

Polypharmacy and CLL: Optimizing Care With a Patient-Centered Approach

Polypharmacy refers to concurrent use of ≥ 5 medications for ≥ 1 different conditions¹⁻³

- In patients with lymphoid cancers, polypharmacy was associated with unfavorable outcomes, including hospitalization, severe infection, and shorter overall survival¹



In a cohort of patients diagnosed with CLL from 1997 to 2018, 93% received prescription medications with a median number of **6 drugs** within 1 year of CLL diagnosis⁴



Polypharmacy increases risk of DDIs, drug-food interactions, prescribing cascade, treatment changes, and increased healthcare costs^{2,3}



Strategies to reduce polypharmacy

Medication review and **deprescribing** are effective strategies to reduce inappropriate or unnecessary medications and optimize medicine use to improve health outcomes⁵

A patient-centered approach to managing polypharmacy^{2,3,7,8}

1. Assess patient's needs ✓ Conduct medication reconciliation ✓ Establish patient's perspectives and priorities	5. Agree to actions ✓ Agree with the patient and the prescriber to interrupt, reduce dose, discontinue, or start alternative medication ✓ Evaluate if treatment change/referral is needed
2. Define context and goals ✓ Understand how the medications fit patient's overall health goals based on functionality, life expectancy, and frailty	6. Communicate ✓ Inform relevant parties to facilitate implementation of actions (pharmacist, HCP, social care, care home staff)
3. Identify problematic medicines ✓ Identify inappropriate medicines from the medication list (eg, high-risk therapy, DDIs, drug-disease interactions)	7. Monitor, review and adjust regularly ✓ Re-assess at least once per year ✓ Check whether the patient is taking new medications at each clinic visit ✓ To help with tracking: access/monitor EMR, designate one team member to monitor all medications and supplements, use mobile drug-tracking apps for patients
4. Assess risks and benefits ✓ Confirm with the patient whether the medication is inappropriate based on their individual and clinical priorities	



Optimal management of CLL treatment and concomitant therapy is based on a careful, complex assessment of the potential benefits and risks of each medication for individual patients^{6,8}

CLL, chronic lymphocytic leukemia; DDI, drug-drug interactions; EMR, electronic medical record; HCP, healthcare provider.

1. Brieghel C, et al. *Hemasphere*. 2025;9(7):e70172. 2. Lymphoma Research Foundation. Accessed July 1, 2025. https://lymphoma.org/wp-content/uploads/2018/03/6609-LRF-Oral-Therapies-White-Paper-Final2-Web-03_14.pdf 3. Hoel RW, et al. *Mayo Clin Proc*. 2021;96(1):242-256. 4. Rotbain EC, et al. *Clin Epidemiol*. 2021;13:1155-1165. 5. Carollo M, et al. *J Am Geriatr Soc*. 2024;72(10):3219-3238. 6. Soumerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229. 7. Barnett NL, et al. *Eur J Hosp Pharm*. 2016;23(2):113-117. 8. Balducci L, et al. *Ann Oncol*. 2013;24(suppl 7):vii36-vii40.

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