

Review of: "Pharmacologically Altering the Minds of the Old, Sick, and Dying"

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Potential competing interests: No potential competing interests to declare.

The objective of this article, which mainly concerns the use of psychotropic drugs in the elderly, is not clear. The author does not discuss the indications or recommended precautions for using these medications, but only the side effects outside of any clinical field practice. There is no classification by indication of psychotropic drugs or gradation of their adverse effects. Many molecules are contraindicated in the elderly (e.g., anticholinergics), others should be used with caution by applying "start low and go slow."

Assessing the risk of interactions is also good practice in geriatrics. The risk of falls and fractures (which recur several times) increases with age, pathologies (e.g., Parkinson's disease), but also problems with footwear, lighting, or obstacles (e.g., carpets). In the list of drugs with central effects, they should be grouped by indications (antidepressants, anti-anxiety medications, mood stabilizers). Why include beta-blockers (metoprolol, propranolol) in this list? Furthermore, opioids are not usually classified as psychotropic drugs, even if their adverse effects are similar and can be additive, which obviously requires precautions for use. Finally, why add the particular case of end of life and palliative care, for which the objective, being comfort, the rules of use (and objectives) of these molecules, is no longer the same? There is consensus on the protocols at the international level, and even if we must remain cautious about dosages and increasing doses, doctors resort to molecules that are usually little used or even contraindicated (e.g., scopolamine). At the end of life, the subcutaneous route is used when the oral route is no longer possible (coma). Anticipatory prescriptions are conditional prescriptions (if this happens, we give that).

Overall, this article seems more of a position than a real benefit/risk analysis of the use of these molecules in the elderly. As for palliative care, the author seems very far from the field.

Qeios ID: GZH40C · https://doi.org/10.32388/GZH40C