POLYPHARMACY AS A THREAT TO AGING POPULATION

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Aging is associated with multiple medical conditions such as cardiovascular diseases, diabetes mellitus, osteoarthritis, malignancies, and multi-organ dysfunctions [1]. Increased number of medications is an inevitable consequence of multi-morbidity. Unnecessary drug use is another factor through polypharmacy. Rossi et al. showed that 58.6% of community-dwelling veterans aged 60 years or above, with ≥5 self-administered medications per day had at least one unnecessary prescribed drug [2]. Given the causative factors, polypharmacy is a common health issue among older adults. A study by Cho et al. revealed that hyper-polypharmacy (the use of ≥10 medications) increased over the past 10 years in South Korea [3].

Polypharmacy leads to several adverse outcomes in elderly. For instance, Al-Musawe et al. showed that polypharmacy is associated with increased all-cause mortality and myocardial infarction in elderly patients with type 2 diabetes mellitus [4]. Multi-drug use can also increase the frequency of hospitalization and deteriorate activities of daily living in older people [5].

There could be ways to tackle the polypharmacy issue. Adopting a common deprescribing terminology and following evidence-based deprescribing guidelines are essential [6, 7]. Deprescribing can be improved by maintaining a patient-centered approach (i.e., determining patient goals/values, treating the individual as a whole person) [6]. Prescriber education on geriatric pharmacotherapy is of utmost importance [8]. Physicians should pay attention to avoid combination of medications with same/similar active ingredients. Non-pharmacological management options can be prioritized when appropriate, particularly in pain management [9]. Patient education regarding the adverse outcomes of polypharmacy should also be provided meticulously by managing clinicians.

CONFLICTS OF INTEREST

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