CORRESPONDENCE

Polypharmacy—an Upward Trend With Unpredictable Effects

by Dr. med. Dirk Moßhammer MPH, Dr. med. Hannah Haumann, Prof. Dr. med. Klaus Mörike, and Prof. Dr. med. Stefanie Joos in issue 38/2016

Clinical Data Were Available

The authors published an instructive review which is well worth reading (1); I would like to extend my thanks for their work.

Even though it was published on 23 September 2016, the article stated that no FORTA (Fit FOR The Aged)-related clinical data were available at that time, pointing out that a corresponding study was underway. However, the results of the VALFORTA study were published in January 2016 (Epub 2016 Jan 18) (2). These data showed for the first time that a list-based approach taken to improve pharmacotherapy among the elderly had an effect on clinical endpoints; medication quality (FORTA score) improved significantly, the Barthel index increased, but, most importantly, the number of adverse drug reactions was reduced, even though the number-needed-to-treat (NNT) was only 5.

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Conflict of interest statement

The author declares that he has received expert, consultancy and lecture fees from Sanofi-Aventis, Bayer, Boehringer-Ingelheim, Novartis, Pfizer, Bristol-Myers Squibb, Daichi-Sankyo, Lilly, LEO Pharma, Novo-Nordisk, Otsuka, Allergan, Shire, Helsinn, and Polyphor.

In Reply:

We would like to thank Prof. Wehling for his comments on our article (1). As stated in our paper, the literature search for our review was last updated on 6 November 2015. Unfortunately, the VALFORTA study by Wehling

et al. had not yet been published at that time (2). During the process of preparing the review, no further update of the literature search was performed.

As already mentioned by Prof. Wehling, apart from its primary endpoint (the FORTA score [sum of medication errors classified as over- or undertreatment and mistreatment]), the VALFORTA study collected data on clinically relevant secondary endpoints (Activities of Daily Living [ADL], Timed Up and Go (TUG) test, Tinetti test, falls, among other). In the intervention group, a statistically significant ADL improvement and reduction in acute kidney failure rate was observed. The results of the VALFORTA study are impressive, demonstrating that pharmacotherapy can be improved by applying this concept.

Likewise impressive were the results of a recently published observational study among ambulatory older patients (median age, 73 years) which found a significant association (hazard ratio 1.378; 95% confidence interval [1.349; 1.407]) between the use of potentially inappropriate medications (PIM, as defined in the PRISCUS list) and the risk of hospitalization which was unfavorable with PIM compared to alternative medications. Polypharmacotherapy was significantly more frequently (OR 1.50; [1.47–1.52]) observed in the PIM group compared to the control group (3). Since in Germany general practitioners prescribe almost 90% of the daily doses to patients aged 65 years and older (1), it is important to continue pursuing such approaches in ambulatory care.

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Conflict of interest statement

The author declares that no conflict of interest exists.