



Revealing the Connection Between Frailty and Inappropriate Prescribing in Elderly Patients Admitted to Acute Care

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DESCRIPTION

Frailty and inappropriate prescribing represent two significant challenges in the care of elderly patients admitted to acute care settings. Frail individuals are vulnerable to adverse health outcomes due to age-related declines in physiological reserves and resilience, while inappropriate prescribing can increase these vulnerabilities, leading to medication-related complications and adverse events. Understanding the association between frailty and inappropriate prescribing is important for optimizing care delivery and improving outcomes for elderly patients. This article explores the complex relationship between frailty and inappropriate prescribing in the acute care setting and highlights strategies for mitigating risks and enhancing patient safety.

Frailty in elderly patients

Frailty is a multidimensional syndrome characterized by decreased physiological reserves, diminished functional capacity, and increased vulnerability to stressors. It often coexists with chronic medical conditions, cognitive impairment, and social isolation, further complicating the care of elderly patients. Frail individuals are at higher risk of adverse outcomes, including falls, hospitalizations, disability, and mortality. Identifying frailty early in the acute care setting is essential for customizing interventions and optimizing care plans to address patients' unique needs and vulnerabilities.

Inappropriate prescribing

Inappropriate prescribing refers to the use of medications that pose more risks than benefits for individual patients, particularly in the elderly population. Common examples include the prescription of medications with a high risk of adverse effects, drug-drug interactions, polypharmacy, and prescribing medications at inappropriate doses or durations. Inappropriate prescribing can result from factors such as prescribing cascades, prescribing cascades, inadequate medication reconciliation, and

limited awareness of geriatric pharmacotherapy principles among healthcare providers.

Association between frailty and inappropriate prescribing

The association between frailty and inappropriate prescribing is complex and multifactorial, reflecting the exchange of patient-related factors, prescriber characteristics, healthcare system factors, and medication-related considerations. Frail individuals are more susceptible to adverse drug reactions and medication-related complications due to age-related changes in pharmacokinetics, pharmacodynamics, and drug metabolism. Polypharmacy, commonly observed in frail patients with multiple comorbidities, further increases the risk of inappropriate prescribing and medication-related harm.

Furthermore, frailty-related factors such as cognitive impairment, functional limitations, and impaired communication may hinder patients' ability to adhere to medication regimens, recognize adverse effects, or communicate concerns to healthcare providers. As a result, inappropriate prescribing practices may go unrecognized or unaddressed, leading to suboptimal outcomes and increased healthcare utilization among frail elderly patients.

Strategies for mitigation

Addressing inappropriate prescribing in frail elderly patients requires a versatile approach that surrounds comprehensive geriatric assessment, medication optimization, interprofessional collaboration, and patient-centered care. Comprehensive geriatric assessment, including evaluation of functional status, cognitive function, medication history, and social support, can identify frail individuals at risk of inappropriate prescribing and guide customized interventions.

Medication optimization strategies, such as deprescribing unnecessary or potentially harmful medications, simplifying

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Received: 16-Feb-2024; Manuscript No. JASC-24-25740; **Editor assigned:** 19-Feb-2024; PreQC. No. JASC-24-25740 (PQ); **Reviewed:** 04-Mar-2024; QC. No. JASC-24-25740; **Revised:** 11-Mar-2024; Manuscript No. JASC-24-25740 (R); **Published:** 18-Mar-2024, DOI: 10.35248/2329-8847.24.12.358

Citation: Glory E (2024) Revealing the Connection Between Frailty and Inappropriate Prescribing in Elderly Patients Admitted to Acute Care. *J Aging Sci.* 12:358.

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medication regimens, and implementing evidence-based prescribing guidelines, can reduce the risk of adverse drug events and improve medication safety in frail elderly patients. Interprofessional collaboration involving physicians, pharmacists, nurses, and other healthcare providers is essential for ensuring coordinated care, medication reconciliation, and shared decision-making in the acute care setting.

Furthermore, patient-centered communication and shared decision-making empower frail elderly patients to actively participate in their care, voice concerns about medications, and engage in collaborative decision-making regarding treatment options and goals of care. Patient and caregiver education, medication counseling, and follow-up monitoring can enhance medication adherence, promote self-management skills, and prevent medication-related complications in frail elderly patients admitted to acute care settings.

The association between frailty and inappropriate prescribing represents a significant challenge in the care of elderly patients admitted to acute care settings. Recognizing frailty as a risk factor for inappropriate prescribing and medication-related harm is essential for optimizing care delivery and improving outcomes for this vulnerable population. By implementing comprehensive geriatric assessment, medication optimization strategies, interprofessional collaboration, and patient-centered care approaches, healthcare providers can mitigate risks, enhance medication safety, and promote optimal outcomes for frail elderly patients in acute care settings. Through a concerted effort to address the complex exchange between frailty and inappropriate prescribing, we can advance the quality of care and ensure the well-being of elderly patients in the acute care setting.