es, variety may be the spice of life. But when it comes to prescription medicines, variety can also lead to serious medical issues. Currently, more than 30 million Americans are taking more than five prescription medications per week, including 44 percent of men and 57 percent of women older than age 65.

This situation is referred to as polypharmacy, and it often occurs because a patient — especially an older patient — is under the care of multiple physicians. For example, one person could be seeing three different doctors and getting three different prescriptions. These medications include both prescription and over-the-counter (OTC) preparations, such as vitamin and mineral supplements and herbal products. The most commonly used drugs — acetaminophen, ibuprofen and aspirin — are available OTC.

Unfortunately, these prescriptions may interact with each other, causing side effects that can be dangerous. Or they may work against each other, eliminating the benefit of the medication. Generally, the more medications a person takes, the greater the risk of adverse reactions and drug interactions.

Interestingly, one of the most recognizable conditions indicating a polypharmacy problem is hair loss. “The hair follicle appears to be an easy target for polypharmacy and toxicity overall,” said Colleen Reisz, MD, a Board-certified dermatologist, who has been with Shawnee Mission Health (SMH) since 1994.

Over the years, Reisz has seen a major increase in the number of prescriptions being taken by patients for preventive medicine and common medical conditions — especially older patients. In addition to prescriptions, patients are taking supplements to avoid taking more prescription medicines, especially for cholesterol control, relief of menopausal symptoms and joint pain.

Besides hair loss, common unintended drug effects include changes in the digestive system and bladder, and brain changes that include sleep disturbances, fatigue, lethargy and depression.

“When I have a patient who is experiencing new or unexplained problems, I try to find out if anything has changed over the past eight to 16 weeks,” said Reisz. “Are they taking a new prescription or supplement? Is it a different version of the same medicine — for example, a different statin — or is it a different dosage? All of these factors are vital.”

“The very best advice I can offer is to make sure you use medications judiciously,” said Reisz. “Whenever possible, combine pharmaceutical treatments with preventive therapy, especially regarding weight loss, sleep apnea and other conditions.”

Here is some helpful advice if you or someone you care about has a polypharmacy situation:

» Keep a list of all your medications including vitamins and over-the-counter items.
» Go online. There are many websites you can check to see if there are potential problems in your polypharmacy regimen.
» Appoint a lead physician. Ask a family practitioner or a geriatrician to be your “lead physician.” As part of this role, that doctor will evaluate your care from all your other doctors, look over medications and make phone calls to coordinate care when necessary.
» Ask your pharmacist. Pharmacists are trained to look for drug interactions and other problems — but they can only do that if they have all your information. Hand them your polypharmacy list and ask them to look it over.

Rules like these are necessary because older patients use a higher percentage of medications and they are extremely vulnerable to drug-related issues that could cause great harm. After all, older people often react differently to medications than younger people.

These rules cannot prevent all adverse medication effects, but they can help to ensure that everyone is treated consistently and thoughtfully. For more information or to find a doctor, call the ASK-A-NURSE Resource Center at 913-676-7777.