

Inappropriate Drug Prescribing in Older Adults: How to Reduce It?

Mirko Petrovic

Department of Geriatrics, Ghent University Hospital, Ghent, Belgium.

Doi: 10.12890/2015_S1SP01 - European Journal of Case Reports in Internal Medicine - © EFIM 2015

Received: 30/05/2015

Accepted: 19/09/2015

Published: 24/09/2015

How to cite this article: Petrovic M. Inappropriate drug prescribing in older adults: how to reduce it? *EJCRIM* 2015;2:DOI: 10.12890/2015_S1SP01

Conflicts of Interests: The authors declare that they have no conflicts of interest in this research.

Acknowledgements: This abstract has been presented as a lecture at 2nd International Seminar REPOSI: Targeting the burden of polypharmacy in the elderly (Milan, 24-25 September 2015).

This article is licensed under a [Commons Attribution Non-Commercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/)

Because older patients are more vulnerable to adverse drug-related events, there is a need to ensure appropriate pharmacotherapy in these patients. Screening to identify older patients at risk of drug-related problems (DRP) and adverse drug reactions (ADR) is the first critical step within a multistep approach to geriatric pharmacotherapy. Two methods that have been developed are the GerontoNet ADR risk score and Brighton ADR (BADRI) model, which take into account a number of factors, the most important of which is the number of medicines. In order to reduce inappropriate prescribing in older patients, different types of interventions exist, such as pharmacist-led interventions, educational interventions, computerized decision support systems, and comprehensive geriatric assessment. The effects of these interventions have been studied, sometimes in a multifaceted approach, by combining different techniques. None of the existing interventions shows a clear beneficial effect on patients' health outcomes if applied in isolation. However, when these interventions are combined within the context of a multidisciplinary team, positive effects on patients' health outcomes can be expected. Appropriate geriatric pharmacotherapy, global assessment of patients' clinical and functional parameters, and integration of skills from different health care professionals are needed to address medical complexity of older adults.