

What Should Clinicians Do for Older Adults with Polypharmacy and Depression? [Response to Letter]

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Dear editor

We greatly appreciate the comments of Zhu and Zhou on our recent paper¹ and are glad to see more and more healthcare professionals start to focus on the mental health of Chinese older adults.

Multimorbidity is becoming a major public health concern in China. Evidence showed that the prevalence of multimorbidity was 44% among Chinese older adults.² Multimorbidity is a principal cause of polypharmacy, which lead to many negative consequences such as an increased risk of adverse drug events (ADEs).³ In addition, as some studies added,^{1,4} having polypharmacy may contribute to the development of depression.

By reading the clinical cases shared by Zhu and Zhou, we first suggested that healthcare professionals should understand the possible existence of depression and/or other mood disorders, which may complicate the management of older adults with polypharmacy. Next, the link between polypharmacy and depression should be interpreted with caution. Accurate and comprehensive measurement for polypharmacy is a priority for further research. Information regarding self-medication and non-prescribed medication should be taken into consideration. Last, there was no strong evidence to support that interventions addressing appropriate polypharmacy can improve clinical outcomes such as medication appropriateness.⁵ This suggests that whether mental health can be enhanced by interventions that emphasize polypharmacy remains to be elucidated. Also, it is necessary for healthcare professionals to further develop innovative interventions by focusing on the format, structure, features, and content to promote health among older adults with polypharmacy.

Disclosure

The authors declare that there is no conflict of interest in this communication.

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