

How to Tell if You're Overprescribed Medications

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Polypharmacy is the term used for overprescribed medications. This is more common in older adults who have several risk factors and often have more than one chronic health condition that can lead to overprescription
- › Overprescription is not limited to adults. Data from 2014 showed more than 274,000 children from birth to 1 year were prescribed psychiatric drugs, 249,669 antianxiety drugs, and 1,422 ADHD drugs
- › Over-the-counter medications can also create drug interactions and side effects. When too many drugs are prescribed, you may be taking one to take care of the side effects of another
- › You may be overprescribed medications if you consistently visit multiple doctors, have a new health condition, have trouble keeping up with your medication or have new financial pressure from the expense of your medications
- › Take control of your drug cabinet by creating and maintaining a list of the medications, supplements and OTC drugs you routinely take, share the list with your primary care physician at every visit, routinely review your medications with your doctor every year and use only one pharmacy for your prescription drugs

Another name for overprescribing medications is polypharmacy. The issue is snowballing as Big Pharma continues to develop prescription medications in the hope of lengthening life expectancy without addressing the underlying issues of the chronic

diseases that affect the population. Polypharmacy may be thought of as the use of multiple medications at the same time by one person.

While the term is commonly used, there is not a single definition for polypharmacy.¹ The term appears to have been in use for over 100 years according to one article that states it “was used over one and a half centuries ago to refer to issues related to multiple-drug consumption and excessive use of drugs.”² According to a systematic review and BMC Geriatrics:³

“The most commonly reported definition of polypharmacy was the numerical definition of five or more medications daily, with definitions ranging from two or more to 11 or more medicines.”

While there has been no consensus on the number of medications, it is commonly accepted that polypharmacy is the prescription of too many medications. The concurrent use of multiple prescriptions is almost always to treat several chronic conditions at the same time. Yet, this causes side effects, can trigger additional health concerns and even cause death.

The Elderly Are Most at Risk

Polypharmacy is most common in older adults who have several risk factors and chronic health conditions that can lead to overprescription. According to the Centers for Disease Control and Prevention,⁴ 6 in every 10 adults in the U.S. has at least one chronic health condition and 4 in 10 have two or more.

According to the National Council on Aging,⁵ 80% of adults over 65 have at least one chronic health condition and 68% have two or more. The 10 most common are:

High blood pressure	58%
High cholesterol	47%

Arthritis	31%
Coronary heart disease	29%
Diabetes	27%
Chronic kidney disease	18%
Heart failure	14%
Depression	14%
Alzheimer's disease and dementia	11%
Chronic obstructive pulmonary disease (COPD)	11%

Physicians have multiple tools at their disposal to evaluate whether their patients are overprescribed medications, including the Beers, START (screening tool to alert to right treatment), STOPP (screening tool of older people's prescriptions), and the Medication Appropriateness Index.⁶

One of the most significant risk factors associated with polypharmacy is the increased potential for patients to experience adverse drug events, including death. One paper reported that “outpatients taking five or more medications had an 88% increased risk of experiencing an ADE compared to those who were taking fewer medications.”⁷ Nursing home residents taking nine or more medications were twice as likely to have an adverse drug event.

According to the National Institute on Aging,⁸ the risk of polypharmacy rises in patients who have two or more chronic conditions, and adults aged 65 and over are on more prescription medications than other age groups. One report from the CDC⁹ in 2019 found that 22.4% of adults aged 40 to 79 in the U.S. used at least five prescription

drugs. The most common types were lipid-lowering drugs, ACE inhibitors and antidepressants.

Another health tracking poll in 2019¹⁰ reported that 51% of 30- to 49-year-olds and 38% of 18- to 29-year-olds were taking prescription drugs. The number of adults taking multiple drugs increased radically as the survey participants aged. In adults 65 and older, 54% reported taking four or more drugs each day as compared to 13% in adults aged 30 to 49.

HCP Live reported on Dr. Aubrey Knight's presentation before the 2010 AAFP Scientific Assembly, in which he cautioned the audience that until proven otherwise, any symptom in the elderly could be a drug side effect, "a medication is a poison with a desirable side effect" and advised that physicians "consider medication as a possible problem, and not just as the solution."¹¹

Polypharmacy Isn't the Only Type of Overprescription

A study published in The BMJ in 2013¹² found "In utero exposure to both SSRIs and nonselective monoamine reuptake inhibitors (tricyclic antidepressants) was associated with an increased risk of autism spectrum disorders, particularly without intellectual disability" in the offspring.

In 2014, The New York Times reported¹³ that data presented by the CDC showed that 10,000 toddlers aged 2 or 3 years old were being medicated for attention deficit hyperactivity disorder. These medications were given outside established guidelines for the pediatric population. The report also showed that toddlers at greatest risk were covered by Medicaid.

While these numbers are significant, they are dwarfed by data released in 2014 from the Citizens Commission on Human Rights,¹⁴ which showed hundreds of thousands of toddlers were prescribed psychiatric drugs and more than 274,000 children from birth to 1 year old were included in that mix. According to their figures the numbers of children aged birth to 1 year old on these medications were:¹⁵

- 249,669 on antianxiety drugs (such as Xanax, Klonopin and Ativan)
- 26,406 on antidepressants (such as Prozac, Zoloft and Paxil)
- 1,422 on ADHD drugs (such as Ritalin, Adderall and Concerta)
- 654 on antipsychotics (such as Risperdal, Seroquel, and Zyprexa)

In the 2- to 3-year-old age group, the commission found 318,997 were on antianxiety drugs, 46,102 on antidepressants and 3,760 on antipsychotics. These shocking figures challenge logic. How and why are so many children and even babies, on addictive and dangerous mind-altering medications? This surely is overprescribing even in the strictest sense!

Even though the prescription rates had slightly declined by 2017,¹⁶ a new problem had popped up, with doctors prescribing antipsychotics to children for off-label purposes not specifically approved by the FDA. Then, with the rates of adult¹⁷ and childhood¹⁸ mental disorders rising dramatically during the pandemic, the prescriptions for psychiatric drugs in children began to rise again – and this time at a polypharmacy level.

A study published in the Nordic Journal of Psychiatry in March 2022¹⁹ noted that not only was the use of antipsychotics in children increasing, but that polypharmacy – prescribing of multiple psychotic drugs – to children is now occurring. Researchers said:

“... polypharmacy occurred in 44.9% of the new antipsychotic users, being more frequent in girls (55.5%) than in boys (44.5%). The two most frequent concomitant psychotropic drug classes were antidepressants (66.2%) and psychostimulants/atomoxetine (30.8%). Adolescents aged 13–15 and 16–17 years, and girls showed an increased risk of polypharmacy during antipsychotic treatment.

The use of psychostimulants/atomoxetine or antidepressants prior to initiation of antipsychotic treatment was strongly associated with polypharmacy during antipsychotic treatment.”

The study authors added that this is a “worrisome trend” and that prescribers need to “carefully evaluate the efficacy of psychotropic polypharmacy in children and adolescents.” I agree.

Even Over-the-Counter Medications Have Consequences

Over-the-counter (OTC) drugs are those you can buy at the store without a prescription. You'll find hundreds of cold preparations, antacids, pain medications and allergy relief drugs that can sometimes cause unpleasant adverse events. Common side effects can include nausea, dizziness, fatigue and bleeding in the digestive tract.

You can have drug interactions with OTC medications in the same way as with prescribed medications. OTC medications can also interact with your prescription medications or your food.

Thus, as you're considering the number of prescription medications you are taking, don't forget to consider the OTC drugs that you routinely use. One of the hidden dangers of polypharmacy is the chemical interactions that occur in the body when medications are mixed.

Another problem is the number of times one drug is prescribed to take care of the side effects of another. This has become known as a “prescribing cascade.”²⁰ Consider whether you or a loved one is using OTC drugs to counteract the side effects of prescription medications.

How Can You Tell if You Are Taking Too Many Medications?

According to the Commonwealth Fund,²¹ people in the U.S. spend more per capita on prescription drugs than in other high-income countries.

While this article focuses on cost rather than number of prescriptions, cost alone would be one reason to reevaluate what drugs you're taking and why. That way you're not only potentially saving some money if you eliminate one or more drugs, but you're checking

to see if you're overmedicated. Consider the following signs that may show you are overprescribed medication.²²

You consistently visit multiple doctors — As more medical records are being kept electronically, you might think that doctors' offices communicate with each other about your case. However, that doesn't happen.

If you see a gastroenterologist for stomach issues and a rheumatologist for your arthritis, one doctor does not know what the other doctor has prescribed. You may end up seeing your primary care physician to take care of the side effects or the drug interactions from prescriptions you received from the other two specialists — and end up on still another prescription to lessen the side effects of the others.

A new health condition develops — If you've been overprescribed medication, you may start developing new health conditions and symptoms. These may be a result of drug interactions or adverse drug events that go unrecognized.

They can include physical or mental symptoms such as fatigue, general aches and pains, problems with balance and motor skills and unexpected weight gain or weight loss. You may notice confusion or impaired memory, concentration problems, delayed decision-making or an inability to think rationally.

You are in a high-risk group for overprescription — People who have a higher risk of overprescription of medications include those with multiple chronic health conditions, people over age 65 and women. According to the Canadian Deprescribing Network, women are at higher risk because they have a longer life expectancy, and their physiology increases the risk of adverse drug events.²³

You have access to good health care — Interestingly, people with good insurance are at higher risk for polypharmacy. It's not uncommon for people in this position to see multiple doctors who are unaware of the medications being prescribed.

You have trouble keeping up with your medication — When you're taking too many

prescribed drugs, it can be difficult to remember the dosing schedule and keep up with the frequency and timing. This could be a signal that you're on too many medications and should review your current list with your primary care physician.

Financial pressure – Prescription drugs can be expensive. A potential sign that you might be taking more medication than is necessary is the added financial strain on your budget.

Take Control of Your Drug Cabinet

You can take several easy steps to help reduce the number of medications you or a loved one is taking, thus reducing the potential of an adverse drug event.

- **Make a list of medications** – It's helpful to begin with a list of the medications and OTC drugs you are consistently taking. This is a good starting point for yourself and to review with your primary care provider who may not know all the medication you've been prescribed by other specialists.²⁴

It's a good idea to do this with your primary care physician at least once a year. This medication review is also important after being discharged from the hospital or rehab facility, since it's not uncommon to have been prescribed more medications while you are an inpatient.

Consider creating a chart of your medications to use during your medication review with your primary care provider. The chart can have a list of the drugs you're taking, the reason you're taking them, who prescribed them, when they were started and side effects you may be experiencing. This helps your physician see the big picture quickly without asking multiple questions that can quickly eat up your appointment time.

This also helps you to get to know your medications, why you're taking them and how they might be affecting you. Before taking any OTC medications, talk with your

pharmacist about drug interactions between the OTC and any supplement or prescribed medication you might be taking.

Bring the list with you to each of your appointments with different specialists.²⁵ This keeps all your health care providers up to date with your treatments, nutritional supplements, prescription drugs and over-the-counter medications.

- **Use one pharmacy for all prescribed medications** — This allows the pharmacist to quickly ascertain whether there are any drug interactions between your prescribed medications from different doctors and answer your questions about OTC drugs and supplements.
- **Pay special attention each time a new medication is prescribed** — Read the label and check online resources. If you find information that is concerning, talk with your pharmacist and your doctor. There may be a different medication that can be used, or you may be able to use other strategies to address your health problem.

The bottom line is that you may not need all the medications you've been prescribed to manage your health conditions. Overprescribing sets up older adults for a downward spiral of increasing side effects and worsening health. A holistic approach is needed to address the key tenets of good health and create real wellness instead of attempting to cover up symptoms with more pills.

As just one example, in a study²⁶ of older depressed adults, 80% experienced a significant reduction in symptoms after taking strength training for 10 weeks. This caused the researchers to conclude that exercise was “an effective antidepressant in depressed elders, while also improving strength, morale and quality of life.”²⁷

There is no magic pill that fixes symptoms, removes illness and restores vigor. However, there are lifestyle choices you can make that go a long way toward achieving your goals.

Consider starting with strategies that move you toward better health, including getting an adequate amount of quality sleep, incorporating intermittent fasting, making low-

carbohydrate food choices and incorporating high-quality fats from organically and sustainably grown meat and dairy.

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