A Bitter Pill to Swallow

How current health care models have led to polypharmacy and what we can do to fix it. Working towards better medication management and patient outcomes.

By Dr. Stephanie Higashi

Burdened with an ever expanding workload, doctors and pharmacists are increasingly prescribing medications that are redundant or unnecessary. In 2013, over 3.68 million patient visits to health care providers resulted in polypharmacy.[1] The problem is most acute in the elderly population: rates of polypharmacy among elderly patients have doubled since 2004.[1] From 2004 to 2013, 68.1% of women aged 65 or older received prescriptions for drugs that were medically unnecessary or that were similar to a medication already being taken.[1] On a daily basis, we see patients at Health AtLast who are on a dangerous cocktail of medications for ailments which may be treated effectively with safer alternative therapies.

In the U.S., a significant portion of the population takes multiple medications whether necessary or not. According to the CDC, from 2009-2012, 21.8% of Americans used three or more medications over a 30 day period.[2] The same study found that 10.7% of Americans used five or more medications within 30 days.[2]

The more medications prescribed, the greater the chance they might result in a DDI (drug–drug interaction). A study examining the link between polypharmacy and DDI found that as the number of Americans taking five or more medications rose from 6% to 15% between 1995 and 2005, the rate of outpatient or emergency room consultations due to adverse drug events rose from 13.2 per 1,000 persons to 18.1 per 1,000 persons, with adverse drug reactions increasing with the number of drugs the patient was taking.[3]

DDIs can result in decreased efficacy or serious side effects. Because as many as 100,000 or more DDIs are possible among the drugs available for prescription, the likelihood of an adverse reaction is alarming.[4] In a study conducted by the *Chicago Tribune*, 52% of pharmacies sold medications to patients without mentioning potential interaction.[5] In the study, pharmacists failed to note DDIs that could trigger a stroke, result in kidney failure, deprive the body of oxygen or lead to unexpected pregnancy with a risk of birth defects.[5]

Part of the blame for prescription oversights lies with a health care system that focuses on keeping costs down using strategies that adversely affect patient care. For years, gross margins and reimbursement rates have been shrinking for pharmacists while the cost and regulatory burden of doing business have risen sharply.[4] Likewise, health insurers have negotiated lower and lower fees for doctors, who slash the time spent with patients to fit more of them into a day.[6] As doctors and pharmacists rush to see patients and fill prescriptions, less time is taken to properly diagnose and treat their symptoms.

Warnings generated by the software that pharmacists and doctors use to detect DDIs are often ignored in the rush to serve more patients. Alerts come up so frequently, providers become desensitized to them and are apt to ignore both the serious and inconsequential warnings.[4] A number of studies have noted the prevalence of physicians overriding drug safety alerts: in a review of 17 different studies, the lowest estimate had physicians overriding their drug safety alerts in 49% of cases while the highest estimate was 96%.[4]

The fast paced health care system that we currently rely on neglects to treat the patient as an individual with unique needs. Practitioners who care deeply for providing the best care for their patients are realizing that we in the medical community need to make changes to the way we practice health care. To shift to a model that is patient-centric and treats the patient as a whole, a multidisciplinary approach involving conventional care as well as alternative therapies should be taken.

In this model, all specialties have value in treating the patient. Integrative medicine providers consider what combination of exercise, diet, medication, chiropractic and other services would best serve the patient.

To ensure that prescribed therapies complement each other, communication between providers is essential. Providers coordinate to ensure that patients are not getting unnecessary or repetitive tests, which eliminates wasted time and money. With proper coordination of care between specialists, overmedicating is avoided and a treatment protocol is developed which, rather than merely dulling symptoms, treats the underlining health care issue.

Integrative medicine is especially important as an alternative treatment for diseases that have not responded well to traditional medicine. Examples of conditions that may benefit from integrative medicine include chronic pain, fibromyalgia, low-back pain, chronic sinus infection, tension and migraine headaches, and stress.[7] Relying less on pharmaceuticals to treat these conditions may reduce DDI, opiate dependency and negative side effects.[7] In addition, using alternative therapies has the potential to lower health care costs while simultaneously improving outcomes.[7]

At Health AtLast, we provide a comprehensive suite of services that integrates medical services, diagnostic testing and physio-therapy with alternative treatments like therapeutic massage, acupuncture and chiropractic services. For patients, having all of these services under one roof is convenient and they know they are getting more thorough care. We ensure that patients are well informed about their care leading to a sense of self-empowerment and increased interest in active participation in the healing process. Ultimately, the integrative medicine model delivers greater patient satisfaction and better clinical outcomes.

About Health AtLast:

Health AtLast was founded to bring medical and chiropractic care models together into one convenient, all-encompassing health care practice. Instead of referring patients to other

health care providers—as is common in traditional medical practices—Health AtLast brings professionals from multiple disciplines together under one roof to provide comprehensive, focused care to each patient.

At each Health AtLast franchise location, patients have access to knowledgeable, experienced health care providers, including medical doctors, doctors of chiropractic, and physiotherapists. Once a firm medical diagnosis is made, each patient is treated with the goal of successful rehabilitation and healing while avoiding unnecessary medications or surgeries as much as possible. To learn more about Health AtLast, please visit http://www.healthatlastnow.com.

About Stephanie Higashi:

As a pre-med student in 1997, Stephanie Higashi was dismayed to find a national model of health care focused on prescribing medications and performing invasive surgeries without first exploring alternative therapies. She began a search to find different solutions for medical problems, incorporating alternative methods of health care into one unique, all-encompassing practice model. Higashi's uncommon approach to patient care has helped to bring medical professionals from diverse disciplines together with one common goal—to avoid the use of medications and invasive treatments as much as possible, while effectively addressing the complex and varied medical needs of each patient.

Footnotes:

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5. Roe, Sam, Ray Long, and Karisa King. "Watchdog: Pharmacies Miss Half of Dangerous Drug Combinations." *Chicago Tribune*. N.p., 15 Dec. 2016. Web. 6 Apr. 2017.
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