



Disability and Health Program  
kansans with disabilities can be healthy

## Too Many Meds?

### How to Prevent Polypharmacy in People with Intellectual/Developmental Disabilities

One definition of **polypharmacy is using more medications than is medically necessary**. However, it can be very complicated to treat people who have several different medical conditions which require them to take many medications. Sometimes multiple meds are called for. Yet, as the number of medications increases, there is an increased risk for:

- drug interactions,
- more side effects, and
- the person not taking the medication as prescribed.

People with intellectual or developmental disabilities (IDD) are at high risk because many of them take multiple psychotropic medications or medications to treat mood or behavior, and these medications can have many negative side effects.

One of the best ways to protect people with IDD from problems related to medications is to **be a good advocate**. Don't be afraid to ask health care providers questions about prescriptions, expect answers, and know what is being prescribed and for what condition. For people who need help to navigate the health care system, support people who act as advocates are critical in ensuring that those whom they support do not experience over-medication.

Here are some tips on preventing polypharmacy and the health problems that often accompany it, and on getting the best effect from a medication. These apply to anyone who takes medication.

#### **1. Know what medications you're taking and let all of your health care providers know.**

Don't go to the doctor's office, dental office, hospital, clinic, etc. without providing a **current** list of the medications that you take. You are the common thread between providers. They do not necessarily know what you are taking unless you tell them. If they know what you are taking they can make changes to your regimen as needed and are less likely to prescribe medications that are similar to or interact negatively with what you are already taking. Because the same drug can be prescribed for different conditions, it is especially important

for you to know why your doctor said that you should take it. Below is a sample of a table format that you can use to collect important information about the medications you take.

Name of Medication	Dose	Frequency (How Often)	How Taken	Prescribing Doctor	Date Started	Purpose
Apixaban	5 MG	Twice daily	By mouth	Bloom	4/25/16	Blood thinner to prevent clots

- 2. Use an organizer to help you take the right medications at the right time.** There are many types of pill boxes and other devices that can help with this. Also, your pharmacist may be able to package medications in a way that will help you take medications as directed. Something as simple as a kitchen timer or a mobile phone alarm can remind you to take medications.
- 3. Plan when to take your medications to prevent or lessen side effects.** You should plan:
  - a. What time of day to take the medication for best effect (such as first thing in the morning if it causes insomnia or before bed if it causes drowsiness);
  - b. Whether to take the medication with food or not (for example, some medications are better absorbed when they are given with food);
  - c. Which medications should not be taken at the same time as other medications.
- 4. Keep medications where you will remember to take them.** A bedside table or the kitchen counter may keep them in view so that you remember to take them. However, if there are children or animals who live in or visit your household, make sure they can't get the medications.
- 5. Track the effect of medications.** When your doctor prescribes a new medication, ask him or her what are the most important and likely side effects that you should look for. Ask which ones are serious and if you should call if you experience them. Keep a journal for a month or so to record any new symptoms (such as rashes, headaches, nausea, difficulty sleeping) and report them to your doctor.
- 6. Always consider the possibility of side effects or drug interactions when a new symptom occurs.** For example, anticonvulsants (medications to prevent seizures) can suppress psychological affect (your mood or behavior) or physiological functioning (your body's workings). So, if you feel unusually sluggish or tired, and your seizure medication was recently adjusted, you might want to report this to the doctor who prescribed it.

- 7. Talk with your pharmacist! He or she can check your list of medications and provide** advice on maximizing desired effects and minimizing negative effects your medications. Pharmacists can help with scheduling doses and other ways to prevent medication interactions or adverse effects. He or she can check your list of medications for possible interactions when a new medication is prescribed. Pharmacists specialize in helping to use medications wisely. Don't hesitate to consult them when you have a question about the drugs you are taking.
- 8. Be aware of the side effects for commonly used medications for mental illness.** These side effects can include anxiety, behavioral issues, and depression. Because of the increasing use of these medications by people with IDD, it is important to be aware of the different types of medications so that you can monitor whether several similar drugs are being prescribed for the same condition. Taking several similar drugs can result in increased adverse effects and drug interactions. Please note that sometimes multiple drugs are needed to treat the same conditions, but it never hurts to double check with the person prescribing them, to be sure that more than one is needed.

Here is a table of medications commonly used to treat mental illness, as well as the side effects that may accompany their use.

Commonly Used Medications and Their Side Effects
<p><b>Medications That Cause Sedation (DiPiro et al., 2014)</b></p> <ul style="list-style-type: none"> <li>• Tricyclic Antidepressants: All medications in this class</li> <li>• Other Antidepressants: Trazodone, Remeron (mirtazapine)</li> <li>• Antipsychotics: Thorazine (chlorpromazine), Mellaril (thioridazine), Clozaril (clozapine), Zyprexa (olanzapine), Seroquel (quetiapine), Risperdal (risperidone), Geodon (ziprasidone)</li> <li>• Anticonvulsants: Tegretol (carbamazepine), Ethosuximide, Keppra (levetiracetam), Trileptal (oxcarbazepine), Phenobarbital, Dilantin (phenytoin), Depakene (valproic acid)</li> <li>• Benzodiazepines: All medications in this class</li> </ul> <p><b>Medications That Cause Insomnia (DiPiro et al., 2014)</b></p> <ul style="list-style-type: none"> <li>• Antidepressants: Wellbutrin (bupropion), Zoloft (sertraline), Prozac (fluoxetine), Paxil (paroxetine), Effexor (venlafaxine)</li> <li>• Alzheimer's/dementia medications: Cholinesterase inhibitors (all medications in this class)</li> </ul> <p><b>Medications That Cause Nausea (DiPiro et al., 2014)</b></p>

- Anticonvulsants: Tegretol (carbamazepine), Ethosuximide, Vimpat (lacosamide), Trileptal (oxcarbazepine)
- Alzheimer's/dementia medications: Cholinesterase inhibitors (all medications in this class)

#### **Medications That Cause Constipation (DiPiro et al., 2014)**

- Antipsychotics: Clozaril (clozapine), Zyprexa (olanzapine), Mellaril (thioridazine), Thorazine (chlorpromazine)
- Alzheimer's/dementia medications: Namenda (memantine)

#### **Medications That Cause Diarrhea (DiPiro et al., 2014)**

- SSRI Antidepressants: Zoloft (sertraline), Paxil (paroxetine)
- Alzheimer's/dementia medications: Cholinesterase inhibitors (all medications in this class)

#### **Medications That Cause Weight Gain (Bray & Ryan, 2012)**

- Tricyclic Antidepressants: Nortriptyline, Amitriptyline, Doxepin
- SSRI Antidepressants: Paxil (paroxetine), Lexapro (escitalopram)
- Other Antidepressants: Remeron (mirtazapine)
- Antipsychotics or Mood Stabilizers: Lithium, Zyprexa (olanzapine), Clozaril (clozapine), Risperdal (risperidone)
- Anticonvulsants: Tegretol (carbamazepine), Depakene (valproic acid), Depakote (divalproex)

Polypharmacy is a problem for everyone who takes medication, not just for people with IDD. However, the problems may be worse for a person who takes many medications and who does not work closely with doctors and pharmacists to prevent problems. Patients and their support staff who advocate for their needs are less likely to suffer from polypharmacy and other medication-related issues. **Use this information to prevent problems and to protect your health!**

#### **Resources**

Bishop, K.M., Robinson, L.M., & VanLare, S. (2013). Healthy aging for older adults with intellectual and developmental disabilities. *Journal of Psychosocial Nursing* 51(1), 15-18.

Bray, G.A., & Ryan, D.H. (2012). *Medical therapy for the patient with obesity. Circulation*, 125(13), 695-1703.

DiPiro, J.T., Talbert, R.L., Matzke, G.R., Wells, B.G., & Posey, L.M. (Eds.) (2014). *Pharmacotherapy. A pathophysiologic approach*. 9<sup>th</sup> ed (pp. 1019-1045). New York, NY. McGraw Hill.

National Down Syndrome Society. (n.d.) *Mental Health Issues & Down Syndrome*. Retrieved September 26, 2016 from <http://www.ndss.org/Resources/Health-Care/Associated-Conditions/Mental-Health-Issues--Down-Syndrome/>

Self, C & Cosca, B. (Winter, 2016). Less is more: Preventing polypharmacy in individuals with intellectual disabilities. *Impact: Feature issue on supporting wellness for adults with intellectual and developmental disabilities*, 29(1). [Minneapolis: University of Minnesota, Institute on Community Integration and Research and Training Center on Community Living]. Retrieved from <https://ici.umn.edu/products/impact/291/>

**For more information, contact:**

Kansas Disability and Health Program (DHP)  
Kim Bruns, DHP Program Coordinator  
The University of Kansas  
Institute for Health and Disability Policy Studies  
1000 Sunnyside Rd.  
3099 Dole Center  
Lawrence, KS 66045  
[kbruns@ku.edu](mailto:kbruns@ku.edu)  
785-864-0704  
<http://ihdps.ku.edu>

October 2016

This publication was supported by Grant/Cooperative Agreement Number DD000006 from CDC, National Center on Birth Defects and Developmental Disabilities, Disability and Health Branch. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC, NCBDDD, Disability and Health Branch.