

Resposta à Carta ao Editor Relativa ao Trabalho “Prescrição Inapropriada em Idosos numa Enfermaria de Medicina Interna” Mariana Alves, Marco Ribeiro Narciso, Teresa Fonseca, João Gorjão Clara” [Acta Med Port.2019;32:249-249].

Reply to the Letter to the Editor Regarding the Article: “Inappropriate Prescribing to Elderly Patients in an Internal Medicine Ward” Mariana Alves, Marco Ribeiro Narciso, Teresa Fonseca, João Gorjão Clara” [Acta Med Port.2019;32:249-249].

Keywords: Aged; Deprescriptions; Inappropriate Prescribing; Polypharmacy; Portugal

Palavras-chave: Desprescrições; Idoso; Polimedicação; Portugal; Prescrição Inadequada

Dear Editor,

We read in a previous issue a letter commenting our article “Inappropriate Prescribing to Elderly Patients in an Internal Medicine Ward”.¹ We welcome the authors for the insightful ideas conveyed regarding our recently submitted article on deprescribing in an elderly Portuguese population.

There are several tools available to help clinicians with medication review and deprescribing such as the Beers criteria. However, these do not usually provide a practical approach and the majority of the drugs mentioned are not currently used. Therefore, in our daily practice, we combine the Beers criteria with START and STOP criteria, as well as algorithms and guidelines from the Bruyère Research

Institute (deprescribing.org).²⁻⁵ Nonetheless, one of the most noticeable pitfalls of the Beers criteria is the fact that the avoidance of proton pump inhibitors was only included in 2015.

Although deprescribing.org algorithms, nowadays, are limited to five pharmacological classes, they include a planned process engaging both patients and caregivers and how dose tapering should be done. These guidelines/ algorithms are also graphically easier to read and consult. In our paper, cholinesterase inhibitors and memantine were not included, as these guidelines were not available at the time of submission of our manuscript.⁶

There are noticeable differences between our study and the one from Dias *et al*, which also assessed an elderly Portuguese population.⁷ First, we used criteria from deprescribing.org, whereas Dias *et al* used the Beers criteria (2012 update); second, we included a total of 483 patients aged > 65 years over a period of 7 months (versus 100 patients over 1 year). These features could at least partially explain the lower proportion of inappropriate prescribing at discharge in our study (17.2% vs 46%). Both studies were performed in a single centre. Larger multicentre studies are needed to get a better picture of the appropriate prescribing/deprescribing scenario in Portugal.

We believe that Internal Medicine wards need to improve their prescribing/deprescribing at discharge. Drug reconciliation should be applied in all contacts with the patient, whether in the emergency, in-patient or ambulatory settings.

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