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Optimal pharmaceutical therapy for geriatric patients

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World population ageing is about to start a phase of acceleration. In Korea, 65 years of age or older is increased very fastest in the world.
In older persons with several chronic diseases, prescribing must balance competing conflicts between limiting the number of medicines and using all medicines that may be beneficial. The number of medicines might be limited, because the use of multiple medications is associated with higher probability of drug--drug interactions, adverse drug events, polypharmacy, hospitalizations, and death.
Alternatively, more medicines might be prescribed, because evidence of efficacy
and clinical guidelines support the use of a wide variety of drugs for common diseases such as ischemic heart disease, heart failure, and diabetes mellitus. Quality improvement programs have often established a set number of medications beyond which prescribing is considered to be polypharmacy and to merit extra attention for potential quality problems.
The purpose of this presentation is to outline strategies toward optimal medication use as a key to care in the geriatric patients. Specifically, this presentation show themes of physiologic change, adverse drug effects, polypharmacy and principles of medication in the geriatric patients.
In addition, inappropriate medication use is most frequent in geriatric patients taking many medications, but underuse is also common and merits attention regardless of the total number of medications taken.