

Polypharmacy among patients with asthma

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Conflict of interest: none

ABSTRACT. Medical interventions are intended to benefit patients, but they can be threatening. Polypragmasia (problematic polypharmacy) is the inappropriate use of multiple medications or duplicate medications. Appropriate polypharmacy is the rational necessary and justified use of several drugs (5 or more) for the treatment of several concomitant diseases. Risk factors for polypragmasia include polymorbidity, advanced age, self-medication, and others. All these factors are inherent in bronchial asthma. Problematic polypharmacy in asthma is caused, among other, by the excessive use of salbutamol, which characterizes by a wide range of drug-drug interactions. Medications implicated in polypharmacy in asthmatics include asthma medications, antihistamines, anti-infective, cardiovascular agents, antidiabetics, gastrointestinal, anticonvulsants, antidepressants, antipsychotics, anxiolytics, sedatives, hypnotics, contraceptives and analgesics. Drugs that have a negative impact on the course of asthma in patients with comorbidities are angiotensin-converting enzyme inhibitors, proton pump inhibitors, antipsychotics and antibiotics. Problematic polypharmacy (polypragmasia) needs correction. Tackling problematic polypharmacy requires tailoring the use of medicines to individual circumstances and may involve the process of deprescribing. Deprescribing can cause anxiety and concern for clinicians and patients. An optimal approach for targeting patients with problematic polypharmacy is yet to be determined.

KEY WORDS: polypragmasia, polypharmacy, asthma, deprescribing.