Background and importance:
In public health system one of the main management issues is polypharmacy because of the increasing number of patients involved each year and its economic impact. On a daily basis, a high number of polymedicated patients come through the outpatient medical consultations in which, after a consultation with the doctor, it is unknown if any change in treatment is made, or drugs are stopped or added to their treatments.

Aim and objectives:
The aim of this study is to analyze how polymedicated patients’ prescriptions change after a medical consultation in a hospital which attends 450,000 inhabitants in the outpatient setting, under real-life situations linked to practice through the prescriber.

Material and methods:
Observational prospective study of ten days duration performed in the field of hospital medical consultation with outpatient patients. We included all polymedicated patients (those with a consumption of ≥15 drugs/month) that come to a medical consultation in a second level hospital. Patients’ number of prescriptions were analyzed before and after the medical consultation. We analyzed if there was any change in the medication, and whether this change was an addition, discontinuation, or substitution of treatment.

Results:
From 25 October 2021 to 5 November 2021:

603 polymedicated patients
(women: 65.2%; average age: 74.7±10.8 years)

87% (n=522)
No modification was made in their treatment by the prescriber after the consultation

13% (n=78)
Treatment changes were made:
-88 additions
-15 discontinuations
-7 substitutions of treatment

Conclusion and relevance:
More than 8 out of 10 polymedicated patients with more than 15 drugs/month who attend medical consultations do not suffer changes in their medication. In the rest of the patients, the vast majority of occasions medication is added to their treatment, and medication is rarely suspended. This study highlights the need to review and approach to handling unnecessary medication use and polypharmacy due to the increasing number of patients involved each year that may have a negative impact on patients and the healthcare system. Pharmacists could serve as advisors for the review of patients’ unnecessary polypharmacy in the outpatient setting.