

Principles of Prescribing in Older Adults

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Making prescribing decisions for older patients is challenging. The relationship between the ageing process, comorbid conditions and altered physiological processes directly influence rational pharmacotherapy. Age related changes in pharmacokinetic parameters, metabolism, renal drug clearance and glomerular filtration have a major bearing on the use of most of the commonly used drugs. Treatment guidelines in the elderly have to suit each individual's requirements keeping in view these unique pharmacological parameters, the potential for comorbid conditions and issues of compliance. The increased prevalence of polypharmacy and adverse drug reactions is an additional confounding factor in carrying out successful treatment. Clinical trials on newer drugs

rarely focus on the elderly thus depriving this group of the benefits of newer discoveries. The existence and use of well-known algorithms and tools (e.g. Beer's criteria) for streamlining drug treatment have simplified some of the conundrums associated with prescribing. A stepwise approach to optimized prescribing for older adults and tailoring drug regimens for specific conditions are some of the other approaches that have improved treatment outcomes. The risk-benefit ratio of drug therapy in the elderly has to be central to all approaches aimed at judicious treatment. There are many uncharted areas and a pressing need for research and education in geriatric prescribing to match the needs of the burgeoning population of older adults..