Frailty and polypharmacy are linked!

This article is the third of a series of four articles on frailty, prepared by Dr Chris Bollen of BMP Consulting for Gold Coast Primary Health Network as part of the frailty early intervention program.

Frailty is now recognised as the most significant challenge to ageing well in Australia, with more than 20% of people becoming frail as they age[1].

Screening tools, such as the FRAIL Scale, can be used to assess people aged 65+ who are at risk of frailty.

Pleasingly, the trajectory of functional decline can be plateaued - if not reversed – through interventions such as building muscle with resistance exercises, addressing fatigue, protein, and calorie supplementation, and deprescribing.

This article looks at the links between frailty and polypharmacy, the importance of accurate medication lists, weight loss and protocols for deprescribing.

Evidence for reversing frailty

Frailty is now able to be reversed, or at least the trajectory of functional decline can be plateaued by interventions such as building muscle with resistance exercises, addressing fatigue, and recommending protein and calorie supplementation.

An evidenced based approach to support an improvement for an older person's health is to also review the medications. Deprescribing medications which impact an older person in multiple ways (e.g. sedatives, cholinergic medications, opioids, renal toxic medications) can also have an impact on a person's trajectory of frailty.

Many medications cause fatigue, reduce their physical activity and impact balance (which in turn slows walking speed), and side effects such as feeling dizzy or unsteady can make an older person prone to a fall.

Often the issue is not the individual medication, but the combination prescribed (e.g. a diuretic, anti-inflammatory medication, and an ACE inhibitor, or renally cleared medication in a patient with eGFR < 60mls/minute (stage 3a chronic kidney disease (CKD) or worse). If the combination of CKD and polypharmacy is not recognised, it is a patient safety issue. This occurs more frequently than most GP's realise.

Consider the multimorbidity:

- 50% of people age 65+ have at least two long term health conditions,
- 40% of people aged 75+ have CKD (frequently not recognised, not coded in the medical prescribing software, or managed),
- 50% of people aged 75+ are taking more than five medications per day.

[1] Professor Ruth Hubbard, Geriatrician

The intersection of these groups suggests at least 20% of our older general practice patients will be impacted.

Maintaining accurate medication lists

Updated and correct medication lists are critical especially for older patients.
Often an older person may not recall every medication they take, or what has been altered by another prescriber. The introduction of ingredient prescribing has confused many older patients who are used to remembering medications by brand name. A review of the patient's My Health Record can be very useful to see what has been dispensed. Over the counter medications also need to be listed and drug interactions need to be carefully monitored.

Weighing older people more frequently is best practice

Weight loss has many causes and many flow on effects. For example, it can impact medication metabolism, increasing its effect/risk as weight reduces and renal function deteriorates.

Older patients should therefore be weighed at every GP visit, and medications should be reconciled after each hospitalisation or visit to another clinician. Medications should also be reviewed annually and the and the "reason for prescription" should be clearly documented. These simple steps reduce the potential for medication errors. These steps are more vital in areas with medical practices which are open 7 days/week where doctors regularly see each other's patients. Tenanted doctors working in General Practices should be aware of their duty of care to ensure these practices are occurring[2].

Patient Engagement

Supporting patients to be active in their healthcare starts with preparing them to ask the right questions and have necessary information at their fingertips.
The reception team can assist by reminding patients to bring in both prescription and over the counter medications, list of questions and so on.
By displaying posters, this will encourage patients to ask questions, seek information on risks of treatment and consider options in care, for example:

Tips for our patients!

- Talk to your GP if you feel dizzy, unsteady on your feet or sleepy during the day.
- Ask your GP about potential side effects of your medicines.
- Ask your GP about having a Home Medicines Review. A pharmacist will visit your home to discuss your medicines with you and will work with your GP to determine whether any of your medicines need to change.

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Deprescribing

Deprescribing is the "systematic process of identifying and discontinuing drugs in instances in which existing or potential harms outweigh existing or potential benefits within the context of an individual patient's care goals, current level of functioning, life expectancy, values, and preferences." [3]

Deprescribing medications (e.g. sedatives, cholinergic medications, opioids, renal toxic medications) can positively impact older people's frailty trajectory.

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[2] "Good medical practice: a code of conduct for doctors in Australia", AHPRA October 2020, section 10.5.
[3] JAMA Internal Medicine (2015), Scott et al

Deprescribing protocol

A deprescribing protocol may follow the steps below:

1. Ascertain all drugs the patient is currently taking and the reasons for each one
2. Consider overall risk of drug-induced harm in individual patients in determining the required intensity of deprescribing intervention
3. Assess each drug for its eligibility to be discontinued
4. Ask the patient their concerns about potential medication changes
5. Prioritize drugs for discontinuation, then
6. Implement and monitor drug discontinuation regimen:
    a. Inform patient, family and other clinicians
    b. Set expectations (timing, effects to observe)
    c. Determine discontinuation regimen (gradual reduction, cessation)
    d. Monitor for discontinuation symptoms/ return of symptoms of disease
    e. Manage adverse effects by pharmacological/non-pharmacological strategies
    f. Document and communicate success/failure of regimen

A slow reduction – to gain both the patient and their family's confidence of the process – is a useful approach in deprescribing. General Practice is well suited to this, due to the continuity of the relationship between older patients and their usual GP.
Additionally, a phone consultation can now be booked to follow up the impact of medication changes rather than the older person attending the practice for every visit. For example, the GP may give a patient written instructions to take ½ a tablet of daily (instead of a whole tablet) for the next 2 -4 weeks, then call to review the outcome of the medication change.
Referral to a consultant pharmacist for a Home Medication Review can be very useful to assess the patient's knowledge of their medications, how they are stored and any feedback on medication interactions.

Deprescribing Resources

Some excellent resources medication reviews and deprescribing are below:

- PSA Guidelines for providing Home Medicines Review Services
- RACGP Medication management
- Deprescribing resources (Primary Health Tasmania)
- Deprescribing Guidelines and Algorithms
- Cumulative Medicines Risk: Addressing the Hidden Risk of Cumulative Medicines Load to Reduce Harm

Other resources *NEW* No Cost referral options on the Gold Coast

The referral options are:

Bond University Allied Health (BUnyAH) Interprofessional Healthy Lifestyles Program – This 12-week intensive active lifestyle program is designed to deliver bi-weekly, client-centre health education and exercise classes. –

Frailty Care in the Community program – The free program builds awareness about identifying frailty to reduce the risk of falls, decline of independence and the worsening of other health conditions. It will screen and assess physical performance, nutritional status, medication management, cognition, mental health, and social support.

Mungulli clinic – This Aboriginal and Torres Strait Islander specific chronic disease management clinic offers support from an Indigenous health worker to access specialist nursing and allied health professionals while working closely the GP.

This series on care of older people in General Practice will continue in the next newsletter.
Please forward any questions to chris.bollen@bmpconsulting.com

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