

# Polypharmacy: Why Is It a Problem and What Can We Do About It?

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Interhab Power Up!  
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*“People with IDD have the  
right to appropriate  
medications.”*

- Jessica Hellings, MD

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## What Is Polypharmacy?

- Using more medications than is medically necessary.
- Understanding polypharmacy is important because:
  - It can be very complicated to treat people with several medical conditions that require many medications
  - As the number of meds increase, there is increased risk for:
    - Drug interactions
    - Increased side effects
    - The person not taking medications as prescribed

## What Are the Risks for People with IDD?

People with 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.



Photo: Florida Office on Disability and Health

## What Can We Do?

- Be a good advocate!
  - Ask questions and expect answers
  - Know what is being prescribed and for what condition
  - There is no substitute or remedy for an involved patient—and Direct Support Professionals and other caregivers are essential to people with IDD being involved patients



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## Questions to Ask About a New Medication:

- Why should I take this medication?
- What side effects should I watch for?
- Is there a generic form of this drug?

Plus 8 tips for successfully managing meds

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# 1. Know what medications you are taking and let all of your providers know.

- Keep an updated list and keep it with you at all times.

- Include:

- Medication name
- Prescribing doctor
- Date started
- Purpose
- How taken
- Dose
- Frequency (how often)

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

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# 2. Use organizers to help you take the right medications at the right time.

- There are many devices available that will help you to keep on schedule:

- Blister packs from the pharmacy
- Simple organizers that you fill with meds yourself or that someone else fills for you
- Med safes with alarms that sound when you need to take a dose
- Mobile phone apps that remind you what to take and when

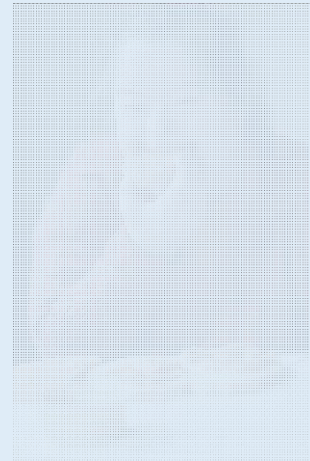


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### 3. Plan when to take your medications to prevent or lessen side effects.

- Consider:

- Time of day, such as first thing in the morning if it causes insomnia or before bed if it causes sedation
- Whether or not to take the medication with food (for example, some medications are better absorbed when they are given with food)
- Which medications should not be taken at the same time as other medications



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### 4. Keep medications where you will remember to take them.

- A bedside table or a kitchen table or counter might be a better place than a bathroom medicine cabinet, where you cannot see them.
- Access to fluids for taking pills might be helpful as well
- Be sure to keep medications out of the reach of children, pets, or others who might be at risk.



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## 5. Track the effect of medication.

- Ask your doctor what the likely side effects of a new medication might be
- Then, keep a record of any new symptoms, including the frequency, time of day, etc. so you can share the information with your doctor
- It might also help to record other pertinent information such as general well-being, stress level, exercise and sleep patterns, to help your doctor to help you!

Side Effects							
Use this chart to record any side effects you may experience and be sure to share with your doctor. Be as accurate as possible when recording the time, day, and description of the side effect.							
	SUN	MON	TUE	WED	THUR	FRI	SAT
Description	none	none	tired	none	nausea	nausea	none
Time			all day		all day	1 pm	
Frequency/ Duration	↓	↓	↓	↓	↓	3 hrs	↓

Well-Being Ratings							
It's important to share any changes with your doctor. Rate each of the following on a scale of 1 to 7.							
General Well-Being 7=Very Good <---> 1=Awful    Stress Level 7=Mellow <---> 1=Way Stressed Out Exercise 7=Great Workout <---> 1=No Exercise Today    Sleep 7=Got a Full Night's Rest <---> 1=Couldn't Sleep at All							
	SUN	MON	TUE	WED	THUR	FRI	SAT
General Well-Being	3	3	3	1	1	1	3
Stress Level	3	3	3	2	2	1	3
Exercise	1	3	3	2	3	3	1

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## 6. Always consider the possibility of side effects or drug interactions when a new symptom occurs.

- When your body begins doing something unusual, think about any new medications or changes in dosage or frequency of meds.
- For example, if you are feeling unusually sluggish or tired, and your dose of seizure medication was recently increased, you might want to consult the doctor who prescribed it.



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## 7. Talk with your pharmacist.

- Ask about:
  - Ways to maximize desired effects and minimize negative effects of medications
  - Checking your list of medications for possible interactions when a new medication is prescribed
  - How you can be an effective consumer of prescription drugs

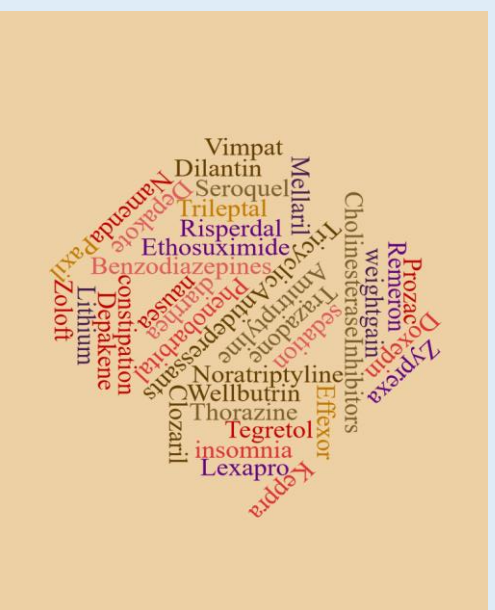


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## 8. Be aware of the side effects for commonly used medications for mental illness.

- More serious side effects can include anxiety, behavioral issues, and depression
- Taking two or more similar drugs can increase adverse effects and drug interactions
- Other common side effects: sedation, insomnia, nausea, constipation, diarrhea and weight gain



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# The Role of Direct Support Professionals (DSPs) in Promoting Health and Wellness for People with IDD

- Prioritize and promote healthy activities
- Model good interactions with health care providers and advocate with them
- Monitor for and recognize important changes in physical, behavioral and psychological status
  - Experienced DSPs know that sudden changes in behavior (e.g., anger, aggression) are often signs of a health problem (e.g., pain, hunger, too little sleep, depression) and should be treated as such.

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From: *Making Preventive Health Care Work for You: A Resource Guide for People with Physical Disabilities*

Types of Communication	
Helpful	NOT Helpful
<b>Active Communication</b> "I believe I need to have my blood pressure, cholesterol, and weight checked. I also need a flu shot."	<b>Passive Communication</b> "Well, I thought I might need some tests and some shots, but I guess if you don't see anything that needs to be looked at...I mean, you're the doctor."
<b>Specific Communication</b> "I need a referral to a mammogram center that can work with people like me who are unable to stand."	<b>Non-Specific (Fuzzy) Communication</b> "I need to get a breast check up."
<b>Results-Oriented Communication</b> "I would like to have my physical while on the exam table. I need assistance getting on the exam table."	<b>Problem-Oriented Communication</b> "I don't want to have my physical while seated in my scooter."
<b>Persistent Communication</b> "I know you have other patients waiting, but I really feel that this is important. I think I'm overweight and I smoke too much. Could you take a few minutes to discuss these issues with me?"	<b>Non-Persistent Communication</b> "That's OK. I think I'm overweight and I smoke too much, but I understand that you're running short on time."

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## Scenario One

Ashanti, a woman with Down Syndrome in her 30s, has been prescribed Latuda for her depression. After six months on the medication, her depression seems to be lessened and she has resumed interest in her usual activities. However, she has gained so much weight that she hardly fits into her clothing. Ashanti enjoys her food and resists suggestions that she participate in a weight loss program.

A support staff member from her living site accompanies her on a visit to her doctor to discuss the weight gain, suggesting that a different medication or a lower dose might help to address the weight gain. Ashanti suggests taking “diet pills” as her sister does, because they have “helped her to lose a lot of weight.” The doctor rejects all of these suggestions, saying that the Latuda is working well, and that it is better that Ashanti gain “a bit of” weight than be depressed. Still, the staff member fears that she will continue to gain weight and develop other health problems because of it.

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## Scenario Two

Jose is in his late 50s and is paraplegic due to cerebral palsy. He also has some cognitive limitations and lives in a supported apartment. He was prescribed Namenda for dementia nine months ago, and while it seems to help, both his family and staff members have recently been concerned about his increasing constipation. He has complained of intermittent abdominal pain, sometimes severe, and his activities have been disrupted because of it. Despite staff efforts to increase his fiber and fluid intake, his constipation has continued.

Upon consultation, Jose’s physician recommended an over the counter oral laxative, Senokot-S, to relieve his constipation. This has provided some relief, but also produced bouts of diarrhea which are upsetting to him and also disrupt his activities. He had tried to hide these episodes from the staff, and now has perianal skin problems as well as persistent odor. His doctor recommends another medication to relieve the diarrhea, not wanting to tamper with a dementia medication that seems to be working, but staff are concerned about this cycle of constipation and diarrhea and the potential side effects of another medication.

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## Scenario Three

Chad is a 10-year-old with Autism Spectrum Disorder and co-morbid ADHD. He has been suspended from school for 9 days so far this year, and it's only October. The school is threatening to change his placement from an inclusive setting to a program for students with behavioral disorders. He has significant aggression during math and in transitioning from a preferred activity (anything with a computer). He has thrown his book, overturned his desk, shoved his teacher. Several times the entire classroom has had to be cleared due to his aggression during tantrums.

He has been on Concerta for ADHD and was recently prescribed Risperdal, though it does not seem to be helping. When given consequences for his behaviors, his behaviors become worse, though no one has taken consistent data on the problem, as they are just trying to manage day to day.

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## Scenario Four

Sally recently turned 60 and lives with her husband in a supported apartment—both she and her husband have IDD. Sally has taken Paxil for her depression for several years and it seems to be helping. Several months ago, staff noticed that she began exhibiting signs of dementia, including forgetting how to prepare snacks as she had always done for herself and having difficulty dressing herself, even with direction. As a result, her doctor prescribed a cholinesterase inhibitor, Aricept, which seems to have relieved the symptoms.

However, over the past three weeks, Sally has developed insomnia and began rummaging through the apartment in the early morning hours, waking her husband. Also, she has fallen asleep while volunteering at the local library, and was irritable when her job coach woke her up. Staff are worried that Sally's new medication has contributed to her insomnia but also don't want her dementia to progress.

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## Scenario Five

Theo is a 7-year-old boy with Down Syndrome who arrives at a foster care placement accompanied by no medical records. Because he arrived from another area of the state, his foster mom makes an appointment for him with a local pediatrician. The mom is concerned about his frequent angry outbursts, particularly as he is entering a new school setting. The doctor, with no past records to consult, prescribes Abilify to address the problem, although the child is already taking a drug in the same class, Risperdal. While the Risperdal was likely prescribed for the same problem, it apparently is not working well. Still, the doctor is hesitant to discontinue a medication without knowing exactly what it was prescribed for.

The problem is heightened by the pediatrician's admission that he is not well versed in addressing behavioral issues for "kids with retardation." It will take at least several weeks for the new medication to take effect. The case worker checks in to see how Theo is adjusting to his new home, and is concerned that Theo appears to be taking several medications for the same condition. However, since there are very limited support services in this rural area, the foster mom does not want her to intervene and possibly affect the remediation of Theo's outbursts. There are no other pediatricians nearby.

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## Resources

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