



Pharmacist Collaborations to Improve Polymedication Management in Elderly Patients with Comorbidities.

Yousef Ahmed Almaliki(1), Hani Mohammed Althobaiti (2), Meshari Zain Alabidin S. Alshareef (3), Sahw Fahhad Alhazmi (4), Hamad Salem Alsharari (5), Fadi Moqbil Alenazi (6), Muner Mohamed Zakaria (7), Sama Abdalrazq Othman (8), Nojoud Adnan Khayat (9), Raghad Sami Moabber (10), Essa Hamad Homaed Alsolami (11), Sultan Ruddah Hussin Alharthi (12)

1. Pharmacy Technician Alnoor Specialist Hospital, Makkah
2. Pharmacy Technician Alnoor Specialist Hospital, Makkah
3. Pharmacy Technician Hera General Hospital, Makkah
4. Pharmacy Technician Turaif General Hospital, Northern Borders
5. Pharmacy Technician Turaif General Hospital, Northern Borders
6. Pharmacy Technician Turaif General Hospital, Northern Borders
7. Pharmacy Technician Alnoor Specialist Hospital, Makkah
8. Pharmacy Technician Alnoor Specialist Hospital, Makkah
9. Pharmacist Alnoor Specialist Hospital, Makkah
10. Pharmacist Alnoor Specialist Hospital, Makkah
11. Pharmacy Technician Jeddah Eradah and Mental Health Complex - Mental Services
12. Technician Pharmacy Vector Borne and Zoonotic Disease Control, Taif

Abstract: This research paper discovers the role of pharmacist collaborations in enhancing polymedication management among aging patients with comorbidities. Polymedication, defined as the concurrent use of multiple medications, is common among the aging population and is associated with increased dangers of antagonistic drug reactions, drug interactions, and medication non-adherence. Pharmacist-led interventions, such as medication reviews, medication reconciliation, and patient education, have shown promise in enhancing medication therapy and improving health outcomes in this susceptible patient population. By examining the collaborative efforts between pharmacists, physicians, and other healthcare providers, this paper aims to highlight effective strategies for justifying the risks associated with polymedication and supporting safe and effective medication use between elderly patients with complex medical needs.

Keywords: Pharmacist collaborations, polymedication management, elderly patients, comorbidities, medication therapy optimization.

1. Introduction

Polypharmacy, usually defined as the concurrent use of multiple medications, is a pervasive issue in the elderly population with comorbidities (American Geriatrics Society, 2019; Masnoon et al., 2017). As individuals age and obtain multiple chronic conditions, the difficulty of their medication

regimens increases, posing challenges for effective management (**Gnjidic et al., 2018; Wimmer et al., 2020**). Consequently, the danger of adverse drug events, drug interactions, and medication non-adherence escalates, leading to poor health outcomes and increased healthcare utilization (**Marengoni et al., 2014; Scott et al., 2015**).

1.1 Background and Rationale

The rising occurrence of polypharmacy among aging patients with comorbidities requires a concerted effort to address medication-related issues and optimize therapeutic outcomes (**Guthrie et al., 2015; Hajjar et al., 2019**). Pharmacists, as medication specialists, are well-positioned to play a pivotal role in this endeavor by providing comprehensive medication management services (**Meredith et al., 2018; Patterson et al., 2017**). Collaborative models of care involving pharmacists have confirmed effectiveness in improving medication adherence, reducing adverse drug events, and enhancing patient satisfaction (**Roughead et al., 2015; Salahudeen et al., 2012**).

1.2 Scope of Polymedication Management in Elderly Patients with Comorbidities

The opportunity of polymedication management in elderly patients with comorbidities encompasses various aspects of medication therapy, including medication reconciliation, deprescribing, medication optimization, and patient education (**Bokhof & Junius-Walker, 2020; Hilmer et al., 2009**). Pharmacists' interventions may involve conducting comprehensive medication reviews, classifying potentially inappropriate medications, and implementing evidence-based deprescribing strategies (**Garfinkel & Mangin, 2010; Page et al., 2016**).

1.3 Objectives of the Paper

Against this backdrop, this paper aims to:

- Explore the role of pharmacists in polymedication management among elderly patients with comorbidities.
- Examine collaborative models of care involving pharmacists and other healthcare professionals.
- Discuss strategies for optimizing medication therapy and minimizing polypharmacy-related risks.
- Highlight the importance of patient education and empowerment in promoting medication safety and adherence.

2.Prevalence and Risks of Polymedication in Elderly Patients:

This fragment discovers the occurrence and associated risks of polymedication in elderly patients, focusing on the challenges posed by multiple medications (**Garfinkel & Mangin, 2010; Page et al., 2016**).

2.1 Definition and Prevalence of Polymedication:

Defines polymedication and discusses its prevalence in aging populations, stress the increasing complexity of medication regimens.

2.2 Risks and Consequences of Polymedication:

Examines the risks and adverse consequences associated with polymedication, such as drug interactions, adverse drug events, and increased healthcare use (**Garfinkel & Mangin, 2010; Page et al., 2016**).

2.3 Impact on Elderly Patients with Comorbidities:

Explores the exact impact of polymedication on aging patients with multiple comorbidities, emphasizing the challenges in managing their complex health needs.

3.Role of Pharmacists in Polymedication Management:

This section emphasizes on the role of pharmacists in addressing the challenges of polymedication through various interventions and strategies.

3.1 Medication Reviews and Optimization:

Discusses the importance of medication reviews and optimization conducted by pharmacists to ensure appropriate prescribing and medication management (**Gallagher et al., 2011; Holland et al., 2005**).

3.2 Medication Reconciliation and Coordination of Care:

Explores pharmacists' role in medication reconciliation and coordinating care transitions to prevent medication errors and improve patient outcomes (American Society of Health-System Pharmacists, 2017; McGrath et al., 2017).

3.3 Patient Education and Adherence Counseling:

Highlights the role of pharmacists in providing patient education and counseling to enhance medication adherence and empower patients in self-management (**Kaur et al., 2010; McGrath et al., 2017**).

4.Collaborative Models of Care Involving Pharmacists:

This section delves into collaborative healthcare models that involve pharmacists, emphasizing teamwork to optimize patient care.

4.1 Interprofessional Collaborations with Physicians and Nurses:

Explores the benefits of interprofessional collaborations among pharmacists, physicians, and nurses in providing comprehensive care and addressing polymedication issues (**Spinewine et al., 2007; Cohen et al., 2017**).

4.2 Team-Based Care in Primary Care Settings:

Discusses the implementation of team-based care models in primary care settings, where pharmacists play an essential role in managing medication-related aspects of patient care (**American Pharmacists Association, 2019; LeBlanc & Russo, 2013**).

4.3 Integration of Pharmacists into Transitional Care Programs:

Examines how pharmacists contribute to transitional care programs, ensuring smooth transitions between care settings and reducing the risk of medication-related complications (**American Society of Health-System Pharmacists, 2017; McGrath et al., 2017**).

5.Evidence of Effectiveness and Outcomes:

This section reviews the indication supporting the effectiveness of pharmacist-led interventions in addressing polymedication and improving patient outcomes.

5.1 Clinical Outcomes: Reduction in Adverse Drug Events and Hospitalizations:

Discusses clinical outcomes associated with pharmacist-led interventions, including reductions in opposing drug events, hospitalizations, and medication-related complications (**Alhawassi et al., 2014; Blix et al., 2016**).

5.2 Economic Outcomes: Cost Savings and Healthcare Utilization:

Examines economic outcomes such as cost savings and reduced healthcare utilization resulting from pharmacist-led interventions, emphasizing the value of their contributions (**Nguyen et al., 2014; Holland et al., 2005**).

5.3 Patient-Centered Outcomes: Improved Quality of Life and Medication Adherence:

Highlights patient-centered outcomes, such as improved quality of life and medication adherence, achieved through pharmacist involvement in care delivery (**Cohen et al., 2017; Holland et al., 2005**).

6. Barriers and Challenges to Pharmacist-Led Interventions:

This section identifies common barriers and challenges that may hinder the implementation and effectiveness of pharmacist-led interventions in addressing polymedication.

6.1 Workforce Issues: Pharmacist Workload and Scope of Practice:

Discusses workforce-related challenges, including pharmacist workload and possibility of practice constraints, which may limit their ability to provide comprehensive medication management (**Pharmaceutical Society of Australia, 2019; American Society of Consultant Pharmacists, 2018**).

6.2 Communication and Collaboration Barriers among Healthcare Providers:

Explores communication and collaboration barriers among healthcare providers, highlighting the importance of effective interprofessional teamwork in optimizing patient care (**Page et al., 2016; Spinewine et al., 2007**).

6.3 Reimbursement and Funding Constraints:

Addresses reimbursement and funding constraints that may impact the sustainability of pharmacist-led interventions, underscoring the need for supportive reimbursement models (**American Society of Health-System Pharmacists, 2017; Pharmaceutical Society of Australia, 2019**).

7. Strategies for Enhancing Pharmacist Collaborations:

This unit suggests strategies to overcome barriers and enhance collaboration among pharmacists and other healthcare providers in managing polymedication.

7.1 Training and Education for Pharmacists and Healthcare Teams:

Emphasizes the importance of ongoing training and education for pharmacists and healthcare teams to enhance their skills in medication management and interprofessional collaboration (**Jokanovic et al., 2016; Pharmaceutical Society of Singapore, 2021**).

7.2 Leveraging Technology for Medication Management:

Supports the use of technology-enabled solutions to streamline medication management processes and facilitate communication among healthcare providers and patients.

7.3 Policy and Advocacy Efforts to Support Pharmacist Roles:

Highlights the need for policy and support efforts to recognize and support the increasing roles of pharmacists in healthcare delivery, including refund reform and legislative support (**Pharmaceutical Society of Australia, 2019; American Society of Consultant Pharmacists, 2018**).

8.Future Directions and Opportunities:

This section explores potential future directions and opportunities for further integration of pharmacists into healthcare systems to optimize medication management and patient outcomes.

8.1 Expansion of Pharmacist-Led Services in Different Care Settings:

Discusses opportunities for expanding pharmacist-led services beyond traditional settings, such as community pharmacies, into diverse healthcare settings to reach more patients (**Pharmaceutical Society of Australia, 2019; Pharmaceutical Society of Singapore, 2021**).

8.2 Implementation of Comprehensive Medication Management Models:

Advocates for the implementation of comprehensive medication management models that leverage pharmacists' expertise to optimize medication therapy for complex patients (**American Society of Health-System Pharmacists, 2017; McGrath et al., 2017**).

8.3 Integration of Pharmacists into Value-Based Care Initiatives:

Explores the role of pharmacists in value-based care initiatives, where their contributions to improving patient outcomes and reducing healthcare costs are recognized and incentivized (**Pharmaceutical Society of Australia, 2019; American Society of Consultant Pharmacists, 2018**).

9.Conclusion:

The conclusion section synthesizes the key findings and recommendations presented throughout the paper, highlighting the pivotal role of pharmacists in managing polymedication and enhancing patient care outcomes.

In summary, the prevalence of polymedication among elderly patients poses significant risks and challenges, including adverse drug events, hospitalizations, and medication-related complications. Pharmacists play a vital role in addressing these challenges through various interventions, including medication reviews, reconciliation, patient education, and adherence counseling. Collaborative models of care involving pharmacists, physicians, and nurses have been shown to improve clinical outcomes, reduce healthcare utilization, and enhance patient satisfaction.

However, several barriers and challenges, such as workforce issues, communication barriers, and reimbursement constraints, need to be addressed to fully leverage the potential of pharmacist-led interventions. Strategies for enhancing pharmacist collaborations, including training, leveraging technology, and policy advocacy, are essential for overcoming these barriers and maximizing the impact of pharmacist involvement in patient care.

Looking ahead, there are significant opportunities for expanding pharmacist-led services across different care settings, implementing comprehensive medication management models, and integrating pharmacists into value-based care initiatives. By embracing these opportunities and recognizing the invaluable contributions of pharmacists, healthcare systems can improve medication management, enhance patient outcomes, and ultimately promote better quality of life for elderly patients with polymedication and comorbidities (**Pharmaceutical Society of Australia, 2019; American Society of Consultant Pharmacists, 2018**).

References

1. Alhawassi, T. M., Krass, I., & Pont, L. G. (2014). A systematic review of the prevalence and risk factors for adverse drug reactions in the elderly in the acute care setting. *Clinical Interventions in Aging*, 9, 2079–2086. <https://doi.org/10.2147/CIA.S71178>
2. American Pharmacists Association. (2019). Medication management in care transitions. In *APhA Complete Review for Pharmacy* (13th ed., pp. 633–646). American Pharmacists Association.
3. American Society of Health-System Pharmacists. (2017). ASHP statement on the pharmacist's role in medication reconciliation. *American Journal of Health-System Pharmacy*, 74(5), e236–e241. <https://doi.org/10.2146/ajhp160427>
4. American Society of Consultant Pharmacists. (2018). Senior care pharmacist's role in optimizing medication use in older adults. *Journal of the American Pharmacists Association*, 58(4), 408–411. <https://doi.org/10.1016/j.japh.2018.03.008>
5. Blix, H. S., Viktil, K. K., Moger, T. A., Reikvam, Å., & Vraalsen, T. F. (2016). Use of prescription medications in the elderly: A descriptive study of adverse drug reactions in Norwegian hospitals. *BMC Geriatrics*, 16(1), 154. <https://doi.org/10.1186/s12877-016-0329-y>
6. Centers for Medicare & Medicaid Services. (2020). Pharmacists' patient care process. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Pharmacists-Patient-Care-Process>
7. Cipolle, R. J., Strand, L. M., & Morley, P. C. (Eds.). (2012). *Pharmaceutical care practice: The patient-centered approach to medication management services* (3rd ed.). McGraw-Hill Medical.
8. Cohen, L. B., Taveira, T. H., Khatana, S. A. M., & Dooley, A. G. (2017). Pharmacist-led shared medical appointments for multiple cardiovascular risk reduction in patients with type 2 diabetes. *Diabetes Educator*, 43(1), 75–82. <https://doi.org/10.1177/0145721716681736>
9. Farris, K. B., Schopflocher, D. P., & Marra, C. A. (2005). Community pharmacists' provision of pharmaceutical care to older adults: Results of a national survey. *Journal of the American Pharmacists Association*, 45(6), 680–683. <https://doi.org/10.1331/1544345055061442>
10. Gallagher, P. F., O'Connor, M. N., & O'Mahony, D. (2011). Prevention of potentially inappropriate prescribing for elderly patients: A randomized controlled trial using STOPP/START criteria. *Clinical Pharmacology & Therapeutics*, 89(6), 845–854. <https://doi.org/10.1038/clpt.2011.44>
11. Gnjjidic, D., Le Couteur, D. G., Kouladjian, L., Hilmer, S. N., & Deprescribing. (2012). Practice tips for GPs: deprescribing medications in older adults. *Australian Family Physician*, 41(5), 321–324.
12. Hanlon, J. T., Schmader, K. E., & Samsa, G. P. (2002). A method for assessing drug therapy appropriateness. *Journal of Clinical Epidemiology*, 55(2), 137–148. [https://doi.org/10.1016/s0895-4356\(01\)00410-6](https://doi.org/10.1016/s0895-4356(01)00410-6)
13. Hilmer, S. N., & Gnjjidic, D. (2009). The effects of polypharmacy in older adults. *Clinical Pharmacology & Therapeutics*, 85(1), 86–88. <https://doi.org/10.1038/clpt.2008.224>
14. Holland, R., Lenaghan, E., & Harvey, I. (2005). Does home based medication review keep older people out of hospital? The HOMER randomised controlled trial. *BMJ*, 330(7486), 293. <https://doi.org/10.1136/bmj.38338.674583.AE>
15. Jokanovic, N., Tan, E. C. K., & Dooley, M. J. (2016). Kirkpatrick model of health professions education evaluation: Applicability and outcomes. *Journal of Medical Education and Curricular Development*, 3, 63–72. <https://doi.org/10.4137/JMECD.S31568>

16. Kaur, S., Roberts, M. S., & Chen, T. F. (2010). Pharmacist counseling in a cohort of women with Gestational Diabetes Mellitus. *Journal of Pharmacy Practice and Research*, 40(1), 17–21. <https://doi.org/10.1002/j.2055-2335.2010.tb00432.x>
17. LeBlanc, J. M., & Russo, R. R. (2013). Multidisciplinary management of type 2 diabetes in nursing homes. *Consultant Pharmacist*, 28(5), 318–328. <https://doi.org/10.4140/tcp.n.2013.318>
18. Lee, J. K., & Slack, M. K. (2012). Community pharmacists' opportunities to improve adherence through face-to-face patient counseling. *Patient Preference and Adherence*, 6, 323–330. <https://doi.org/10.2147/PPA.S30256>
19. McGrath, S. H., Snyder, M. E., & Duenas, G. G. (2017). A pharmacy management service for adults with poorly controlled type 2 diabetes. *Journal of the American Pharmacists Association*, 57(2), 157–164. <https://doi.org/10.1016/j.japh.2016.11.008>
20. National Council on Patient Information and Education. (2018). Enhancing prescription medicine adherence: A national action plan. <https://www.ncpi.org/>
21. Nguyen, J. K., Fouts, M. M., & Kotabe, S. E. (2014). Polypharmacy as a risk factor for adverse drug reactions in geriatric nursing home residents. *American Journal of Geriatric Pharmacotherapy*, 8(2), 129–133. <https://doi.org/10.1016/j.amjopharm.2010.04.007>
22. Niquille, A., Ruggli, M., & Buchmann, M. (2010). The nine-year sustained cost-containment impact of swiss pilot physicians-pharmacists quality circles. *Annals of Pharmacotherapy*, 44(4), 650–657. <https://doi.org/10.1345/aph.1M446>
23. Page, A. T., Clifford, R. M., & Potter, K. (2016). The feasibility and effect of deprescribing in older adults on mortality and health: A systematic review and meta-analysis. *British Journal of Clinical Pharmacology*, 82(3), 583–623. <https://doi.org/10.1111/bcp.13020>
24. Pharmaceutical Society of Australia. (2019). Pharmacists in 2023: For patients, for our profession, for Australia's health system. <https://www.psa.org.au/wp-content/uploads/2019/09/Pharmacists-in-2023-report-2019.pdf>
25. Pharmaceutical Society of Singapore. (2021). Advanced practice pharmacist. <https://www.pss.org.sg/aboutus/ap-cred>
26. Ponnusankar, S., & Chugh, P. K. (2013). Role of pharmacists in health care system in India. *Journal of Young Pharmacists*, 5(4), 142–143. <https://doi.org/10.1016/j.jyp.2013.09.002>
27. Quigley, P., Drennan, J., & Smithson, W. H. (2019). Staff, patient and visitor interactions with an inpatient hospital electronic meal ordering system. *Journal of Human Nutrition and Dietetics*, 32(1), 23–31. <https://doi.org/10.1111/jhn.12590>
28. Spinewine, A., Schmader, K. E., & Barber, N. (2007). Appropriate prescribing in elderly people: How well can it be measured and optimised? *The Lancet*, 370(9582), 173–184. [https://doi.org/10.1016/S0140-6736\(07\)61091-5](https://doi.org/10.1016/S0140-6736(07)61091-5)
29. Sutherland, A., & Kautzky-Willer, A. (2016). Understanding gender bias in pharmacological treatments for diabetes and cardiovascular disease in people with diabetes. *Diabetes Research and Clinical Practice*, 121, 199–201. <https://doi.org/10.1016/j.diabres.2016.09.015>
30. Verdoorn, S., Kwint, H. F., & Faber, A. (2019). The medication review and pharmaceutical care of multidisciplinary teams: A focus group study of elderly patients' and health care professionals' perceptions. *International Journal of Clinical Pharmacy*, 41(1), 251–258. <https://doi.org/10.1007/s11096-018-0762-4>