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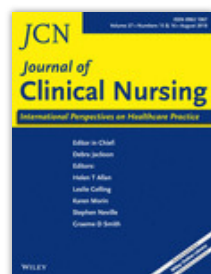
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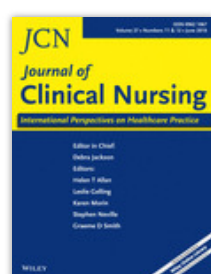
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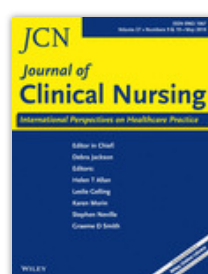
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Editor's Choice

Prevalence and factors associated with polypharmacy in the older people: 2006–2014

Carnona-Torres, J.M., Cobo-Cuenca, A.I., Recio-Andrade, B., Laredo-Aguilera, J.A., Martins, M.M., Rodriguez-Borrego, M.A. (2018) Prevalence and factors associated with polypharmacy in the older people: 2006-2014

It is widely recognised that the world's population is getting older with the percentage of the world's population achieving age landmarks increasing annually. This creates challenges for the providers of healthcare in ensuring that the care being delivered meets the needs of this population as cost-effectively as possible. Providing high quality health care for older people can be complex and challenging and this paper highlights that one of the main reasons for this could be increasing polypharmacy amongst this population. There will inevitably be more chronic illnesses and morbidity and declining physical and cognitive functioning in older populations, with an associated increase in the prescription and consumption of medicines and a greater risk of polypharmacy. Polypharmacy might further contribute to complications, including increased confusion and an increased risk of falling. It should be unsurprising, therefore, that polypharmacy is a contributory factor in the deaths of many older people. These authors describe this as a 'critical problem' but also highlight that greater awareness of the risks of polypharmacy amongst healthcare professionals, especially nurses, might result in reduced incidences of polypharmacy. For example, if there is insufficient evidence of the effectiveness of a medication then perhaps that medication should be discontinued on the grounds that the additional risks associated with polypharmacy might outweigh the possible benefits of the medicine. This also introduces an interesting ethical dilemma, although not considered by these authors, because many older people with co-morbidities are routinely excluded from clinical trials testing new medicines despite the fact that these medicines are often more likely to be prescribed in these older populations. This research populations in these clinical trials do not usually reflect the real-world population. This paper should be of interest to many nurses.

Leslie Gelling

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