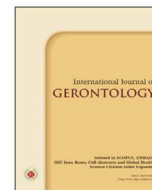




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Editorial Comment

Evaluation the Use of Potentially Inappropriate Medications in Older Adults to Reduce the Risk of Adverse Drug Events

Medication-related problems are of great concern in the elderly population due to overlap and complexity of chronic diseases, frailty, and polypharmacy. An increase in number of medications is expected in elderly patients with multiple chronic diseases, which may lead to higher rates of inappropriate prescribing and adverse drug events (ADEs) among these vulnerable patients. In addition, age-related changes in pharmacodynamics and pharmacokinetics will increase the risk of ADEs in the elderly if doses are unadjusted.¹

Use of potentially inappropriate medication (PIM) has been used as a quality measure for medication prescribing in the elderly. It is defined as “the prescriptions that introduce a significant risk of an adverse drug related event when there is evidence for an equally or more effective alternative medication”.² Several explicit criteria for PIMs are established to identify the prescription of medications where risk outweighs the benefit, failure to use a safer alternative drug, use of drugs with significant drug-drug and drug-disease interactions and also the omission of beneficial drugs. The American Geriatrics Society Beers criteria³ and the Screening tool of older persons’ potentially inappropriate prescriptions (STOPP)/Screening tool to alert doctors to right treatment (START) criteria⁴ are the more commonly used. These statements are not to replace clinical judgment but rather to alert the prescriber to potential instances of potentially inappropriate prescribing.⁵

Monitoring patients’ active medication lists and deprescribing any unnecessary medications are recommended to reduce risks of ADEs. There may be many challenges to deprescribing including time constraints, patient resistance, and lack of systematic support. How-

ever, physicians should view deprescribing as a therapeutic intervention and consider patient/caregiver perspectives and priorities on goals of therapy.⁶

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