Reply Letter – Polypharmacy is a determinant of hospitalization in Parkinson’s disease

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Dear Author,

We would like to thank Chu et al1 for their insightful consideration about our paper2. Polypharmacy plays a crucial role in older patients, especially if hospitalized or suffering from multimorbidity3,4 as in Parkinson’s disease5.

Enrolment of larger and complex populations always represents a desirable aim of any observational study; however, older patients with Parkinson’s disease are characterized by early decline of functional ability and cognitive performance, which hinder a regular attendance to ambulatory visits, as well as their adherence to any long-term follow-up program6,7. The 28% hospitalization rate of our community-dwelling patients reflects the overall frailty of these subjects. The establishment of an age-matched sample of subjects would need a formal hypothesis; in general, as the age-related alterations in the brain dopamine system form a continuum with those of Parkinsonism, the search for risk factor for Parkinson’s disease in advanced age would require excessively large samples8.

Interestingly, in a multicenter study has been reported that polypharmacy, highly prevalent among older NH residents, over 1 year is associated with worsening cognitive function but not functional decline4. On the other hand, polypharmacy is often associated not only with co-morbidity but also with specific symptoms, such as pain, dyspnea and falls7. Analyses on big data of representative cohorts will probably allow to define risk factors, as well as protective lifestyle habits and drug treatments for Parkinson’s disease in older populations8. Moreover, the management of the continuity of care is fundamental especially in chronic or complex clinical diseases, such as Parkinson’s disease9.

On these bases, is precious the suggestion of Chu et al1 about the necessity of further studies about polymedication on larger sample of hospitalized patients.

Conflict of Interest
The Authors declare that they have no conflict of interests.

References


