

Medication-related harm underdiagnosed among older Australians

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More than one-third of Australians aged 70 years or over consume five or more medications regularly. While the use of multiple medications, known as polypharmacy, can be appropriate, a body of evidence points

to its potential harm and has been identified by the World Health Organization as a global patient safety challenge.

Medication-related harm is a leading cause of injury across health care systems worldwide, and a high proportion of medication-related harm is potentially preventable, says Dr. Alemayehu Mekonnen, an Alfred Deakin Postdoctoral Research Fellow at Deakin University's Institute for Health Transformation (IHT).

"Our recent study found that approximately two-thirds of older Australians were taking at least one medication that was unnecessary, or deemed to have unclear indication, when they were discharged from the general medicine wards of a tertiary care health service," he says.

Inappropriate prescribing has been significantly associated with functional decline, falls, and a 91% increase in the likelihood of hospital admission due to medication-related harm, Dr. Mekonnen adds.

"In Australia, each year 2–4% of all hospital admissions are attributed to medication-related harm, and that costs the Australian health care system \$1.4billion annually."

Recognizing the complexities of medication-related harm is a key challenge in overcoming the problem, says Dr. Mekonnen.

"Unsafe prescribing can be attributed to a number of things, including erroneous clinical judgment or, under-recognition of risk when weighing the balance of benefit versus risk during prescribing medication selection, especially compared with suitable alternative medications," he says.

"Another intricacy of medication-related harm is that the problems can go unnoticed," he says.

"For example, the clinical manifestations of medication-related harm may not be easy to tell apart from the signs and symptoms of disease conditions or are sometimes attributed to underlying aging processes."

Communication breakdowns also contribute to medication-related harm, adds Professor Elizabeth Manias, IHT member and Associate Head of School (Research) in Deakin University's School of Nursing and Midwifery.

"There are missed opportunities throughout a patient's care; a lack of teamwork, gaps in interprofessional communication, and poor coordination of care, especially when patients move from one [health care](#) setting into another, all contribute to medication-related harm," says Professor Manias.

Although complex, research shows that medication-related harm can be addressed in several ways.

Transition of care programs can aid communication as patients move across care settings, such as moving from acute hospital care to rehabilitation settings, she says.

"Patients and their families should also be actively involved when it comes to prescribing medication. Being involved in the decision-making process is an important strategy to empower patients in their [self-care](#)," Professor Manias adds.

Further, Dr. Mekonnen says, "building suitable tools to support [medication](#) review and reconciliation practices can provide effective interventions to ensure the medications being prescribed are appropriate for the patient."

More information: Alemayehu Mekonnen et al, Associations between

hyper-polypharmacy and potentially inappropriate prescribing with clinical and functional outcomes in older adults, *Expert Opinion on Drug Safety* (2022). [DOI: 10.1080/14740338.2022.2044786](https://doi.org/10.1080/14740338.2022.2044786)

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