

### **S30.1**

#### **IGRIMUP Symposium**

#### **The central role of comprehensive geriatric assessment to combat IMUP - lessons from the graded FORTA A2D categories**

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**Background & Aim:** Inappropriate medication use and polypharmacy are widely accepted pitfalls in medical therapy in the elderly and are discussed as a result of neglecting individual patient needs and overstressing therapeutic rules and approaches. A closer view on general and specific risks in this solely age-defined group clearly reveal a heterogenous population and a great variety of arguments in this context to start, omit or replace a given drug or not. These may range from pharmacokinetic considerations, the common shortage of appropriate data in the elderly population in general up to more specific issues e.g. fall risk along with central acting drugs and delirium risk put in by anticholinergics. Therefore definition of certain subgroups is reasonable. Also drug therapy often requires a minimum of preserved functional capacities and hereby self-management abilities.

**Methods:** A qualitative review of instruments and approaches to define vulnerable elderly patients in the context of pharmacotherapy; report from the evaluation process in building up the FORTA A2D categories.

**Results:** Assessment tools out of the comprehensive geriatric assessment batteries are good candidates defining the more vulnerable elderly and identify special risks and also preserved functional capacities. Developing the FORTA A2D categories and discussing graded drug related risk-benefit ratios from a more drug-defined view brought out the significance of a complementary individualized approach on the patients' side.

**Conclusions:** Optimizing drug therapy remains a complex task and graded drug-labeling together with a closer view on patient-related aspect will put forth a more comprehensive and individualized drug therapy.