the needs, interests and values of the person and full respect for the autonomy of the old person, the prescription of medicines constitutes a shared responsibility for a good that both have the duty to care for and protect - health. In this regard, the various studies suggest that the development of a relationship of trust between the physician-elderly is an important and decisive factor to reduce the excess prescription (9). We know that the present time does not favor or promote communication and interpersonal relationships between health professionals and patients to ask questions about the medication that is prescribed. This situation ends up exposing the elderly to an unnecessary risk, related to the side effects and adverse reactions of the medicines, which often cause them harm.

Thus, the increased vulnerability of people of geriatric age justifies that the counseling and use of drugs in this group be carried out in a personalized way, considering the interests and will of the patient, so that the final choice complies with all the precepts of a correct deliberation from the clinical point of view, but also ethical.

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INVITED COMMENTARY

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Multimorbidity and polypharmacy: a risk factor for older patients

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Multimorbidity and prolonged use of addictive medications are prevalent among older patients and is known to increase the risk of adverse drug events. In the last 20 years this tendency has significantly increased. Not only poly-pathology, but also other factors such as prescription accumulation and self-medication concur to make this phenomenon increasingly common and dangerous. While effective medical treatment should be associated with improved health status and survival, use of multiple drugs remains an important risk factor for hospital admission, adverse drug reactions and mortality in the aged population. Multiple substance use may aggravate disease burden of older patients, but there is the tendency to look

selectively for evidence of impact ("confirmation bias") that leads to seek only evidence that supports what is believed to be true. Physicians may be particularly susceptible to that bias when caring for a patient with a complex illness. When a patient has multiple medical problems, it's often possible to find some evidence of improvement by chance after any intervention, particularly if the patient is being intensively monitored.

"Polypharmacy" usually describes the accumulation of 5, and often more, medications and in advancing age frequently results in drug therapy problems related to interactions, drug toxicity, falls with injury, delirium, and nonadherence (1),and is associated with resulting increased hospitalizations and higher costs of care for individuals and health care systems. Unplanned 8.6 million hospital admissions in Europe every year caused by adverse drug events: 59% are preventable and 70% of these are in patients over 65, on 5 or more medicines (2,3).

Many papers reported polypharmacy and hyper polypharmacy among old and very old are strictly associated with the risk of multiple potentially inappropriate prescriptions, in all settings of care. And older people are more likely to have an inappropriate prescription after hospitalization.

To fight these negative effects a strategic reduction (deprescribing) of medications is compulsory ,in agreement by patients and their families, advocates, and care teams. Patients with terminal illnesses or those moving toward a comfort-care emphasis benefit from medication adjustments that are recognized beneficially within each patient's care goals. In caring for older adults complicated regimens and high-risk medications requires a care plan to reduce or prevent medication-related problems and costs, that are associated with polypharmacy (4,5).

Deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden or harm while improving quality of life (1-5). And all physician interested into the care of old and oldest people must remember the 4th of the TEN COMMANDMENTS of the IAGG-ER: "Demonstrate sufficient knowledge of pharmacology to understand the principles of prescribing for older people, with special attention to adverse effects. Recognize the risk of prescribing tranquilizers, hypnotics, anti-hypertensive, and the inadequacy of polypharmacy in the oldest. Regard withdrawing a drug is as important as prescribing one. Avoid prescription of a new drug to treat side effects of another one" (6).

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