Inappropriate polypharmacy is a growing problem that increases the risk of adverse drug events, patient costs and non-adherence.

A limited but diverse range of polypharmacy initiatives exist in the EU reflecting local culture, health priorities, and existing expertise.

Further action by policy makers and clinicians is needed to implement programmes where none exist, and scale existing programmes.

**Methods**

- Mixed-method case studies of polypharmacy policies
- Desk review, key informant interviews and focus groups
- Data collection and analysis informed by Kotter change management and Normalization Process Theory

**Programme Characteristics**

<table>
<thead>
<tr>
<th>Scope</th>
<th>Country</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>Scotland (UK)</td>
<td>H, IC, PC</td>
</tr>
<tr>
<td></td>
<td>Sweden</td>
<td>H, IC, PC</td>
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<tr>
<td>Regional</td>
<td>Catalonia (Spain)</td>
<td>H, IC, PC</td>
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<tr>
<td></td>
<td>Germany</td>
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<tr>
<td></td>
<td>N. Ireland (UK)</td>
<td>IC</td>
</tr>
<tr>
<td>None</td>
<td>Greece, Italy, Poland, Portugal</td>
<td>IC</td>
</tr>
</tbody>
</table>

H: hospital; IC: intermediate care; PC: primary care; CP: community pharmacy

**Key Stakeholder Messages**

- **Adding more work doesn’t work**
  “We will need to change the dynamic of how we work. If we want to do this [polypharmacy management] but continue doing the same, well, this will be difficult.”
  Primary care pharmacist, Catalonia

- **Education is critical but inconsistent**
  “One of the most important things is to start measuring drug use, to get a view of the situation and make healthcare professionals aware of the problem of inappropriate polypharmacy.”
  Geriatrician and policy maker, Sweden

- **ICT is essential**
  “We cannot make an accreditation like Northerners based on checklists, that will never work with us, we are not Scottish, dude.”
  Hospital physician, Portugal