Article: 1397
Topic: 69 - Schizophrenia

EXTREME POLYPHARMACY IN A PATIENT WITH SCHIZOPHRENIA

S. Agarwal[1], *N.K. Agarwal*[2]

[1]Agarwal Health Center, East Orange, NJ, USA, [2]St. George's University, St. George's, Grenada

Introduction: Polypharmacy, involving anti-psychotic drugs as well as drugs for co-morbid conditions is common. We report a patient on 31 different medications involving taking at least 40 pills a day.
Objectives: To highlight the problem with excessive polypharmacy.
Aims: To report a case of extreme polypharmacy.
Methods: The medical and medication chart of one patient was reviewed due to extreme polypharmacy.
Results: The female patient aged 67 was on the following 32 medications: Fexofenadine 180 mg, Amlodipine 5 mg, Asprin 81 mg, Bupropion-XL 150 mg, Citalopram 10 mg, Citalopram 20 mg, Clobetasol 0.05% cream, Clonazepam 1 mg, Rosuvastatin 10 mg, Divalproex-ER 500 mg, Ferrous Sulphate 325 mg, Furosemide 20 mg, HC Valerate 0.2% cream, Ibandronate Sod 150 mg, Lamotrigine 100 mg, Levothyroxine 50 mcg, Losartan Pot 100 mg, Meloxicam 7.5 mg, Metoclopram 10 mg, Oxycod/Apap 5-325, Plavix 75 mg, Polyeth Glyc 3350 NF Powder, Pot. Cl Micro 20 Meq, Promethazine DM, Omeprazole 20 mg, Os Cal 500 plus D, Quetiapine Fum 200 mg, Quetiapine 300 mg, Multivitamin Stovite One,Trazodone 100 mg, and Vitamin D 400 units. Overall, the patient was taking 38 - 41 pills per day, oral liquid medication 2-5 per day and applying two lotions for a total of 4 times per day.
Conclusion: This case illustrates extreme polypharmacy. Although all medications may be clinically warranted, co-morbid conditions and seeing different specialists can result in runaway polypharmacy. Non-compliance, drug-drug interactions and serious side effects can result from extreme polypharmacy. The cure can potentially become a disease.

https://doi.org/10.1016/S0924-9338(13)76439-3 Published online by Cambridge University Press