Over-medicalization and Quaternary Prevention

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Definition

• The original definition of Quaternary Prevention was formulated in 1986 by Marc Jamoulle:

  • “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)