Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Deprescribing in older adults during COVID-19 pandemic; Opportunity or risk?

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Dear Editor,

We have read with pleasure and attention the article "Barriers to conducting deprescribing in the elderly population amid the COVID-19 pandemic" by Elbeddini and colleagues recently published in Research in Social and Administrative Pharmacy.[1] In this very interesting and topical research, the authors analyzed deprescribing barriers, especially in elderly population, prior and linked to SARS-Cov2 infection.

Elderly patients are at a higher risk of recurrent hospitalizations, with consequent complications, such as SARS-CoV-2 (COVID-19) infection. Polypharmacy is associated with several adverse outcomes, including hospitalization, length of hospital stay, and mortality.[2] The COVID-19 pandemic underscores the relevance of continuous prescriber education and development of research studies on deprescribing.[1]

In a previous study[3] we documented that polypharmacy (5–9 drugs), and excessive polypharmacy (≥10 drugs) are common among home care patients and that factors associated with polypharmacy status include not only co-morbidity but also specific symptoms and age.[4] Moreover, a study recently reported[3] that drugs are commonly involved in the determination of geriatric syndromes (e.g. falls, delirium, and urinary incontinence), common in nursing home residents and home care clients, by a mechanism of "drug–geriatric syndrome interaction" which occurs when a drug prescribed to treat one condition subsequently exacerbates coexisting chronic conditions.[5] In this perspective, having evidence-based deprescribing guidelines for frail older adults could be very useful.[1]

As such, it would be clinically relevant and interesting for medical research knowing the complete drug therapy that patients in the study population are taking. In fact, angiotensin converting enzyme (ACE) inhibitors have demonstrated to protect against cardiovascular events and reduce the incidence of type II diabetes,[6] to have several potential beneficial effects[7] in older adults with high cardiovascular risk profile and to have positive effects on skeletal muscle even in late-life.[8] This is particularly relevant considering that more critical patients affected by SARS-CoV-2 infection are often affected by comorbidities such as diabetes, hypertension and cardiovascular diseases.[1]

Hospitalized older adults represent one of the frailest populations, considering the high prevalence of multimorbidity and polypharmacy. The concept of prevention assumes a different meaning in this context. In particular, as reported in a recent study, social interactions and family visits represent health detriments linked to lower mortality rate.[4] Physicians have to consider this particular condition during COVID-19 pandemic, where social distance is reduced from technology.[9] Prevention and deprescribing could be two important tools in the hands of geriatrics to manage the complexities of older adults, especially during a pandemic.

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Declaration of competing interest

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