

## Drug Treatment in Later Life

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People are living longer and the proportion of older people in almost all countries is set to rise. As people age they develop diseases and this leads to more prescribing – both to prevent disease progression and for symptomatic relief. However, drug treatment in later life is problematic. There is a dearth of evidence on the efficacy of drugs in the over eighties and this age group are at the highest risk of adverse drug reactions. Many drugs show altered pharmacokinetics and pharmacodynamics. The term “appropriate prescribing” has been introduced to describe a strategy which tries to ensure that all older people receive only medications which are beneficial whilst at the same time potentially harmful drugs are avoided. Where evidence of benefit does not exist then a more detailed face to face explanation with the patient is required to ensure that the patient understands the magnitude of the expected benefit and the risks. Priorities may have to be established, particularly if taking the drugs is problematic or because of financial difficulties. Doses will need adjustment in the light of any known pharmacokinetic and pharmacodynamic changes that occur in later life. Attempts have been made to establish lists of drugs that should be avoided in older people because of their extra risks and attempts are being made to ensure that pharmaceutical companies trial their new drugs in older people.