Mixed-method case studies were conducted in 9 sites, Germany, Greece, Italy, Poland, Portugal, (Spain) Catalonia, Sweden and (United Kingdom) Scotland and Northern Ireland, mapping the structures, processes, and outcomes of policies and practices at the institutional, regional, and local level.

**Phase I**  
**Desk Review**  
Evaluating economic, political, and cultural context;  
Checklist of complex interventions.

**Phase II**  
**Key Informant Interviews**  
Assessing development and implementation strategies.  
Participants included: Primary care and hospital pharmacists, hospital geriatricians, primary care and hospital managers, health system administrators.

**Phase III**  
**Focus Groups**  
Validating interim report findings with focus group of primary care pharmacists, hospital and primary care geriatricians, hospital manager and health system administrator.

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**Polypharmacy Programmes**  
**Polish Case study**  
Lack of public policies for polypharmacy management in the elderly

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**To learn more about Project SIMPATHY and polypharmacy and adherence in the elderly across Europe contact:**

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**Other case studies**

GERMANY · GREECE · ITALY · PORTUGAL · (SPAIN) CATALONIA · SWEDEN · (UNITED KINGDOM) NORTHERN IRELAND · (UNITED KINGDOM) SCOTLAND

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This leaflet is part of the SIMPATHY project (663082), which has received funding from the European Union’s Health Programme (2014-2020).
Phase I: Desk Review

A desk review of the polypharmacy and adherence policies at the government, regional and institutional level has been completed.

According to desk review there is no polypharmacy management programme currently implemented in Poland.

Phase II: Key Informant Interviews

- There is no reliable data transfer between healthcare units.
- Lack of proper communication between pharmacist and physician is a limiting factor to effective polypharmacy management.
- Contact between physicians and pharmacist must be improved.
- Special procedures for physician – pharmacist contact may be necessary.
- Polypharmacy management may be limited to selected groups of patients.
- A leader in polypharmacy management must be chosen from family physician, pharmacist or geriatrician.

Phase III: Focus Groups

- There is an urgent need for polypharmacy management program in Poland.
- Patient education must be an integral part of polypharmacy management program.
- Phone consultations with pharmacists should be an option in pharmaceutical care.
- Classes on communication between physicians and pharmacists should be a part of study curricula.
- Advertising of diet supplements and over the counter drugs should be controlled and limited.
- The polypharmacy management program should be aimed at elderlies in the first place.
- The program of free drugs for patients 75 years-old and older may increase polypharmacy.
- Dedicated educational interventions should be implemented to improve polypharmacy awareness at multiple levels: GPs, specialists, nurses, pharmacists and medical students.

Conclusions

The case of Poland is a good example of country which does not have polypharmacy and adherence management system, but pharmacists, physicians and patients perceive it as a necessity in the next few years. The governmental project of pharmaceutical care introduction is a first step to this process. By improving communication between physician and pharmacist and empowering the patient by education on polypharmacy this objective will be much easier to achieve.