

# Polypharmacy in Australian veterans with post-traumatic stress disorder (PTSD)

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## Background

Polypharmacy increases the risk of adverse drug events and drug-drug interactions, and contributes to morbidity and mortality. Psychotropic drugs affect the mind, emotions and behavior, and are often used for mental health disorders. Veterans with PTSD commonly have psychological and physical comorbidities, increasing the risk of polypharmacy. This study investigates the prevalence of polypharmacy in inpatient veterans with PTSD and illustrates potential associated risks.

## Methods

Medical records of 219 veterans admitted to a mental health facility for PTSD management were retrospectively reviewed over a one-year period. Medication lists on admission were extracted and ATC-coded, to calculate general, psychotropic and sedative polypharmacy rates. Drug Burden Index was calculated, and risks of potential adverse events were described.

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## Results

Mean age = 62.5 years, 97.2% male.

In addition to PTSD, 90.9% of patients had a diagnosis of at least one other psychiatric condition, and 96.8% had a diagnosis of at least one non-psychiatric medical condition.

**General Polypharmacy (≥ 5 medications overall) = 76.7%**

**Psychotropic polypharmacy (≥2 psychotropic meds) = 79.9%**

**Sedative polypharmacy (≥meds with sedative effects) = 75.3%**

Benzodiazepines  
+  
Antidepressants  
43.8%



Benzodiazepines not recommended for primary Rx of PTSD, nor as augmentation therapy

Benzodiazepines  
+  
Opioids  
22.8%



Guidelines recommend avoidance of concurrent prescribing of opioids due to substantial adverse risks

Benzodiazepines  
contraindicated in  
TBI, sleep apnoea,  
COPD



68.4% of participants with ≥ 1 of these conditions had been prescribed benzodiazepines

## Conclusions

This cohort of inpatient veterans with PTSD had a high prevalence of general, psychotropic and sedative polypharmacy and were at high risk for drug related adverse events. This highlights the importance of increasing awareness of polypharmacy and potentially inappropriate drug combinations, and the need for improved medication review by prescribers.

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