# Introduction

- Polypharmacy, typically defined as the use of ≥ 5 more medications (though some studies use as few as 3), is common among older adults due to the prevalence of multiple chronic conditions
- Most research currently looking at polypharmacy and physical activity is purely based on subjective measures of PA

### Purpose

• To investigate the association of physical activity as measured objectively by daily steps with polypharmacy in older adults.

# Methods

#### **Study Population**

- Cross-sectional analysis of The Physical Activity and Aging Study (PAAS), a prospective cohort study of older adults aged 65 years and above, initiated in 2015. Crosssectional analysis was performed.
- The original data set excluded older adults (n=412) with missing, invalid variables from baseline.

#### **Daily Steps**

- Step data was considered valid if the tri-axial accelerometer-based pedometer (Omron HJ-321) was worn for ≥10 hours/day for ≥4 days of the week.
- Daily steps were categorized into tertiles
- Low: ≤4113 steps/day
- Moderate (Mod): 4114-6662 steps/day
- High:  $\geq$  6663 steps/day

#### Polypharmacy

- Participants self-reported medication usage via a medical history questionnaire
- Polypharmacy was defined as taking ≥ 5 medications (any medication, including over-the-counter medications)

#### Covariates

• Age, sex, education, race, body mass index (BMI) category, heavy alcohol drinking, smoking status, and marital status.

#### **Statistical Analysis**

- x<sup>2</sup> test were used to assess the baseline characteristics (categorical variables) of the participants.
- Logistic regression was used to estimate the odds ratios (ORs) and 95% confidence intervals (CIs) of polypharmacy prevalence by tertiles of average daily steps.

# Association Of Daily Steps With The Prevalence Of Polypharmacy In Older Adults

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**Figure 1** Predicted probability of polypharmacy (≥ 5 Medications) based on pedometer-based daily step count.

**Table 2** Odds ratios (OR) of taking  $\geq$  5 Medications (Polypharmacy) among participants in PAAS based on average daily step count

Variables	Total (N=787)	No. of cases
<b>Daily Step Count Tertile</b>		
Low (≤4113 steps/day)	263 (33)	42 (16.0)
Mod (4114 - 6662 steps/day)	262 (33)	37 (14.1)
High (≥6663 steps/day)	262 (33)	21 (8.0)
<b>Daily Step Count Tertile</b>		
Male		
Low (≤4113 steps/day)	101 (38.4)	15 (14.9)
Mod (4114 - 6662 steps/day)	107 (40.8)	19 (17.8)
High (≥6663 steps/day)	123 (46.9)	12 (9.8)
Female		
Low (≤4113 steps/day)	162 (61.6)	27 (16.7)
Mod (4114 - 6662 steps/day)	155 (59.2)	18 (11.6)
High (≥6663 steps/day)	139 (53.1)	9 (6.5)
Data are presented as OR (95% CI) or N *Adjusted for age and sex	No. (percentage) of	participants.

\*Adjusted for model 1 plus education, race, work status, body mass index category, heavy alcohol drinking, smoking status, and marital status.

# Can being active reduce the reliance on multiple medications?

Model 1\*

Model 2†

1 (Ref) 0.89 (0.54-1.44) **0.47 (0.26-0.83)** 

1 (Ref) 1.28 (0.61-2.77) 0.67 (0.29-1.56)

1 (Ref) 0.66 (0.34-1.27) **0.35 (0.15-0.76)**  1 (Ref) 1.01 (0.60-1.67) **0.49 (0.26-0.89)** 

1 (Ref) 1.52 (0.68-3.48) 0.70 (0.28-1.73)

1 (Ref) 0.66 (0.34-1.27) **0.35 (0.14-0.78)** 



Table Steps

Var

Age, yrs Sex Male Female Race/eth White Non-wh Marital Married Single Divorce Educatio Element Middle s High scl College Smoking Never Former Current Alcohol i Not heav Heavy d BMI Underw

Normal Overwei Obesity

Data are presented as mean SD or No. (percentage) of participants. \*Defined as >14 and >7 drinks/week for men and women, respectively. BMI = body maas index

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# Results

Overall prevalence of polypharmacy was 12.7%

The most frequently reported drugs were cholesterol management and blood pressure management at 40% and 27%, respectively.

	Average	Average Number of Daily Steps		
iables	Low (≤4113 steps/day) (n=263)	Mod (4114 - 6662 steps/day) (n=262)	High (≥6663 steps/day) (n=262)	P value
	74.0 (7.2)	71.4 (5.4)	69.7 (4.2)	< 0.001
				0.12
	101	107	123	
	162	155	139	
nicity				0.56
	259	257	257	
ite	4	5	4	
status				0.02
	182 (69.2)	196 (75.1)	213 (81.3)	
	12 (4.6)	13 (5)	11 (4.2)	
d/Separated	69 (26.2)	52 (19.9)	38 (14.5)	
n level				0.49
ary or less	30 (11.4)	28 (10.7)	34 (13)	
school	27 (10.3)	34 (13)	33 (12.6)	
nool	82 (31.2)	97 (37)	91 (34.9)	
or above	124 (47.1)	103 (39.3)	103 (39.5)	
status				.30
	190 (725)	189 (72.4)	183 (69.8)	
	69 (26.3)	68 (26.1)	79 (30.2)	
	3 (1.1)	4 (1.5)	0 (0)	
ntake*				0.01
vy drinker	247	228	240	
rinker	13	30	17	
				0.001
eight	116 (44.1)	101 (38.5)	93 (35.5)	
	72 (27.4)	55 (21)	85 (32.4)	
ight	36 (13.7)	48 (18.3)	23 (8.8)	
	39 (14.8)	58 (22.1)	85 (32.4)	

#### **Table 1** Participant Characteristics across Tertiles of Daily

# Conclusions

• This study suggests that higher steps per day (≥6663 steps/day) is associated with a lower prevalence of polypharmacy in older adults.

Similar trends were reported in both men and women, though males specifically failed to reach significance.

• Prospective studies are required.

