Optum

Reducing the risks of polypharmacy

5 tips for effective deprescribing to improve resident quality of life



Medication management in nursing homes is complicated and time-consuming. It can also be fraught with risks.

Most nursing home residents take more than 5 medications daily.[1] This makes them particularly vulnerable to the many consequences of polypharmacy, or the use of multiple drugs to treat one or more conditions.

Those risks include contraindications, problems with medication adherence, errors in dispensing, functional declines and increased falls – all of which can result in emergency department visits, hospitalization and increased mortality.[2]

The medical community has long looked toward deprescribing as the solution. And when done right, it may improve quality of life for residents, reduce demands on staff and decrease consequences of polypharmacy.

The deprescribing movement, however, has its own challenges.

> "There's a lot of training on how to prescribe medicines, but there's not a lot of training on how to deprescribe," said Dr. Monica Ott, medical director for Optum Senior Community Care in Indiana, Missouri and Kansas."

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medications are taken daily by most nursing home residents.[1]

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The risks: Side effects and prescribing cascades



While there is no official consensus on how many prescriptions a person has to be taking to constitute polypharmacy, Ott says that "once a patient is on 5 medications or more, it definitely increases the risk that they will have a drug interaction or side effect."

That, in turn, can trigger a prescribing cascade of other medicines and supplements.

"For example, you have a patient with high blood pressure and you give them amlodipine, but then they get swelling in their legs," Ott said. "So you add furosemide. But then their potassium and magnesium levels become low, so you add those supplements. Now the patient is taking 4 medications when you could have just used a different blood pressure medication that doesn't cause swelling."

Exacerbating the problem, Ott noted, is the fact that more than 50% of nursing home residents have some cognitive impairment.[3]

"That makes it really difficult to determine if the medication is effective and whether or not the patient is experiencing side effects," she said.

Additionally, most nursing home residents have multiple prescribers for their various medicines. And those doctors often don't have a complete, up-to-date list of what other medicines the patient is taking.

The solution: education on effective deprescribing

The deprescribing movement is hardly new, but it's gaining momentum.

While many past and recent efforts to reduce prescriptions focus on reviewing a patient's medications across the board, a recent Optum education campaign on the benefits of deprescribing in senior communities took a more targeted approach. The project started with some of the most commonly prescribed medicines for nursing homes residents: anticholinergic bladder agents, proton pump inhibitors and dementia medications.

"Our first year was very successful," Ott said. "We had a 50% reduction in the bladder agents, 30% in PPI and 25% for dementia agents. Twenty-five percent is generally what you expect."[4]

In 2022, the project expanded to 6 categories of CNS-active medications, including antidepressants, benzodiazepines, sleep medications, anti-epileptic medications that aren't being used for seizures, opioids and antipsychotic agents.

"Despite looking at multiple categories at once, we were still able to get about 25% reduction," Ott said. "We considered that pretty successful."[5]

Ott added, the initiative is looking at muscle relaxants, and there are plans to expand to at least 2 more categories of commonly prescribed medicines.

5 tips for reducing polypharmacy

Here are 5 tips for reducing polypharmacy in nursing homes:

1. **Change your philosophy.** Look for reasons to stop medications rather than continue or start them. One way to advance this philosophical change is to emphasize the benefits.

   "We know that there are plenty of patients that, when they decide to go on hospice, a bunch of medications get stopped and they actually improve," Ott said. "And it turns out that even if they're not going on hospice, when you deprescribe some medications, they have better health outcomes and fewer hospitalizations. That in turn reduces demands on nursing home administrators. It can also result in financial savings, although that should not be the primary goal."

2. **Consider non-pharmacological alternatives.** Seek other treatment options, such as physical, occupational and restorative therapy, stretching, exercise, ice, heat and behavioral and diet changes.

   "With some conditions, honestly, it's just better to use behavioral interventions," Ott said.

   "For insomnia, for instance, look at whether it's too noisy at night. Or is there a bright light? Do they have a consistent bedtime routine? With heartburn and cholesterol, consider diet modifications. For dementia patients, try behavioral approaches such as more meaningful activities and things like scheduled toileting."

3. **Focus on the patient's goals.** When determining if treatment is appropriate, look at each medication to see if it's effective, if there are side effects and whether it's still appropriate in terms of the patient's care objectives.

   Optum clinicians have ongoing discussions with plan members and their families about their conditions, disease trajectories and what to expect. This helps the teams develop personalized plans to ensure each patient's medication fits with their long-term objectives.

   "We generally put their goals into one of 3 categories: longevity, function or comfort," Ott said.

   "Prescribing for a patient whose goals are comfort should be different than for one whose goal is longevity. For example, a patient with a limited life expectancy who values comfort doesn't need to take a statin for cholesterol management or a bisphosphonate for osteoporosis."

   "Understanding those goals requires person-centered conversations," Ott said. "What is really the target for their blood pressure? What is really the target for their blood sugar or their cholesterol? What is the family really expecting in terms of an outcome after a stroke or with progressive dementia?"

"Medication management should be an ongoing process. It's also important to review residents' medications after a hospital stay or anytime they have a decline in function or a change in goals," Ott said.



4. **Consolidate medications.** Ott says her response is usually to stop as many medications as possible and try to get patients only to take the ones that are the most important and are going to help them feel better and improve their quality of life.

   "Residents in nursing homes have very limited life expectancy," she said. "So being aggressive can actually be more dangerous. When you push their cholesterol levels too low, you can have increased mortality and morbidity. The same thing happens with diabetes. If you control their sugars too tightly, they can end up having worse outcomes."

   With patients who have urinary retention but don't have a catheter, Ott observed, stopping anticholinergic bladder agents can reduce urinary tract infections.

5. **Prioritize dosage management.** Find medications that can be given just once or twice a day when possible.

   "There are many options for even the most common medications," Ott said. "For instance, there are first- and second-line treatments for blood pressure that can be taken just once a day."

   And the newer antibiotics can be given once or twice a day, rather than 4 times.

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Successful medication management: An ongoing, team approach



Medication management is a continual process, and one that takes a group effort. Under the Optum care model, the clinical and pharmacy teams work closely with the resident, their family, the resident's multiple doctors and nursing home staff.

The teams are on the constant lookout for unnecessary medicines or high-risk combinations, as well as any options that can reduce the potential for errors in dispensing medication or adherence.

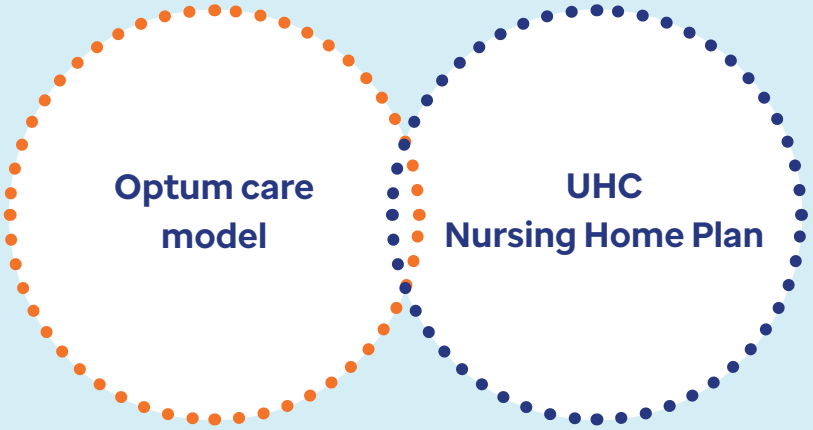
"Having a successful deprescribing conversation is like having a successful advanced care planning conversation," Ott said. "And when done successfully, everyone can benefit."

With patients and their families, she noted, when you start talking about decreasing medicines like statins, "they may feel like you are giving up on them. I usually use the word graduate – you've graduated. You've taken this medication for years. You've received the benefit that you're going to get from this medicine, and at this point, continuing to give it to you would actually be counterproductive."

Nursing home staff, she added, "certainly, are very interested in effective ways to address polypharmacy. Besides helping residents, decreasing the number of medications residents are on can help ease employee workloads."

Ultimately, everyone's goal is to improve residents' quality of life, whether that's reducing dizziness and falls, improving cognition or lessening side effects as simple – but annoying – as dry mouth or dry eyes.

And, of course, no one likes to take 20 pills, Ott said. "So anytime a patient gets the little pill cup and it has less, they are much happier."



The Optum care model and UHC Nursing Home Plan, a specialized Medicare Advantage plan, bring health plan benefits, clinical support and expertise to residents in nursing homes. The model is led by a dedicated care team that works one-on-one with residents to provide clinical quality and coordination of care by communicating with residents and their families, focusing on advance care planning and their goals of care.

Learn more about the Optum care model at optum.com/snf.

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