Qeios

Peer Review

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

Hany Akeel Al-hussaniy[1]

1. University of Baghdad, Iraq

The manuscript provides a wide-ranging narrative overview of prescribing patterns and clinical risks. However, several conceptual, methodological, and interpretative issues limit the scientific balance and strength of the conclusions.

Major Strengths

1. Important and Clinically Relevant Topic

The article addresses a critical issue in geriatric pharmacotherapy: the risks associated with widespread psychotropic medication exposure among older adults. The discussion appropriately highlights increased physiological vulnerability in aging populations and links medication use to major clinical outcomes such as falls, cognitive impairment, and hospitalization.

2. Comprehensive Discussion of Polypharmacy Risks

The manuscript successfully emphasizes concerns related to:

Psychotropic polypharmacy

Potentially inappropriate medication use

Drug–drug interaction risks

Adverse neurological and functional outcomes

The discussion aligns with established prescribing frameworks such as the Beers Criteria, strengthening clinical relevance.

doi.org/10.32388/OUJJKE

3. Inclusion of Palliative and End-of-Life Perspectives

The manuscript expands beyond general geriatric pharmacotherapy by examining medication practices in hospice and palliative settings. The discussion linking symptom control with sedative and analgesic prescribing adds valuable insight into real-world clinical decision-making.

Major Limitations

1. Lack of Methodological Transparency

Although presented as a review, the manuscript does not clearly describe:

Search strategy or database selection

Inclusion and exclusion criteria

Study quality assessment

Evidence grading approach

Without structured methodology, reproducibility and reliability of evidence synthesis are limited.

2. Overgeneralized Interpretive Conclusions

The manuscript frequently implies that psychotropic medications broadly "alter the minds" of elderly individuals in a harmful or ethically concerning manner. While adverse effects are well documented, the review underrepresents:

Therapeutic benefits of psychotropics in treating depression, delirium, anxiety, and behavioral symptoms of dementia

Risk-benefit clinical decision frameworks

Patient quality-of-life improvements in palliative care

A more balanced clinical interpretation is recommended.

3. Limited Critical Appraisal of End-of-Life Pharmacotherapy

The manuscript highlights increased psychotropic use near death but insufficiently acknowledges that medications in hospice settings primarily target symptom relief, dignity, and comfort. In palliative care, sedation and analgesia are evidence-based and ethically accepted when appropriately administered.

4. Excessive Listing of Drug Adverse Effects

The extremely lengthy catalog of individual drug side effects reduces readability and adds limited analytical value. A summarized comparative framework or tabulated classification would substantially improve clarity and academic impact.

Declarations

Potential competing interests: No potential competing interests to declare.