

Letter to the Editor Regarding the Article: “Inappropriate Prescribing to Elderly Patients in an Internal Medicine Ward”

Carta ao Editor Relativa ao Artigo: “Prescrição Inapropriada em Idosos numa Enfermaria de Medicina Interna”

Keywords: Aged; Deprescriptions; Inappropriate Prescribing; Polypharmacy; Portugal

Palavras-chave: Desprescrições; Idoso; Polimedicação; Portugal; Prescrição Inadequada

Dear Editor,

We read with great interest, in a previous issue of this journal, one article regarding inappropriate prescribing to elderly patients in an internal medicine ward.¹

This is an important topic and raises attention to a simple and user-friendly tool to guide physicians in this hard work of deprescribing.²⁻⁶ One of the pitfalls of this tool is the fact that it is limited to five pharmacological classes/algorithms – proton pumps inhibitors, benzodiazepines, antihyperglycemic agents, antipsychotics and cholinesterase inhibitors and memantine. This last group was not mentioned

in the article, but we think it is also an important subject to be considered in clinical practice.

Internal medicine wards increasingly present a frail and geriatric population, so it is essential that doctors improve their knowledge in geriatric medicine, including better prescribing skills.

We were surprised with the low proportion of inappropriate prescribing at discharge – 11.2% to 17.2% - since in 2015 we published a similar study using Beers criteria as the main tool and found 46% of the patients had at least one inappropriate prescription.⁷ Additionally, benzodiazepines were the most common inappropriate drug in our study (20% of the patients were taking at least one).

These differences could be related with methodological issues, mainly the use of a tool limited to only four algorithms. However, we would like to believe that internal medicine doctors are also more aware of the risks of inappropriate prescribing in elderly population and our practice is changing.

The last topic we would like to stress is the opportunity that hospitalization offers us to review poly medication and inappropriate prescribing. Unfortunately this is still not sufficiently used in clinical practice.^{1,7}

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