

Optimizing Patient Care: A Review of Polypharmacy and the Vital Role of Pharmacists in Prevention

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ABSTRACT

Polypharmacy is a prominent issue within the pharmacy field, denoting the simultaneous utilization of numerous drugs by an individual patient. The aforementioned phenomenon has experienced a notable rise within contemporary healthcare settings, primarily attributed to the advancing age of the population and the escalating prevalence of chronic illnesses. Although the utilization of multiple medications, known as polypharmacy, may be essential for the management of intricate health conditions, it presents significant challenges. This review aims to examine the fundamental elements of polypharmacy, encompassing its etiology and ramifications. The analysis will explore the underlying variables contributing to this occurrence. Furthermore, this paper will examine the detrimental consequences associated with polypharmacy, encompassing heightened probabilities of medication errors, drug interactions, and adverse drug responses. The significance of medication evaluation and management in tackling polypharmacy will also be emphasized in the review. Pharmacists occupy a pivotal position in the process of optimizing pharmaceutical regimens, safeguarding patient well-being, and augmenting therapeutic results. Moreover, it will underscore the necessity of interprofessional coordination among healthcare practitioners to address and alleviate the potential hazards linked to polypharmacy. Polypharmacy presents a multifaceted issue within modern healthcare, carrying significant consequences for both patient safety and overall welfare. Pharmacists play a crucial role in resolving this matter and advocating for the logical, safe, and effective utilization of medications, leveraging their specialized knowledge in drug management.

Keywords: Polypharmacy, Healthcare, Chronic illness, Utilization, Ramification, Patient safety.

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INTRODUCTION

Polypharmacy refers to the simultaneous administration of numerous drugs. Upon scrutinizing the definition as presented in a conventional medical lexicon, it becomes evident that the term 'poly' originates from the Greek word signifying a quantity beyond one. At the same time 'pharmacy' pertains to the Greek term for medication, 'pharmacon'. Unfortunately, there is no standard cutpoint about the number of medications that are agreed upon for the definition of polypharmacy. Explicit criteria are typically used with various cut points to define polypharmacy. While these explicit criteria have value, they do not account for patient needs or prescribers' knowledge of the patient. An alternative definition for polypharmacy is the use of more medications than are medically necessary. For this definition, implicit criteria are applied to determine medications that are not indicated, are not effective, or constitute a therapeutic duplication. Although this implicit criteria approach is more clinically relevant, it does necessitate a clinical medical record review of medication regimens by a skilled clinician, which can be time-consuming, and subject to reliability concerns if more than one evaluator is used¹.

Fundamentals of Polypharmacy

The essential concepts of this practice centre on acknowledging the hazards that are inherent to it. The prevalence of Adverse Drug Reactions (ADRs) tends to rise in correlation with the expanding array of treatments available, hence highlighting the need for meticulous monitoring. The adherence to and prevention of errors in drug regimens are issues that arise due to their inherent complexity². The presence of drug interactions, whether anticipated or unanticipated, poses inherent hazards that necessitate careful evaluation. The issues are further exacerbated by age and the presence of comorbidities, particularly among the senior population. Regular medication evaluations, patient education, and joint decision-making are essential elements. The notion of deprescribing, which involves the deliberate reduction or cessation of drugs, underscores the significance of regular reassessment. The need for interprofessional collaboration and the utilization of technology in drug management cannot be overstated when addressing the intricacies connected with polypharmacy. A thorough comprehension of these foundational principles is crucial for individuals working in the field of pharmacy, as it enables them to

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deliver high-quality care that is both professional and patient-focused³.

Etiology of Polypharmacy

Polypharmacy arises from a multitude of circumstances, predominantly influenced by the intricate nature of overseeing many health issues. Individuals who have a multitude of chronic or concurrent health conditions frequently require prescriptions to manage each disease, hence contributing to the complex phenomenon known as polypharmacy. Specialist prescribing also contributes to the issue, as many specialists may prescribe prescriptions without a comprehensive understanding of the patient's complete drug regimen. The presence of an incomplete medication history exacerbates the situation, resulting in inadvertent polypharmacy when healthcare professionals lack a comprehensive comprehension of a patient's current medications. The act of self-prescribing and the utilization of over-the-counter pharmaceuticals without seeking expert assistance are further factors that contribute to the widespread availability and usage of medications.

Difficulties in adhering to medication can lead to modifications or supplements to the medication regimen, increasing the issue of polypharmacy⁴. Furthermore, inadequate interprofessional communication within the healthcare system, encompassing primary care physicians, specialists, and chemists, can lead to the issuance of duplicate prescriptions and a dearth of collaboration in drug management, hence exacerbating the complexities involved with polypharmacy. Healthcare providers must acknowledge and tackle these fundamental elements to formulate approaches that maximize medicine administration and alleviate the potential hazards linked to polypharmacy. The efficient management and prevention of polypharmacy necessitate the implementation of several crucial elements, namely regular drug reviews, patient education, and interprofessional teamwork⁴.

Ramification of Polypharmacy

The phenomenon of polypharmacy is characterized by a variety of consequences that have a substantial influence on

the health and overall welfare of persons⁵. One of the primary implications of this situation is the elevated susceptibility to ADR since the augmented quantity of medications intensifies the likelihood of experiencing side effects, allergic reactions, and other unfavourable consequences. The complex interaction among several medications in a polypharmacy situation increases the probability of drug-drug interactions, which may undermine the efficacy of treatment or lead to adverse effects⁵. Additionally, the economic strain associated with the management of various medications contributes to escalated healthcare expenditures for both individuals and healthcare systems. The intricacy of polypharmacy presents difficulties in maintaining medication adherence, hence reducing the efficacy of approved treatment plans. Furthermore, the utilization of many medications, known as polypharmacy, is linked with cognitive impairment, an increased likelihood of hospitalization, and deterioration in the overall quality of life, particularly among the elderly population. The process of deprescribing, which involves the deliberate cessation of pharmaceutical use, presents additional complexities that can potentially extend the duration of unwanted drug exposure, exacerbating the situation. Polypharmacy has been associated with an increased risk of mortality in certain cases, highlighting the crucial significance of effectively managing prescription regimens. To effectively manage these consequences, it is imperative to implement various approaches, including periodic evaluations of medication usage, the discontinuation of medications when deemed suitable, and the provision of extensive patient instruction. These measures aim to enhance the advantages of pharmacological treatment while mitigating the potential hazards associated with the concurrent use of many medications⁵.

Classification of Polypharmacy

Simple polypharmacy refers to cases involving a limited number of medications, while moderate polypharmacy

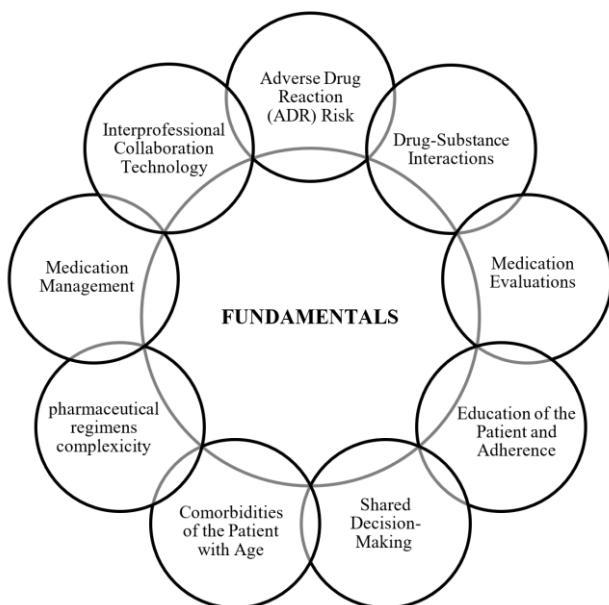


Figure 1: Chief fundamentals of polypharmacy³

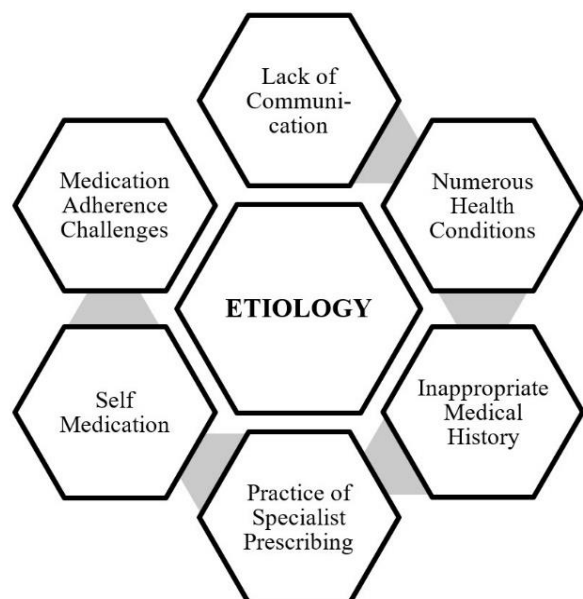


Figure 2: Etiology of Polypharmacy⁴

Table 1: Key Strategies to Prevent Polypharmacy

Strategy	Description
Comprehensive Medication Reviews	Regularly perform assessments on a patient's prescription list to evaluate each prescribed medicine's continued necessity, effectiveness, and potential interactions ¹³ .
Medication Reconciliation	To prevent the occurrence of drug duplication or omission, it is imperative to maintain accuracy in medication lists during transitions of care. This practice facilitates the seamless and error-free continuity of patient care ¹⁴ .
Healthcare Provider Communication	Promote effective and transparent communication among healthcare professionals engaged in a patient's healthcare to foster teamwork, minimise duplication in medication prescriptions, and improve the overall coordination of treatment strategies ¹⁴ .
Patient Education	The objective is to provide patients with comprehensive information regarding their prescribed medications, encompassing their intended therapeutic goals, potential adverse effects, and the significance of adhering to the prescribed regimen. Enable patients to successfully communicate with healthcare providers regarding their drugs ¹⁵ .
Deprescribing	It is recommended to engage in a proactive assessment and deliberation of the potential discontinuation of medications that may no longer be deemed essential or may contribute to the phenomenon of polypharmacy. This approach aims to foster a more efficient and personalised strategy in managing prescription regimens. ¹⁵
Use of Guidelines and Protocols	The implementation of evidence-based recommendations and protocols for prescribing, particularly in illnesses that are susceptible to polypharmacy, should be prioritised. This document guides healthcare providers in making informed decisions regarding medication selection that comply with evidence-based best practices ¹⁶ .
Medication Therapy Management (MTM)	The utilisation of drug MTM services can be employed to optimise drug regimens, improve patient comprehension, and effectively manage possible concerns associated with polypharmacy. This can be achieved by the application of specialised knowledge and intervention by pharmacists ¹⁷ .
Integration of Electronic Health Records (EHR)	The utilisation of HER systems can effectively promote seamless communication among healthcare professionals, thereby ensuring their access to precise and up-to-date pharmaceutical information. This, in turn, enhances the overall coordination of treatment ¹⁸ .
Geriatric Assessment	It is imperative to perform thorough evaluations for elderly individuals, taking into account their distinct requirements and susceptibilities. This is crucial to prevent excessive medication and the resulting negative consequences, as older folks are particularly prone to issues associated with polypharmacy ¹⁸ .
Regular Monitoring	Implementing standardised monitoring measures for patients who are taking numerous drugs is crucial to promptly identify and address emergent concerns, hence mitigating the potential consequences associated with polypharmacy ^{17,19} .
Patient-Cantered Care	To enhance the quality of pharmaceutical decision-making, it is imperative to use a patient-centred approach that takes into account individual preferences, goals, and lifestyle factors. This practice facilitates collaborative decision-making, hence fostering increased patient involvement and contentment with their treatment strategies ²⁰ .
Collaboration with Pharmacists	Incorporate chemists as essential constituents of the healthcare team, using their specialised knowledge in the realm of pharmaceutical administration. This collaborative effort entails the evaluation of drugs, identification of potential interactions, and provision of patient education to enhance outcomes ¹⁹ .
Polypharmacy Screening Tools	The utilisation of proven screening methods is recommended to identify individuals who are at risk of polypharmacy. This approach enables early intervention and the implementation of preventive measures that are specifically suited to the unique needs of each individual ¹⁶ .
Continuing Education	Deliver continuous educational programmes to healthcare professionals regarding the potential hazards and repercussions associated with polypharmacy, with a particular focus on promoting prudent prescribing practices and ensuring practitioners are up-to-date with the most recent advancements in this domain ^{20,21} .

pertains to situations where multiple medications are utilized.

Complex polypharmacy, on the other hand, denotes instances where a significant number of medications are prescribed. Another classification scheme takes into account the intended use of pharmaceuticals, differentiating between suitable polypharmacy, which involves the justified use of numerous medications based on the patient's

medical needs, and improper polypharmacy, which encompasses unneeded or potentially hazardous prescriptions. Polypharmacy is classified into different categories based on diseases, namely cardiovascular polypharmacy, psychotropic polypharmacy, and geriatric polypharmacy⁶. The former pertains to the use of multiple medications for heart-related problems, while the latter involves the administration of multiple medications for

mental health purposes. Lastly, geriatric polypharmacy is specifically focused on the senior population. The prolonged utilization of medications can result in the occurrence of acute polypharmacy, which pertains to the concurrent use of multiple medications for short-term requirements, or chronic polypharmacy, which involves the simultaneous administration of numerous medications for long-term treatment and control. The categorization of polypharmacy can be expanded by including the occurrence of adverse effects and interactions, which arise when the concurrent use of many drugs leads to undesirable side effects or drug interactions. Patient characteristics, including pediatric polypharmacy in children and adult polypharmacy, are influential factors in the occurrence of polypharmacy⁶. Additionally, a classification system exists that categorizes polypharmacy based on the involvement of numerous prescribers⁶.

Issues of Concern

Polypharmacy presents various concerns within the healthcare domain. A notable concern arises from the increased susceptibility to ADRs due to the concurrent administration of various drugs within an individual's physiological framework. The potential for Drug-Drug Interactions is an additional concern, as it may result in the diminished effectiveness of treatments or the heightened manifestation of side effects. The intricacy involved in managing many medications might lead to a decrease in Medication Adherence, presenting difficulties for patients in sticking to prescribed regimens⁷. The issue of financial considerations arises in the context of polypharmacy since it has been found to have a significant impact on healthcare expenses, thereby hurting both individuals and healthcare systems. Concerns over cognitive deterioration, functional restrictions, and an increased susceptibility to hospitalisation are particularly prominent within the aged demographic. Polypharmacy presents a range of complex issues, including medication errors, geriatric syndromes, and a potential decline in overall quality of life⁷.

Furthermore, the absence of explicit directives in certain cases may give rise to ambiguities for healthcare practitioners, underscoring the importance of meticulous drug administration, periodic assessments, and efficient correspondence to alleviate these apprehensions and enhance patient results⁸.

Significance of Medication Evaluation and Management

The likelihood of experiencing negative outcomes, such as side effects, drug interactions, and decreased adherence to medicine, significantly rises when individuals are prescribed many medications by different healthcare practitioners to manage diverse health issues⁹. The importance of drug review and management within the realm of polypharmacy cannot be emphasized enough in light of these issues. The proactive strategy being employed is to maximize patient outcomes, improve safety measures, and promote the responsible utilization of pharmaceuticals. Through a methodical evaluation and customization of pharmaceutical regimens, healthcare professionals can effectively cater to the individual requirements of patients, mitigate the occurrence of unfavourable responses, and foster a treatment strategy that is both economically efficient and centered around the patient⁹. The introductory statement establishes the foundation for comprehending the crucial significance of medication evaluation and management in addressing the intricacies linked to polypharmacy⁹.

Role of Pharmacist

Pharmacists play a crucial function in addressing the issue of polypharmacy, which pertains to the simultaneous utilization of multiple medications by an individual¹⁰. The individual in question is tasked with doing a thorough evaluation of medications, wherein they evaluate the suitability of each prescription, detect any interactions, and take into account the overall treatment plan. The significance of patient education cannot be overstated, as pharmacists play a crucial role in ensuring that persons with polypharmacy possess a comprehensive understanding of

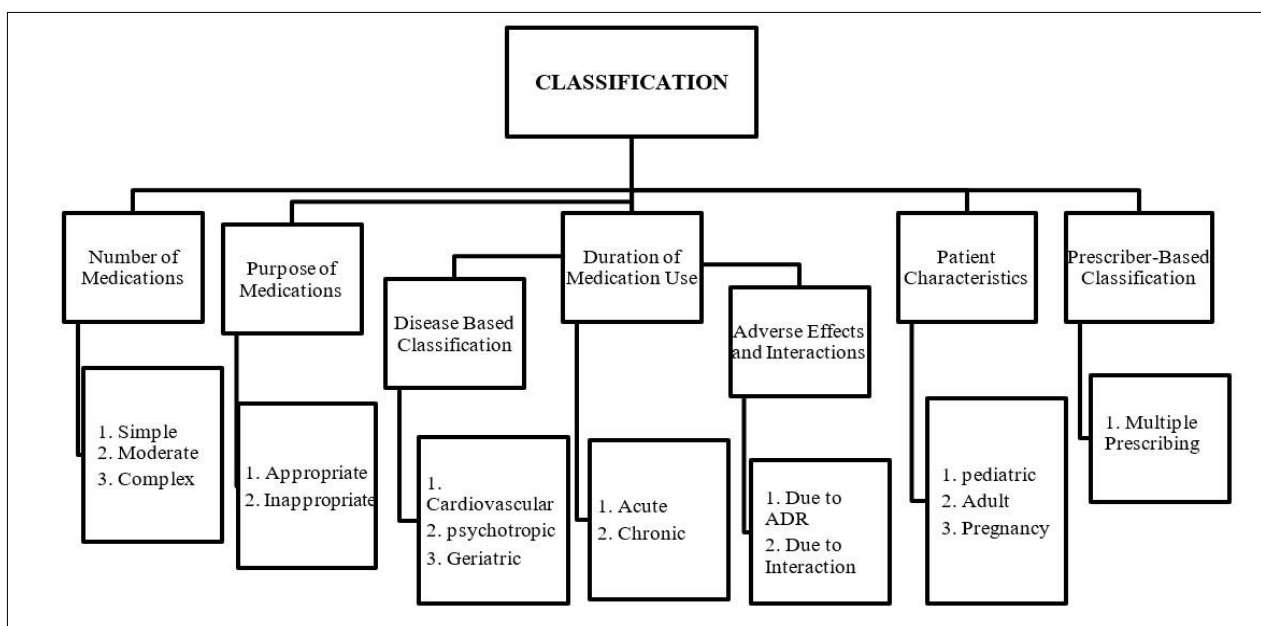


Figure 3: Representation of Polypharmacy Classification⁶

the intended use of each prescription, potential adverse effects, and the criticality of adhering to prescribed regimens. Effective collaboration with healthcare practitioners plays a vital role in the management of patient care¹⁰. This entails engaging in meaningful discussions regarding potential modifications to the pharmaceutical regimen or exploring alternative treatment options. Pharmacists are also involved in routine monitoring, evaluating patient compliance, recognizing adverse effects, and offering continuous assistance. The proficiency they possess in identifying and mitigating drug interactions significantly enhances patient safety. Furthermore, chemists play a crucial role in the process of medication reconciliation when patients undergo transitions of care¹¹. They also contribute to the promotion of rational prescribing practices and advocate for the selection of the most effective and safest medications, taking into consideration the unique needs of each patient. In brief, the involvement of chemists in polypharmacy entails a comprehensive strategy that involves medication management, education, collaboration, and continuous monitoring. This eventually guarantees the secure and efficient utilization of many medications¹¹.

Strategies to Prevent Polypharmacy

One key technique entails the implementation of thorough medication evaluations at consistent intervals, enabling healthcare professionals to reevaluate the essentiality, efficacy, and potential interactions of each prescribed medication¹². The main components of preventive initiatives include emphasizing correct medication reconciliation throughout transitions of care, fostering open communication among healthcare providers, and providing patient education. Deprescribing refers to the deliberate cessation of prescriptions that may have become unnecessary and is an active strategy aimed at reducing the

potential dangers associated with polypharmacy¹². The incorporation of electronic health records enables the smooth transmission of information, while the utilization of evidence-based guidelines, pharmaceutical therapy management services, and geriatric assessments customized for the specific requirements of elderly individuals contribute to the rationalization of prescribing practices. The implementation of routine patient monitoring, active engagement with chemists, and the incorporation of patient-centered care principles serve to augment existing preventative methods¹². Healthcare practitioners can effectively manage the challenges associated with polypharmacy by implementing a range of comprehensive strategies. These techniques aim to align prescription regimens with patient objectives while simultaneously mitigating the risk of unfavorable consequences. Continuing education for healthcare professionals and the utilization of screening technologies additionally bolster proactive detection and intervention in patients who are susceptible to polypharmacy¹³.

CONCLUSION

In general, the data presented emphasizes the necessity of adopting a comprehensive and cooperative strategy towards polypharmacy, encompassing continuous evaluations, prudent prescription practices, and patient-centric healthcare. The utilization of this methodology is crucial to maximize the effectiveness of pharmaceutical regimens, mitigate potential hazards linked to the simultaneous administration of numerous medications, and ultimately improve patient outcomes within the intricate realm of polypharmacy. In the context of improving the quality of care provided to patients, pharmacists play an important role as supporters, collaborating with other medical experts to reduce the complexity involved with polypharmacy.

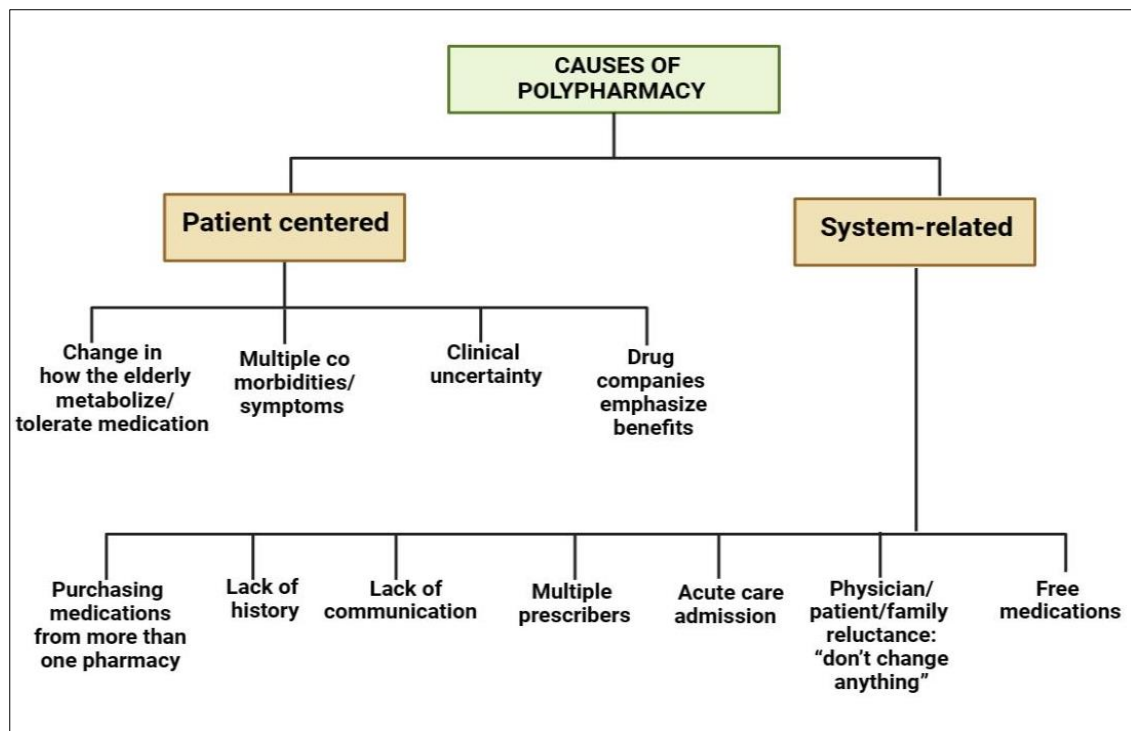


Figure 4: Causes of Polypharmacy⁸

Pharmacists make a significant contribution to the prevention of polypharmacy by ensuring that patient drug regimens are aligned with patient goals while minimizing potential hazards. In general, the study highlights the essential role that pharmacists play in improving patient outcomes and supporting the safe and effective use of medications, particularly in the context of polypharmacy and its associated problems.

REFERENCES

- O'Mahony D, O'Sullivan D, Byrne S, O'Connor MN, Ryan C, Gallagher P. STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. *Age And Ageing* 2014;44:213–8. <https://doi.org/10.1093/ageing/afu145>.
- O'Mahony D, O'Sullivan D, Byrne S, O'Connor MN, Ryan C, Gallagher P. STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. *Age And Ageing* 2014;44:213–8. <https://doi.org/10.1093/ageing/afu145>.
- Viktil KK, Blix HS, Moger TA, Reikvam A. Polypharmacy as commonly defined is an indicator of limited value in the assessment of drug-related problems. *British Journal of Clinical Pharmacology* 2006;63:187–95. <https://doi.org/10.1111/j.1365-2125.2006.02744.x>.
- Guthrie B, Makubate B, Hernandez-Santiago V, Dreischulte T. The rising tide of polypharmacy and drug-drug interactions: population database analysis 1995–2010. *BMC Medicine* 2015;13. <https://doi.org/10.1186/s12916-015-0322-7>.
- Bormate AB, Leboit PE, McCalmont TH. Perifollicular Xanthomatosis as the Hallmark of Axillary Fox-Fordyce Disease. *Archives of Dermatology* 2008;144. <https://doi.org/10.1001/archinternmed.2008.3>.
- Hajjar ER, Cafiero AC, Hanlon JT. Polypharmacy in elderly patients. *the American Journal of Geriatric Pharmacotherapy* 2007;5:345–51. <https://doi.org/10.1016/j.amjopharm.2007.12.002>.
- Lazarou J, Pomeranz BH, Corey PN. Incidence of Adverse Drug Reactions in Hospitalized Patients. *JAMA* 1998;279:1200. <https://doi.org/10.1001/jama.279.15.1200>.
- Homsted L. Institute of Medicine report: to err is human: building a safer health care system. *PubMed* 2000;48:6.
- Mangoni AA, Jackson SHD. Age-related changes in pharmacokinetics and pharmacodynamics: basic principles and practical applications. *British Journal of Clinical Pharmacology* 2003;57:6–14. <https://doi.org/10.1046/j.1365-2125.2003.02007.x>.
- American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Journal of the American Geriatrics Society* 2015;63:2227–46. <https://doi.org/10.1111/jgs.13702>.
- Reeve E, Gnjdjic D, Long J, Hilmer S. A systematic review of the emerging definition of 'deprescribing' with network analysis: implications for future research and clinical practice. *British Journal of Clinical Pharmacology* 2015;80:1254–68. <https://doi.org/10.1111/bcp.12732>.
- Green JL, Hawley JN, Rask KJ. Is the number of prescribing physicians an independent risk factor for adverse drug events in an elderly outpatient population? *the American Journal of Geriatric Pharmacotherapy* 2007;5:31–9. <https://doi.org/10.1016/j.amjopharm.2007.03.004>.
- Guillot J, Maumus-Robert S, Bezin J. Polypharmacy: A general review of definitions, descriptions and determinants. *Therapies* 2020;75:407–16. <https://doi.org/10.1016/j.therap.2019.10.001>.
- Wimmer BC, Dent E, Bell JS, Wiese MD, Chapman I, Johnell K, et al. Medication Regimen Complexity and Unplanned Hospital Readmissions in Older People. *Annals of Pharmacotherapy* 2014;48:1120–8. <https://doi.org/10.1177/1060028014537469>.
- Ravn-Nielsen LV, Duckert M-L, Lund ML, Henriksen JP, Nielsen ML, Eriksen CS, et al. Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission. *JAMA Internal Medicine* 2018;178:375. <https://doi.org/10.1001/jamainternmed.2017.8274>.
- Tam VC, Knowles SR, Cornish PL, Fine N, Marchesano R, Etchells EE. Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. *Canadian Medical Association Journal* 2005;173:510–5. <https://doi.org/10.1503/cmaj.045311>.
- Hughes CM, Cooper JA, Ryan C. Going beyond the numbers - a call to redefine polypharmacy. *British Journal of Clinical Pharmacology* 2014;77:915–6. <https://doi.org/10.1111/bcp.12284>.
- Clyne B, Fitzgerald C, Quinlan A, Hardy C, Galvin R, Fahey T, et al. Interventions to Address Potentially Inappropriate Prescribing in Community-Dwelling Older Adults: A Systematic Review of Randomized Controlled Trials. *Journal of the American Geriatrics Society* 2016;64:1210–22. <https://doi.org/10.1111/jgs.14133>.
- Gnjidic D, Hilmer SN, Blyth FM, Naganathan V, Waite L, Seibel MJ, et al. Polypharmacy cutoff and outcomes: five or more medicines were used to identify community-dwelling older men at risk of different adverse outcomes. *Journal of Clinical Epidemiology* 2012;65:989–95. <https://doi.org/10.1016/j.jclinepi.2012.02.018>.
- Vik SA, Maxwell CJ, Hogan DB. Measurement, Correlates, and Health Outcomes of Medication Adherence Among Seniors. *Annals of Pharmacotherapy* 2004;38:303–12. <https://doi.org/10.1345/aph.1d252>.
- Scott IA, Hilmer SN, Reeve E, Potter K, Couteur DL, Rigby D, et al. Reducing Inappropriate Polypharmacy. *JAMA Internal Medicine* 2015;175:827. <https://doi.org/10.1001/jamainternmed.2015.0324>.