This suggests that polypharmacy – and by extension, problematic polypharmacy – is relatively stable for the average patient. However, it is clear that polypharmacy increases with age (Figure 2), most notably from the age of 40. By the age of 80, more than a third of all people are on eight or more medicines. As the population in England ages, with more people living longer, polypharmacy is forecast to increase as well. Unless action is taken, this will mean more problematic polypharmacy, more overprescribing and greater burdens on patients.

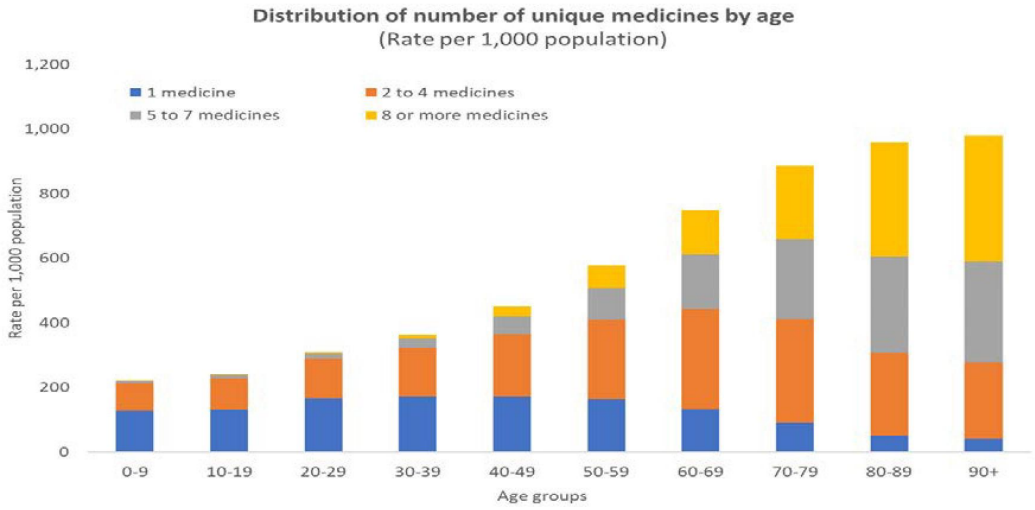

Figure 2: Distribution of number of unique medicines by age (rate per 1,000 population)

E.2 Polypharmacy and deprivation

As Figure 3 shows, the number of people taking one or more medicine does not vary significantly between the areas of highest and lowest social and economic deprivation. In other words, those living in a relatively poorer area are not that much more likely to be taking medicine than the average. But those living in the most deprived areas are much more likely to be taking eight or more medicines (shown by the red line), and this difference is not down to the age or sex of the local population. Clearly, polypharmacy increases with relative deprivation, and the rate of those on eight or more medicines is 2.8 times greater in the most deprived areas compared to the least deprived. What we cannot say from the data is the proportion of polypharmacy that is problematic: it could be that some or all of the difference is down to a higher rate of illness in more deprived areas. But it certainly increases the risk of overprescribing: for example, almost two in three people who are taking eight or more medicines are on at least one drug that may cause dependency.