Polypharmacy and important drug-drug interactions (DDIs) in the elderly

Mortality, morbidity, and treatment costs are increased in patients experiencing drug-drug interactions (DDIs) and polypharmacy. Due to frequent comorbidities in the elderly, polypharmacy including DDIs is the rule rather than the exception. In spite of the clinical importance of the topic, the reality is that elderly patients are excluded from many clinical trials and consequently this age group is underrepresented in meta-analyses as well although represent almost half of this population. Here, some antipsychotics and antidepressants are especially problematic, as there is also a risk of insufficient consideration of somatic medications contributing to DDIs. Although there is some available data on this topic in this population, these patients are often also excluded from existing treatment guidelines and student curriculum. There are some tools available that can help reduce important DDIs including polypharmacy in real clinical practice, including different DDI checkers, collaborative care, and different medication lists.

This topic will be presented at our joint Warsaw workshop of the Section of Psychopharmacology and the Section of Old Age Psychiatry, where treatment alternatives will be given, which could be used in real clinical practice to reduce the total number of DDIs including polypharmacy and their clinical consequences.

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