

Health

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If too many meds create too many side-effects, deprescribing might be the answer

Taking charge of your medications includes identifying ones you don't need anymore



Carla K. Johnson · The Associated Press ·

Posted: Jul 24, 2024 2:00 AM CST | Last Updated: 10 hours ago



Some medications can be stopped abruptly but others require a slow taper to prevent uncomfortable withdrawal symptoms. (Kurt Wittman/UCG/Universal Images Group/Getty)

Swallowing a handful of pills is a daily ritual for many people, from young adults coping with anxiety to older adults managing chronic conditions.

Overall, 13 per cent of people in the U.S. take five or more prescription drugs. For those 65 and older, that number is 42 per cent.

However, people taking multiple medications need to be aware of potential problems. One pill can lead to a side-effect, leading to another pill and another side-effect in what experts call a "prescribing cascade."

Some drugs can cause harm if taken for years. Others stop working or interact badly with a new drug. A drug tolerated well at first can cause side-effects later, leading to cognitive decline and injuries from falls.

"Our metabolism changes as we get older," said Dr. Elizabeth Bayliss, a researcher at Kaiser Permanente's Institute for Health Research in Aurora, Colo. "Everyone's ability to metabolize the medications they've been taking for a long time may change."

Bayliss studies [deprescribing](#), which is a planned and supervised process to reduce or stop taking medications.

Medication overload, as it's called by the non-profit [Lown Institute](#), is a situation that it predicts will cause 4.6 million hospital visits this decade.

If your daily pill routine is getting out of hand, ask for a medication review. Here's how to get started.

Ask for a prescription checkup

Start with a professional you trust, like a doctor or pharmacist, said Lisa McCarthy, a pharmacist and deprescribing expert at the University of Toronto.



Pharmacists can help you review your medications and write up recommendations to share with your doctors.(Dmitry Kalinovsky/Shutterstock)

If you're asking your doctor, don't wait until the end of a 15-minute visit. Instead, make a dedicated appointment and tell them when booking that you want to talk about your medicines, McCarthy said.

Your doctor may not have the full picture of what you're taking if other prescribers are involved, and some doctors hesitate to manage drugs prescribed by others. That's when a pharmacist can help by reviewing everything and writing up suggestions you can share with your doctors, said pharmacist Bradley Phillips of the University of Florida College of Pharmacy.

"We're considered the medication experts," Phillips said.

Is my medication a problem?

Swelling, incontinence, restlessness, insomnia — all are side-effects caused by common medications that sometimes get treated with new drugs. McCarthy wants people to ask their doctors a simple question: Could this symptom be related to one of my medications?

"If we could teach the public to ask that question it would be very powerful," McCarthy said. And for a follow-up question, she suggested inquiring whether the problematic medicine is still needed.

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Health-care workers, patient groups and governments are striving to cut inappropriate prescriptions for seniors by 50 per cent by 2020

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Health-care workers, patient groups and governments are striving to cut inappropriate prescriptions for seniors by 50 per cent by 2020
Pharmacist Barbara Farrell sees dramatic changes in many people she helps at an outpatient geriatric centre in Ottawa.

Some have emerged from drug-induced dementia after their meds are reduced. A 77-year-old woman was able to leave her wheelchair and walk with a cane after cutting her daily pills from 32 to 17. She had arrived sedated and unable to communicate, and a few months later, she was back to her hobby of knitting.

Weaning off medication takes time

Some meds can be stopped abruptly but others require a slow taper to prevent uncomfortable withdrawal symptoms or even life-threatening seizures. Tapering to progressively lower doses is particularly important with drugs for depression, insomnia and anxiety.

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After two decades on various pills for these conditions, therapist Molly Bernardi of Spokane, Wash., began tapering down her doses.

The 45-year-old suspected the pills were the cause of her worsening problems with digestion, balance, memory, stiff muscles and flickering dots across her field of vision. When scans ruled out other illnesses, she gradually stopped each of four medications.

"It's been by far the hardest thing I've ever done," Bernardi said.

One of the final drugs she stopped was the toughest: a [benzodiazepine](#), a class of sedatives that can be harmful if taken long-term. Over the course of three months, she used a kitchen knife and a nail file to cut her one-milligram daily pill into ever-smaller pieces.

She listened to her body, found support groups on Facebook and used breathwork and prayer to get through withdrawal symptoms.

"Now when I have a good day, a good hour, a good moment, it's peace and presence like I've never known since before I was medicated," Bernardi said.

"I'm just experiencing a little bit of great. And a little bit of great is so great that it keeps me going."

Be in charge of your medication list

Even in the best-connected health-care systems, McCarthy said, information about prescriptions isn't always shared among doctors. And they won't know about your over-the-counter drugs, vitamins or nightly CBD [gummy](#).

The only person who knows everything you take is you, McCarthy said. So keep a current list of what you take, why it was prescribed and when you started taking it.

McCarthy said a medication list is a "tremendously powerful" tool. McCarthy and her colleagues created [workshop materials](#) designed to help people reduce or stop medications safely.

The Associated Press Health and Science Department receives support from the Howard Hughes Medical Institute's Science and Educational Media Group. The AP is solely responsible for all content.

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<https://www.cbc.ca/news/health/prescription-drugs-medication-1.7272477>

I know people who have been on a cocktail of meds for decades that would bring down an elephant. They will remain so to the day they die; life will be an artificial experience to the very end. (Watching antidepressants in action up close has left me with the feeling that they more “numb” people than heal them, suppressing symptoms rather than addressing the notorious lie, a “chemical imbalance.”) Severe depressives will say they prefer “artificial” peace and functionality to “natural” hell and suicide, and many have a point. But how many taking antidepressants indefinitely do so primarily because they have in effect become addicted to them? Getting off them is very difficult, even dangerous, and requires a long, torturous process. Further, the doctor who allowed this woman to take “benzos” for so long should do some soul-searching.

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