

## Atlas of Healthcare Variation

### Topic area: Older people taking lots of medicines (polypharmacy in people aged 65 years and over)



The Atlas of Healthcare Variation is a website that uses maps, graphs, tables and commentary to see whether there are differences in health care in New Zealand by district health board (DHB).

In this topic area of the Atlas,<sup>1</sup> we can see differences in medicine prescribing by DHB, including how many people are taking long-term medicines (for six months or longer) and the use of specific types of medicines such as antipsychotic<sup>2</sup> medicine and benzodiazepines.<sup>3</sup> Polypharmacy is the prescribing of many medicines (five or more is a common number).

Older people (usually those over 65 years of age) often need lots of different medicines for their illnesses and this can be completely fine. Sometimes taking all these medicines can result in side effects, and this increases with the number of medicines taken. There are different reasons for this, one of which is that getting older can affect how our bodies handle medicines.

In older people, some medicines are likely to cause side effects. Benzodiazepines (eg, diazepam) and antipsychotic medicines (eg, clozapine or risperidone) are two examples of this. Side effects include feeling dizzy when standing up, feeling sick, not thinking clearly and having blurred eyesight. These side effects can also make the person unsteady on their feet, increases the risk of falling and can affect driving. As with all medicines, it is important that the benefits of taking such medicines outweigh the risks. The aim of the Atlas is to get people talking about why some DHBs use these medicines more than others.

The Health Quality & Safety Commission's clinical lead for the Atlas steering group, Dr Nigel Millar, says in older people (especially in frail older people or those over 85 years of age), medicines such as antipsychotic medicines and benzodiazepines carry a much greater risk of adverse (bad) effects.

'Common side effects of these medicines include agitation, confusion, blurred vision, drowsiness, impaired balance, falls, and bladder and bowel problems,' he says.

'This information raises interesting questions about whether older people are getting too much of these types of medicines.'

He says the percentage of adverse drug events and drug interactions (where a drug does not perform as expected due to the presence of another substance) increases with the number of medicines taken.

'There is a lack of evidence to support the use of so many medicines for these age groups. Polypharmacy comes with increased risks, all of which lead to increased costs to both the patient and the health care system.

'The Commission encourages health professionals to use the Atlas data to take a look at prescribing practices, to ensure patients are getting the best possible treatment for their condition.'

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<sup>1</sup> Polypharmacy in people aged 65 years and over: [www.hqsc.govt.nz/Atlas/polypharmacy](http://www.hqsc.govt.nz/Atlas/polypharmacy).

<sup>2</sup> Medicines used to treat some mental illnesses.

<sup>3</sup> Medicines used to treat anxiety, insomnia, pain and agitation, more commonly known as sedatives or hypnotics.

## The triple whammy

Prescribing of the 'triple whammy' is a potentially harmful combination of three groups of medicines: an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor antagonist (blood pressure tablet), a diuretic (water tablet) and non-steroidal anti-inflammatory drug (NSAID) or COX-2 inhibitor (types of pain killer).

Our data shows that around 25,000 New Zealanders aged 65 years and over were prescribed this combination in 2019.

The triple whammy can cause kidney harm, so health professionals should avoid prescribing the combination wherever possible and warn patients about the potential for harm if a third medication is added and to avoid over-the-counter NSAIDs such as ibuprofen.

The Commission encourages patients and consumers who are prescribed medicine to ask their doctor, nurse or pharmacist:

- what the medicine is called
- what the medicine is for
- why you need to take it
- when and how to take it.

Anyone who is worried about their medicine/s should talk to their doctor. It is important not to stop taking the medicine/s. It is recommended that you bring all the medicines you are on to your doctor when you have an appointment.

## Resources

- *Let's plan for better care* is a health literacy initiative to help consumers prepare well for their visit to the GP or other primary care health professional: [www.hqsc.govt.nz/our-programmes/partners-in-care/resources/lets-plan-for-better-care](http://www.hqsc.govt.nz/our-programmes/partners-in-care/resources/lets-plan-for-better-care).
- For more information on what you should know about your medicines, please go to [www.hqsc.govt.nz/our-programmes/medication-safety/publications-and-resources/publication/516/](http://www.hqsc.govt.nz/our-programmes/medication-safety/publications-and-resources/publication/516/).
- My Medicines is a website that contains information about medicines: [www.mymedicines.nz/cdhb](http://www.mymedicines.nz/cdhb).
- *Choosing Wisely* consumer resources: *Choosing Wisely* New Zealand is a global initiative promoting a culture where patients and health professionals have well-informed conversations around their treatment options, leading to better decisions and outcomes.

*Choosing Wisely* recommends patients ask their health professional these four questions to help them choose wisely:

- Do I need to have this test, treatment or procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I do nothing?

The [Choosing Wisely website](#) has resources for consumers in the following topic areas:

- [Alzheimer's disease and other forms of dementia](#)
- [medicines review](#)
- [stopping a medicine](#)

- [medicines – treatment goals](#)
- [medicines – making decisions](#)
- [medicines – making decisions for older people.](#)