

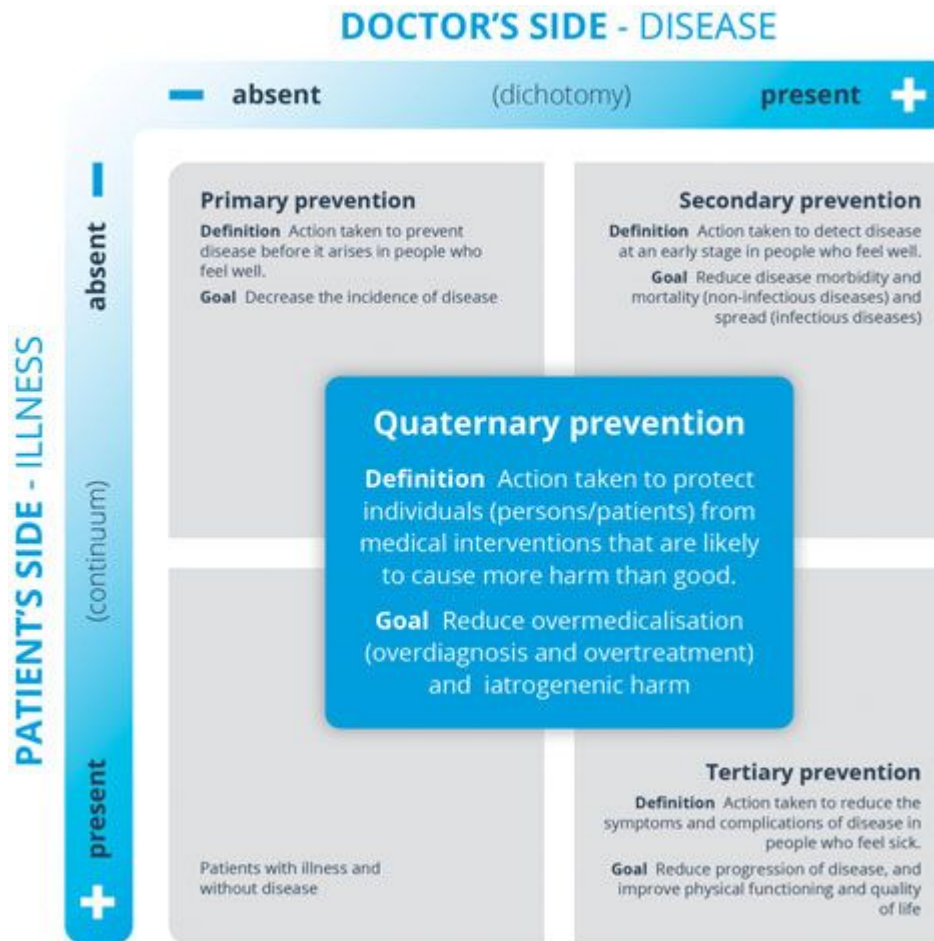
Over-medicalization and Quaternary Prevention

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Definition

- The original definition of Quaternary Prevention was formulated in 1986 by Marc Jamouille :
- *“Action taken to identify patient at risk of overmedicalization, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable”*

Illness and disease in relation to the four categories of prevention (J.Brodersen, APMIS 2014)



Background

- The increase in average life expectancy has over time resulted in a rising incidence of chronic degenerative diseases and consequent **polypharmacy** in older adults, with an augmented risk of Adverse Drug Reactions (ADRs) and Potentially Inappropriate Drug Prescriptions (PIDP).
- **Medication reconciliation and Deprescribing**, an important **Quaternary Prevention** measure, reduce the risk of drug interactions and adverse event, specially in frail elderly in polytherapy.

Quaternary prevention and Deprescribing

- The principle "primum non nocere" (first, do no harm), is central to all medicine.
- Avoiding excess medical intervention is particularly important in the field of Family Medicine.
- Quaternary prevention, medication reconciliation and deprescribing should be more object of research and teaching in Family Medicine.
- Barriers to deprescribing included lack of time and fear of blame for adverse outcomes.

Conclusion

- *“The greatest threat to the safety of older patients in primary care, is not error, but the risk posed by treatment itself”.*

(Katharine A. Wallis, Fam. Med., 2015)