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Letter to the Editor

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LETTER TO THE EDITOR: OPTIMIZING POLYPHARMACY MANAGEMENT IN OLDER ADULTS: STRATEGIC APPROACHES

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INTRODUCTION

Polypharmacy, commonly defined as the concurrent use of five or more medications, is a widespread concern among older adults. It is associated with adverse drug events, increased hospitalizations, and elevated healthcare costs. [1] Its prevalence ranges from 4% to 96.5%. [1,2], making it an emerging global health issue, particularly with the rise in the aging population.

Causes of Polypharmacy and Deprescribing Protocols

Several factors contribute to polypharmacy, including poor adherence to treatment, consulting multiple physicians for the same condition, self-medication without medical approval, incomplete medication histories leading to inappropriate prescribing, and prescription cascades. [3,4] One crucial but often overlooked issue is the lack of attention to deprescribing. Rational pharmacotherapy entails not only initiating but also discontinuing medications when appropriate. To address these challenges, simple yet effective deprescribing protocols led by clinical pharmacologists could pave the way for the development of tailored clinical algorithms.

Pharmacological Risk Scoring Systems

Chronic diseases and multimorbidity significantly elevate the risk of polypharmacy. Among older adults, cardiovascular, endocrine, gastrointestinal medications, and dietary supplements are the most frequently used drug classes. [5] Although many of these medications are indispensable, pharmacological risk scoring systems can be developed to predict potential risks in polypharmacy-exposed individuals. Such systems could serve as clinical decision support tools, alerting healthcare professionals, patients, and caregivers to the risks of adverse reactions and inappropriate medication use.

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CONCLUSION

Reducing the adverse outcomes of polypharmacy necessitates a multifaceted approach. The development and implementation of deprescribing protocols and pharmacological risk scoring systems particularly under the guidance of clinical pharmacologists are of critical importance. These strategies can help optimize medication regimens safely and effectively, ultimately improving health outcomes in the elderly population.

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