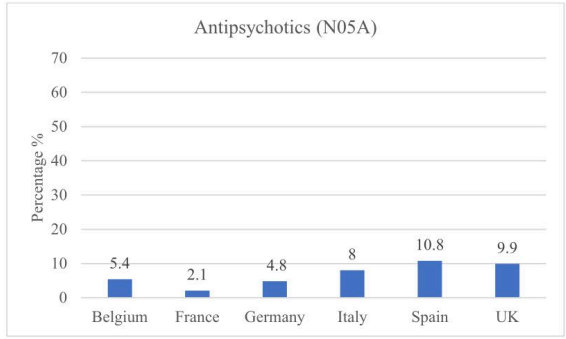
ORIGINAL ARTICLE | Open Access

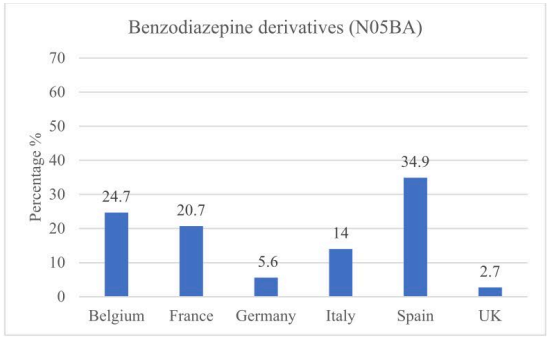
The prevalence of polypharmacy in older Europeans: A multi-national database study of general practitioner prescribing

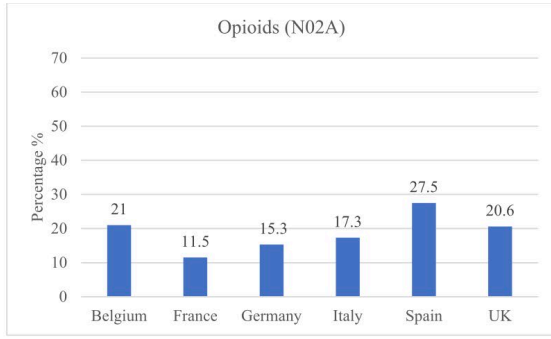
Marion Bennie, Yared Santa-Ana-Tellez, Githa Fungie Galistiani, Julien Trehony, Johanna Despres, Laurence Sophie Jouaville, Elisabetta Poluzzi, Lucas Morin, Ingrid Schubert ... See all authors

First published: 29 May 2024 | https://doi.org/10.1111/bcp.16113 | VIEW METRICS









The problem is not the number

14 medicines ≠ 14 inappropriate medicines

Appropriateness changes when circumstances change

Why it matters

MEDICATION ADHERENCE IN ELDERLY WITH POLYPHARMACY LIVING AT HOME: A SYSTEMA REVIEW OF EXISTING STUDIES

Erika Zelko [1], Zalika Klemenc-Ketis [2], Ksenija Tusek-Bunc [1]

Affiliations + expand

PMID: 27147920 PMCID: PMC4851507 DOI: 10.5455/msm.2016.28.129-132

Prev Chronic Dis. 2022 Aug 18;19:E50. doi: 10.5888/pcd19.220062

Polypharmacy and Health-Related Quality of Life/Psychological Distress Among Patients With Chronic Disease

Lisa Van Wilder [1,✉], Brecht Devleesschauwer [2,3], Els Clays [1], Peter Pype [1], Sophie Vandepitte [1], Delphine De Smedt [1]

Author information · Article notes · Copyright and License information

PMCID: PMC9390791 PMID: 35980834

Nurs Midwifery Stud. 2013 Jun 27;2(2):171–175. doi: 10.5812/nms.10709

Polypharmacy and Falls in the Elderly: A Literature Review

Tania Hammond [1], Anne Wilson [2,*]

Author information · Article notes · Copyright and License information

PMCID: PMC4228551 PMID: 25414854

Therapeutic Advances in Drug Safety — *Review*

Predicting risk of adverse drug reactions in older adults

Amanda Hanora Lavan and Paul Gallagher

Ther Adv Drug Saf
2016, Vol. 7(1) 11–22
DOI: 10.1177/2042098615615472

SIMPATHY Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly

UNPLANNED **HOSPITAL ADMISSIONS** CAUSED BY **ADVERSE DRUG EVENTS**

8.6 MILLION ADMISSIONS IN EUROPE **EVERY YEAR**

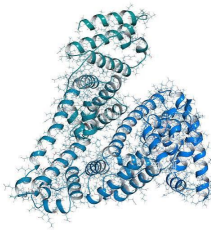
50% OF **HOSPITAL ADMISSIONS** DUE TO **ADVERSE DRUG EVENTS ARE PREVENTABLE**

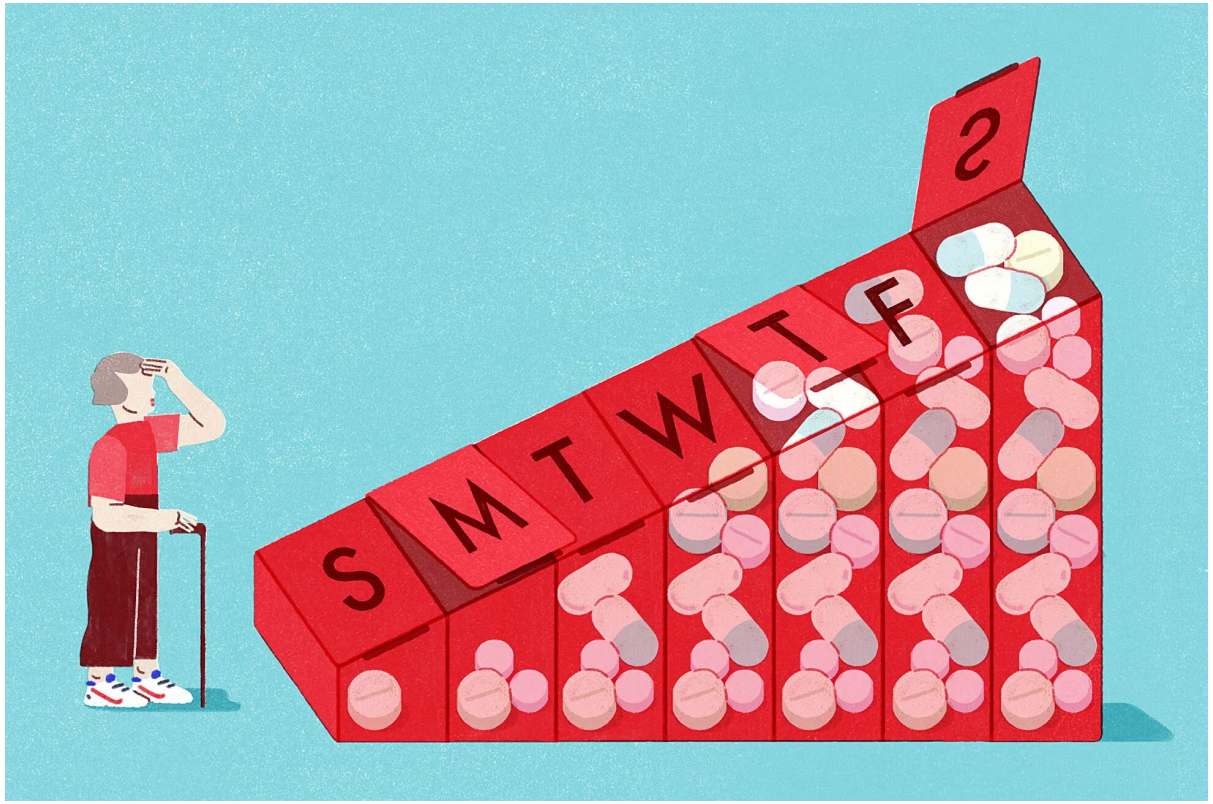
70% OF THESE ARE

IN PATIENTS **OVER 65** YEARS OF **AGE**

AND

ON **5 OR MORE MEDICINES**





Review > Drugs Aging. 2020 Feb;37(2):77-81. doi: 10.1007/s40266-019-00730-4.

Calcium Channel Blockers Co-prescribed with Loop Diuretics: A Potential Marker of Poor Prescribing?

Henry J Woodford [1]

Affiliations + expand

PMID: 31797247 DOI: 10.1007/s40266-019-00730-4

World Health Organization

Medication Safety in Polypharmacy

4% of the world's total avoidable co
to suboptimal medicine use.

US$ **18 Billion**

Exploratory Research in Clinical and Social Pharmacy 3 (2021) 100050

Contents lists available at ScienceDirect

Exploratory Research in Clinical and Social Pharmacy

journal homepage: www.elsevier.com/locate/rcsop

Prescribing practices, patterns, and potential harms in patients receiving palliative care: A systematic scoping review

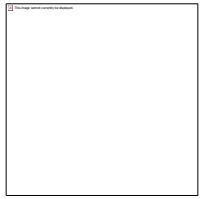
Cathal A. Cadogan [a,*], Melanie Murphy [b], Miriam Boland [b], Kathleen Bennett [c], Sarah McLean [d], Carmel Hughes [e]

[a] School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Ireland
[b] School of Pharmacy and Biomolecular Sciences, Royal College of Surgeons in Ireland, Ireland
[c] Division of Population Health Sciences, Royal College of Surgeons in Ireland, Ireland
[d] St Vincent's Private Hospital, Dublin, Ireland
[e] School of Pharmacy, Queen's University Belfast, United Kingdom

Deprescribing

Discontinuing medicines
little or no benefit and potential harm

Stepwise
patient-centred process

Reactive  **proactive**

Chen et al. BMC Palliative Care (2026) 25:157
https://doi.org/10.1186/s12904-026-02111-2

BMC Palliative Care

RESEARCH Open Access

Deprescribing decisions in palliative care: a qualitative meta-synthesis of multi-stakeholder experiences and influencing factors

Li Chen[1], Qiaoyan Wu[1], Yu Zhang[3], Yunjian Qu[1,2*], Gang Lei[1,2*] and Zha

Theme	Category
Complexity of Decision-making	Risk-benefit trade-offs
	Goal incongruence
Role variations among multiple stakeholders	Responsibilities and collaboration among HCPs
	Patients' and relatives' desire for participation and barriers encountered
Communication strategies and trust-building	Linguistic and terminological sensitivity
	Patient-provider long-term collaborative engagement
Healthcare system and environment barriers	Lack of supportive environments
	Resource and time constraints

International Journal of Pharmacy Practice, 2023, **31**, 305–313
https://doi.org/10.1093/ijpp/riad005
Advance access publication 2 March 2023
Research Paper

Healthcare professionals' perspectives of deprescribing in older patients at the end of life in hospice care: a qualitative study using the Theoretical Domains Framework

Tahani Alwidyan[1], Noleen K. McCorry[2] and Carole Parsons[3,*]

[1]Department of Clinical Pharmacy and Pharmacy Practice, Faculty of Pharmaceutical Sciences, The Hashemite University, Zarqa, Jordan
[2]School of Medicine, Dentistry & Biomedical Sciences, Queen's University Belfast, Belfast, UK
[3]School of Pharmacy, Queen's University Belfast, Belfast, UK

*Correspondence: Carole Parsons, School of Pharmacy, Queen's University Belfast, 97 Lisburn Road, Belfast, UK, BT9 7BL, Tel: +44 (0) 2890972304. Email: c.parsons@qub.ac.uk

International Journal of Pharmacy Practice, 2023, **31**, 305–313
https://doi.org/10.1093/ijpp/riad005
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OXFORD

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[3]School of Pharmacy, Queen's University Belfast, Belfast, UK
*Correspondence: Carole Parsons, School of Pharmacy, Queen's University Belfast, 97 Lisburn Road, Belfast, UK, BT9 7BL, Tel: +44 (0) 2890972304. Email: c.parsons@qub.ac.uk

Barriers

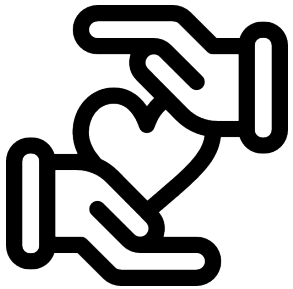
- Lack of formal documentation of deprescribing outcomes (Behavioural regulation),
- Challenges in communication with patients and families (Skills)
- Lack of implementation of deprescribing tools in practice (Environmental context/resources)
- Patient and caregiver perceptions of medication (Social influences)

Enabler

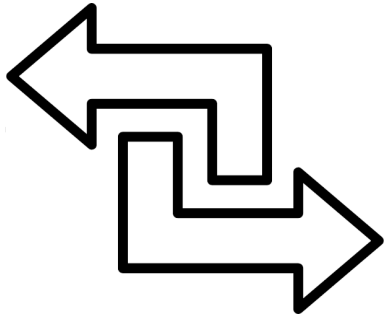
- Access to information (Environmental context/resources).

Perceived risks versus benefits of deprescribing were identified as a key barrier or enabler (Beliefs about consequences).

Goals of care



Preventing
curing the disea



Quality of life

INTERNAL MEDICINE JOURNAL | RACP Specialists. Together

Original Article

Statin deprescribing: a comprehensive review and development of a clinical algorithm for optimal patient management

Tiziano Lupi, Fabio Esposito, Alessia Romagnoli

First published: 09 February 2026 | https://doi.org/10.1111/imj.70341 | VIEW METRICS

Original Article

Recommendations for Deprescribing of Medication in the Last Phase of Life: An International Delphi Study

Eline E.C.M. Elsten, MD[1], Iris E. Pot, MSc[1], Eric C.T. Geijteman, MD, PhD, Christel Hedman, MD, PhD, Agnes van der Heide, MD, PhD, P. Hugo M. van der Kuy, PhD, Carl-Johan Fürst, MD, PhD, Steffen Eychmüller, MD, PhD, Lia van Zuylen, MD, PhD, and Carin C.D. van der Rijt, MD, PhD

Department of Medical Oncology (E.E.C.M.E., I.E.P., E.C.T.G., C.C.D.V.D.R.), Erasmus Medical Center, Cancer Institute Rotterdam, Netherlands; Department of Public Health (E.E.C.M.E., A.V.D.H.), Erasmus Medical Center, University Medical Center Rotterdam, Netherlands; R & D Department (C.H.), Stockholms Sjukhem Foundation, Stockholm, Sweden; Department of Molecular Medicine and Surgery (C.H.), Karolinska Institutet, Stockholm, Sweden; Department of Clinical Sciences (C.H.), Lund University, Lund, Sweden; Institute for Palliative Care (C.H., C.J.F.), Lund University and Region Skåne, Lund, Sweden; University Center for Palliative Care (S.E.), University Hospital Inselspital Bern, Bern, Switzerland; Department of Hospital Pharmacy (H.V.D.K.), Erasmus Medical Center, Rotterdam, Netherlands; Department of Medical Oncology (L.V.Z.), Amsterdam University Medical Center, Amsterdam, Netherlands

Empowering the patient

Conversation

Interprofessional Team

What matters now?

Deprescribing is not giving up

It is choosing treatments that still serve the patient

Think of one patient

and one medicine

you will review differently tomorrow

Thank you