

Failure to discontinue medications can contribute to inappropriate prescribing

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The continuation of drugs that are not intended to be taken indefinitely is a substantial and common problem that could contribute to over-medication, particularly in the elderly.

A new study of adults in and around Hamilton, Ontario, Canada

(n=50,813), examined rates of what researchers have termed "legacy prescribing," i.e., medications that are not appropriately discontinued when their usefulness has diminished and when the risk of side-effects, interactions with other drugs, and ongoing costs remain.

Specifically, the study calculated rates of legacy prescribing for three types of drugs: antidepressants (continuous prescribing of more than 15 months), bisphosphonates (continuous prescribing of more than 5.5 years), and proton pump inhibitors (continuous prescribing of more than 15 months).

The proportion of patients having a legacy prescription at some time during the study period was 46 percent (3,766 of 8,119) for antidepressants, 14 percent (228 of 1,592) for bisphosphonates, and 45 percent (2,885 of 6,414) for [proton pump inhibitors](#).

Until now, there has been little recognition of duration of medications as a source of inappropriate prescribing. The authors point out that prescribing systems are largely geared towards starting and continuing medicines; most have no controls to flag the end of an intermediate-term prescription, while routine re-prescribing systems and software features are common.

These results are therefore not surprising and indicate a need for system-oriented change that encompasses prescribing systems, education and patient-pharmacist-physician communication on appropriate stopping of [drug](#) therapy.

The authors also suggest that legacy prescribing could be explored as a quality measure to incentivize restraint in a system where there are currently few, if any, indicators of the [adverse effects](#) of too much medicine.

More information: Legacy Drug-Prescribing Patterns in Primary Care, Dee Mangin, MBChB, DPH, et al *Annals of Family Medicine*.

Provided by American Academy of Family Physicians

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