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SIGNIFICANT POLYPHARMACY IN PATIENTS WITH PSYCHIATRIC DISORDERS

S.K. Agarwal
Agarwal Health Center, East Orange, NJ, USA

Introduction: Polypharmacy involving prescribed medications in the psychiatric population is increasing. The main psychiatric reason is to gain rapid therapeutic response as well as to bolster medication effectiveness in treating patients with refractory psychotic symptoms, mood symptoms, or behavioral problems. This may also increase the need for additional medications to treat side-effects. Further, these patients have significant co-morbid conditions, requiring additional non-psychiatric medications.
Objectives: To examine polypharmacy amongst psychiatric patients during their visit to an internist's office.
Aims: To confirm the presence of significant polypharmacy in patients with psychiatric diseases.
Methods: All patients seen in our office from residential boarding homes and under care of psychiatrists were included in the study. A list of all medications (antipsychotic and non-psychiatric) were obtained from the boarding home, office charts and pharmacy and tabulations done. Polypharmacy was defined as 5-9 medications and excessive polypharmacy more than 10 medications.
Results: Of the total of 146 patients (92 males, 54 females, aged 24-82 years), 4 (3%) were on one, 6 (4%) on two, 3 (2%) on three, 12 (8%) on four, 9 (6%) one five, 11 (8%) on six,16 (11%) on seven, 14 (10%)on eight, 22 (15%) on nine, 8 (5%) on ten, 41 (28%) on 11 or more medications.
Conclusions: Polypharmacy and excessive polypharmacy is common in psychiatric patients. Monotherapy was extremely rare, with only 4 patients (3%) being on only one drug. Our data suggests that polypharmacy in a residential psychiatric population is more common and more severe than previously reported.

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