

## Ask the Expert



calgary health region

Co-ordinated by Dr. Paddy Quail, Medical Director  
Home Care, Calgary Health Region Authority.

### 1. Polypharmacy



#### Question:

**How serious is polypharmacy among elderly patients?**

Dr. Jim Silvius, geriatrician, Calgary Health Region Authority, replies.

#### Response:

Polypharmacy is a large and significant issue among elderly patients.

It is defined as any drug regimen where more medications are used than are clinically indicated. Any regimen that contains at least one unnecessary medication can cause serious adverse drug reactions.

Up to 20% of hospital admissions are a result of adverse drug reactions based on unnecessary medications.

Interventions to deal with polypharmacy include the

following: ensuring that patients have a single primary care physician and a single dispensing pharmacy (the more physicians a patient has, the greater the likelihood of polypharmacy).

The best way to deal with polypharmacy is to simplify your patient's regimen and ensure that all indications and instructions are clear. Patients must fully understand the goals of their treatment and physicians must recognize the need for monitoring their elderly patients.

## Ask the Expert

### 2. Sleep



#### Question:

#### What are common sleep disorders?

Dr. Chuck Samuels, medical director, Centre for Sleep and Human Performance, replies.

#### Response:

Normal sleep is a function of three physiological processes: sleep deprivation, circadian timing, and age.

The most common form of sleep disorder that presents in primary care is primary insomnia (PI). PI distinguished from primary sleep disorders by the underlying cause of the sleep disruption. People who suffer from PI are often light sleepers who wake up easily and are hyperaroused individuals who have difficulty falling asleep and staying asleep. These patients often adopt habits that make the insomnia worse (drinking coffee late in the day, *etc*). These patients benefit from the sleep hygiene, sleep restriction and stimulus control advice that physicians often give in the clinic. They may also benefit from short term sedative hypnotics.

Primary sleep disorders include snoring and sleep apnea which occurs to a significant degree causing sleep disruption and

daytime fatigue or sleepiness in 6% of males 40-60 years of age. This condition is often overlooked and directly linked as an independent risk factor in hypertension, vascular disease and metabolic syndrome. Management of sleep apnea requires a sleep investigation to determine the degree of apnea and the best approach to treatment. Treatments include: positive airway pressure device, a dental appliance or surgery.

Other primary sleep disorders include restless leg syndrome, a dysthesia causing an irresistible sensation of having to move ones legs that is relived briefly with movement.

Management of primary insomnia is best done in a primary care setting but if there is no success after 3-6 months referral to a sleep specialist is appropriate. Management of primary sleep disorders is most effective when initiated by a sleep specialist with advice for ongoing care and followup.

CME