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Edited by David Armour and Chris Cairns, **Medicines in the Elderly**

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The proportion of the population aged 65 years in the United Kingdom (UK) has increased by 4 million over the last 50 years and this is reflected across all industrialised countries. This older population have more chronic diseases, and are prescribed more medicines than their younger counterparts. Furthermore, over the past 20 years in the UK, the annual number of prescription items dispensed to elderly patients has more than doubled from 98 to 234 million items, an increase from 32 to 50% as a percentage of the total number of prescription items dispensed. In tandem with these statistics, recent studies have also highlighted improving health status among older citizens which may be attributed to advances in technology, public health and a myriad of other influences. However, polypharmacy, multiple concurrent disease states and the physiological changes that occur as part of the ageing process place the older patient at a higher risk of experiencing drug-related problems compared to their younger counterparts. Hence, the publication of this book *Medicines in the Elderly* is timely.

The format and layout of this publication is somewhat traditional, although Chapter 1 "What is old age?" is an interesting perspective on the topic. Chapter 2 ("Altered drug response in the elderly") is a useful overview of the main pharmacokinetic/pharmacodynamic changes which underpin rational pharmacotherapy in the older population and also provides a series of rules which should govern prescribing in the elderly. Thereafter, each chapter covers a specific topic which broadly mirrors the sequence of chapters in the *British National Formulary* (BNF);

these topics include "Gastrointestinal medicines in the elderly", "Treatment of neurological disease in the elderly", "Osteoporosis and bone quality in the elderly" and "Compliance, concordance and polypharmacy in the elderly". Most chapters summarise the pathophysiology associated with a particular disease and then discuss the most appropriate therapy. All chapters are well referenced and some provide further reading lists, but some would have benefited from tables and/or diagrams to summarise key points.

There is a degree of imbalance in the amount of text devoted to certain topics. For example, "Cardiovascular medicines in the elderly" is covered in 16 pages (minus references), which includes hypertension, heart failure, cardiac arrhythmias and myocardial infarction. In contrast, "Pituitary disease" (which is part of a larger chapter on "Metabolic and endocrine disease in the elderly") is discussed in 10 pages. In view of the prevalence of cardiovascular disease in the elderly, a larger chapter on cardiovascular medicines may have been expected.

One glaring omission relates to issues around equitable provision of medicines to the elderly. Although the government's policy initiative in the form of the National Service Framework for Older People specifically states that National Health services will be provided on the basis of clinical need alone, irrespective of age, there is evidence to suggest that ageism does exist within health care. This is a topic that does need to be addressed in any discussion on the use of medicines in the elderly, and Chapter 1 may have been a natural home for this type of issue.

This book will provide a useful introduction to any health care professional who is interested in improving drug use in the elderly. For those who want a more detailed treatment of specific subject areas, it will be necessary to refer to other textbook publications or the original literature.

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