



Clinical Pharmacy and Geriatrics

Amir H Zargarzadeh*

Department of Clinical Pharmacy and Pharmacy Practice, School of Pharmacy and Pharmaceutical Sciences, Isfahan University of Medical Sciences, Isfahan, Iran.

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The world is ageing. Data from World Population Prospects: the 2019 Revision, states that by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%) (1).

Iran is ageing rapidly, too. The data from the Statistical Center of Iran states that currently 10% of the Iranian population is 65 years old or above, but this percentage soon reaches to around 20% by the year 2050 (2). There has been efforts in highlighting this concern like writing “Sanad Melli Salmandan Keshvar” or the National Document on the Elderly, in 1399, by The Ministry of Health and Medical Education, Planning and Budget Organization, and State Welfare Organization of Iran (3). Also, for the first time in 1392, medical residents were recruited but this program was discontinued after several years.

Elderly population needs special attention both from the physicians and pharmacists. The clinical pharmacist can play a special role by educating these two groups of healthcare professionals. This segment of population have different pharmacokinetics and pharmacodynamics and have sensitive receptors. This leads into reducing dosage of drugs especially in the initiation phase. In addition, they tend to be more forgetful, and have reduced visual and auditory senses, making the medication consultation essential.

Drug safety is very important, here. Need for reduced dosages and high chances of drug-drug interactions and side effects are enough reasons for a clinical pharmacist to monitor pharmacotherapy while educating patients, physicians and pharmacists.

Mark H Beers from UCLA developed the first list of “potentially inappropriate medication use in older adults” in 1991. Since then, several revisions have occurred, the latest,

in 2022, where the American Geriatrics Society updated the list by using an expert panel (4). Other countries such as Germany, France, Canada, England, and Sweden followed suit (5-9). In Iran, we do not have such a list. Maybe, a clinical pharmacist should make an effort to create this list by using physicians and clinical pharmacists as the panel of experts. Also, clinical pharmacists should be trained in geriatrics especially when we lack enough medical specialists to monitor the pharmacotherapy of Iranian elderlies.

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*Corresponding Author: Dr Amir H Zargarzadeh

Address: Department of Clinical Pharmacy and Pharmacy Practice, School of Pharmacy and Pharmaceutical Sciences, Isfahan University of Medical Sciences, Isfahan, Iran.

Email: zargarzadehamir@gmail.com

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