"Polypharmacy and inappropriate medication use among elderly persons in an Egyptian rural area"

Thesis

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List of Abbreviations

%	Percent.
ACEIs	Angiotensin Converting Enzyme Inhibitors.
ADRs	Adverse Drug Reactions.
AF	Atrial Flutter.
BPH	Benign Prostatic Hyperplasia.
CAPMS	The Central Agency for Public Mobilization and Statistics.
CCBs	Calcium channel blockers.
CGA	Comprehensive Geriatric Assessment.
CHF	Congestive Heart Failure.
CLD	Chronic Liver Disease.
CMS	The federal government's Center for Medicare and Medicaid Services.
DM	Diabetes Mellitus.
HTN	Hypertension.
IHD	Ischemic Heart Disease.
IMU	Inappropriate Medication Use
LSD	least significant difference
MAI	Medication Appropriateness Index
Musc	Musculoskeletal.
NO	Number.
NSAIDS	Non Steroidal Anti-Inflammatory Drugs.
OTC	Over- The- Counter medications.
Park.	Parkinsonism.
SD	Stander Deviation.
SPSS	Statistical Package for Social Science
UK	United Kingdom.
Ur. Inc.	Urinary Incontinence.

INTRODUCTION AND AIM OF THE WORK

Introduction

Polypharmacy has been defined in many different ways and the appropriate definition may differ according to patient population and study setting **(Finkers et al., 2007).**

Commonly, polypharmacy is defined as using more than a certain number of drugs, irrespective of the appropriateness of drug use **(Koh et al., 2003; Nguyen et al., 2006)**. The most common definition is the concurrent use of five or more drugs **(Johansson et al., 2001; Haider et al., 2008).**

Others, **(Hanlon et al., 2001; Fulton et al., 2005)** have defined polypharmacy as the use of medications that are not clinically indicated. This definition has the negative connotation of excessive or unnecessary medication use, rather than being an arbitrary number **(Hanlon et al., 2001)**, and recognizes the fact that only one unnecessary medication can lead to adverse events that could have been avoided **(Rollason et al., 2003)**.

Polypharmacy is one of the most serious problems in caring for elderly persons **(Darryl et al. 2004).**

There has been great increase in the number of reports from all over the world about excessive pharmacotherapy in elderly individuals **(Nobili et al., 1997; Pation et al., 2004; Rajska-neumann et al., 2007).** The use of drugs has been increased tremendously over recent years, particularly in the elderly population. In Canada, for example, the elderly represent 12% of population but account for almost 40% of prescriptions **(Bregnhoj et al., 2009).**

The risk of polypharmacy rises especially with the increased prevalence of the diseases of advancing age (diabetes mellitus, heart failure, arterial hypertension, dementia and cerebrovascular diseases) **(Wawruch et al., 2008).** 65% of people older than 65 years of age have two or more chronic conditions failure **(Wolff et al., 2002; Williams et al., 2008).** Thus the alternation due to the aging process increases the