Impacts of Polypharmacy on the Quality of Life of Older Adults: An Integrative Literature Review

Impactos da Polifarmácia na Qualidade de Vida de Pessoas Idosas: Revisão Integrativa da Literatura

Impactos de la Polifarmacia en la Calidad de Vida de Personas Mayores: Revisión Integrativa de La Literatura

RESUMO

Objetivo: Analisar o que tem sido publicado cientificamente sobre interferências do uso da polifarmácia na qualidade de vida de pessoas idosas que convivem na comunidade. **Método:** Trata-se de uma revisão integrativa de literatura, cujas bases de dados utilizadas foram: Lilacs, Medline, Bdenf, Ibecs, Scielo e Pubmed. A coleta foi realizada em março a abril de 2024. A análise dos dados foi feita por meio de estatística descritiva e análise de Conteúdo de Bardin. **Resultados:** Foram encontrados 7 artigos que evidenciaram a diminuição da qualidade de vida em idosos em uso de polifarmácia, potencializado pela falta de acompanhamento adequado. A comunicação entre profissionais de saúde e paciente é fundamental para minimizar os riscos da polifarmácia. **Conclusão:** Recomenda-se a implementação de estratégia de gestão medicamentosa e abordagem multidisciplinar no cuidado às pessoas idosa, visando melhorar a comunicação, a adesão ao tratamento e promover a qualidade de vida.

DESCRITORES: Idoso; Polifarmácia; Qualidade de vida; Enfermagem.

ABSTRACT

Objective: To analyze what has been scientifically published on the interferences of polypharmacy use in the quality of life of elderly people living in the community. **Method:** This is an integrative literature review, using the following databases: Lilacs, Medline, Bdenf, Ibecs, Scielo, and PubMed. Data collection was carried out from March to April 2024. Data analysis was performed using descriptive statistics and Bardin's Content Analysis. **Results:** A total of 7 articles were found, which showed a decrease in quality of life among older adults using polypharmacy, worsened by the lack of adequate follow-up. Communication between health professionals and patients is essential to minimize the risks of polypharmacy. **Conclusion:** The implementation of medication management strategies and a multidisciplinary approach in the care of the elderly is recommended, aiming to improve communication, treatment adherence, and promote quality of life.

DESCRIPTORS: Elderly; Polypharmacy; Quality of life; Nursing.

RESUMEN

Objetivo: Analizar lo que se ha publicado científicamente sobre las interferencias del uso de la polifarmacia en la calidad de vida de las personas mayores que viven en la comunidad. **Método:** Se trata de una revisión integrativa de la literatura, utilizando las siguientes bases de datos: Lilacs, Medline, Bdenf, Ibecs, Scielo y PubMed. La recolección de datos se realizó entre marzo y abril de 2024. El análisis de los datos se realizó mediante estadística descriptiva y el Análisis de Contenido de Bardin. **Resultados:** Se encontraron 7 artículos que evidenciaron una disminución en la calidad de vida de los ancianos en uso de polifarmacia, agravada por la falta de un seguimiento ade cuado. La comunicación entre los profesionales de la salud y el paciente es fundamental para minimizar los riesgos de la polifarmacia. **Conclusión:** Se recomienda la implementación de estrategias de gestión de medicamentos y un abordaje multidisciplinario en el cuidado de las personas mayores, con el fin de mejorar la comunicación, la adherencia al tratamiento y promover la calidad de vida.

DESCRIPTORES: Anciano; Polifarmacia; Calidad de vida; Enfermería.

Polyana Almeida Lago
Nurse. Graduate in Nursing. State University of Santa Cruz.
ORCID: https://orcid.org/0009-0001-4105-9637

Simone Santos Souza
Nurse. Master in Nursing and Health. State University of Santa Cruz.
ORCID: https://orcid.org/0000-0002-5283-6083

Raquel Ferreira de Jesus
Nurse. Specialist in Public Health and Family Health Strategy, and in Enterostomal Therapy Nursing. State University of Santa Cruz.
ORCID: https://orcid.org/0000-0002-5283-6083

Mariane Teixeira Dantas Farias
Nurse. Master in Technologies and Health. State Health Department of Bahia.
ORCID: https://orcid.org/0000-0003-4208-4911

Rejane Santos Barreto
Nurse. Master in Nursing. State University of Santa Cruz.
ORCID: https://orcid.org/0000-0002-2973-0272

Rízia Maria dos Santos Eustáquio Leite
Nurse. Master in Nursing. Federal University of Bahia.
ORCID: https://orcid.org/0009-0003-0933-0313

Andreia Silva Rodrigues
Nurse. PhD in Nursing and Health. Maurício de Nassau University Center.
ORCID: https://orcid.org/0000-0002-0091-2849

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INTRODUCTION

In recent decades, significant changes in sociodemographic indicators have been evident on a global scale, characterized by a significant decline in fertility, birth, and mortality rates, concomitant with a progressive increase in life expectancy[1]. This demographic dynamic has had a direct impact on the increase in the proportion of elderly people in the world population, configuring a process of demographic and epidemiological transition with profound implications for health systems and public care policies.

According to United Nations projections, the world population aged 65 and over is expected to double in the coming decades, from 761 million in 2021 to approximately 1.6 billion by 2050, creating a scenario of population aging unprecedented in contemporary history[1]. In the Brazilian context, estimates indicate that, in 2025, the country will rank sixth among the nations with the largest elderly population, exceeding 30.2 million people aged 60 or older, representing an approximate increase of 18% compared to 2017 data[2,3].

This demographic outlook poses complex challenges for the formulation of public policies and the reorganization of care practices, requiring interdisciplinary responses that integrate promotion, prevention, rehabilitation, and longitudinal care actions, with an emphasis on the autonomy, functionality, and quality of life of the elderly.

This phenomenon is the result of advances in medicine, technology, and greater access to healthcare. However, the rapid expansion of the group of people over 60 years of age has led to epidemiological changes, increasing the incidence and prevalence of Chronic Noncommunicable Diseases (CNCDs), the main causes of morbidity and mortality in Brazil, which require medication and continuous supervision[4].

Chronic diseases related to aging require the use of multiple drugs, a condition known as polypharmacy. The literature presents multiple definitions for the term polypharmacy, which can be understood either as a simple numerical count of drugs used or associated with the duration of treatment or the adequacy of the patient's clinical condition. The criterion most commonly adopted in scientific studies is the simultaneous use of five or more drugs[5,6].

This condition represents a global public health problem, due to the damage that drug interactions can cause to the elderly organism, such as an increased likelihood of adverse drug reactions (ADRs) and drug interactions (DIs), resulting in symptoms such as lethargy, reduced reflexes, postural hypotension, vertigo, cognitive decline, and depression[7-8]. Given these risks, it is important to study the implications of polypharmacy on the quality of life of the elderly population.

The World Health Organization (WHO) defines quality of life as "an individual's perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns"[9]. This definition emphasizes the subjective, multidimensional, and dynamic nature of the construct, which is determined by multiple interdependent domains, including physical, psychological, social, spiritual, and environmental factors. Thus, quality of life transcends the simple absence of disease, encompassing emotional well-being, functional autonomy, social support networks, and the material and symbolic conditions of the environment in which the individual lives.

In this context, nursing plays a central role in the development of actions aimed at promoting, protecting, and restoring the health of the elderly population, with a view to preserving functionality and autonomy throughout the aging process. The professional practice of nurses, based on ethical, scientific, and humanistic principles, should aim not only to prolong life but also to extend the years lived with quality, minimizing functional limitations and favoring adaptive capacity in the face of the biopsychosocial changes of aging. Such strategies require planned and contextualized interventions that incorporate interdisciplinary and person-centered approaches, promoting comprehensive and continuous care for the health of the elderly[10].

Given this, the objective of this article was t ly analyze what has been published scientifically about the interference of polypharmacy use in the quality of life of older adults living in the community.

METHOD

This is an integrative literature review following the writing and publication recommendations of the Preferred Reporting Items For Systematic Reviews And Meta-Analyses Extension For Scoping Reviews (PRISMA-ScR), with the aim of aggregating and summarizing the results of other studies on the use of polypharmacy and its impact on the quality of life of older adults, thereby contributing to a deeper understanding of the subject under investigation. An integrative review is a type of research in which relevant studies associated with the chosen topic are analyzed, providing support for the construction of a synthesis of the state of knowledge on the subject, allowing the identification of possible gaps[11].

The following steps of the scientific method were performed: elaboration of the guiding question through the PICo strategy (P= population; I= interest; Co= context), prior selection of databases and inclusion and exclusion criteria, data collection and processing, reading of the articles found, data tabulation, and critical analysis and discussion of the selected studies. Thus, this review had the following research question:

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how can the practice of polypharmacy interfere with the quality of life of elderly people living in the community?

The previously established inclusion criteria were: published works available in full, in Portuguese, English, and Spanish, which met the purpose of the study and had no time limit. The exclusion criteria were publications that portrayed the reality of older adults living in hospital environments, abstracts, incomplete files, and gray literature such as theses and dissertations, as well as works in other languages to avoid translation and interpretation errors.

The selection of materials took place in March and April 2024, and the following databases were chosen: Latin American and Caribbean Health Sciences Literature (Lilacs) via the Virtual Health Library (VHL), Medical Literature Analysis and Retrieval System online (MEDLINE) via VHL, Nursing Database (BDENF) via the Latin American and Caribbean Center on Health Sciences Information (BIREME), IBECS via VHL, Brazil Scientific Electronic Library Online (Scielo), and Pubmed. Controlled terms from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) and uncontrolled terms were used in the search strategy, which is shown in Table 1. The search terms were combined using the Boolean operators "AND" and "OR."

Table 1 – Complete search strategy. Ilhéus-BA, Brazil, 2024.

FONTE	ESTRATÉGIA DE BUSCA
PUBMED	("polypharmacy"[MeSH Terms] OR polypharmacy[Text Word]) AND ("AGED" OR Elderly OR "Health Services for the Aged") AND ("Quality of Life" OR "Life Quality") AND ("Nursing")
SCIELO	((polimedicação) OR (polifarmacia) OR (polifarmácia) OR (Combinação de Medicamentos) OR (Combinações de Medicamentos) OR (Combinação de Medicamentos)) AND ((IDOSO) OR (AGED) OR (ANCIANO) OR (Saúde do Idoso) OR (Saúde do Idoso) OR (Salud del Anciano)) AND ((Qualidade de Vida) OR (Qualidade de Vida Relacionada à Saúde) OR (QVRS) OR (Quality of Life) OR (Calidad de Vida) OR (Indicadores de Qualidade de Vida) OR (Indicators of Quality of Life) OR (Indicadores de Calidad de Vida))
Lilacs, MEDLINE, BIREME, IBECS via BVS	(((((polimedicação) OR (polifarmacia) OR (polypharmacy)) OR (combinação de medicamentos) OR (drug combinations) OR (combinación de medicamentos)) AND ((idoso) OR (aged) OR (anciano) OR (saúde do idoso) OR (health of the elderly) OR (salud del anciano))) AND ((qualidade de vida) OR (qualidade de vida relacionada à saúde) OR (qvrs) OR (quality of life) OR (calidad de vida) OR (indicadores de qualidade de vida) OR (indicators of quality of life) OR (indicadores de calidad de vida))) AND ((enfermagem) OR (nursing) OR (enfermeria) OR (cuidados de enfermagem) OR (assistência de enfermagem) OR (nursing care) OR (atención de enfermería) OR (enfermeiras e enfermeiros) OR (nurses) OR (enfermeras y enfermeros) OR (papel do profissional de enfermagem) OR (nurse's role) OR (rol de la enfermera)) AND (db:("MEDLINE" OR "BDENF" OR "LILACS" OR "IBECS") AND la:("en" OR "es" OR "pt"))

Source: Own elaboration (2024)

Next, the results found in the databases were imported into the End Note manager to detect possible duplicates and, after processing, the references were migrated to the Rayyan QCRI16 online software. After processing the program, the authors read the titles and abstracts and proceeded with a double-blind evaluation. The articles chosen by consensus by the authors, after applying the inclusion and exclusion criteria, were read in full. When there was no consensus, a third evaluator read the article and responded to the tiebreaker criterion.

After the final selection of articles, data on the characteristics of the studies (title, authors, study location, year of publication, and main results) were extracted. The information obtained was categorized in a Microsoft® 365 Excel spreadsheet (version 2022), and the results were analyzed quantitatively and qualitatively.

Regarding qualitative data, Bardin's Content Analysis[12] was used, which is a research technique that aims to analyze and interpret communicational content, whether from texts, images, speeches, or other types of material, with the objective of extracting meanings and categorizing information, involving a systematic approach divided into three main stages: pre-analysis, exploration, and treatment of the material.

Pre-analysis is the moment when the researcher organizes the material on which they will synthesize their preliminary ideas. It consists of four stages: skimming, document selection, formulation or reformulation of objectives and hypotheses, and formulation of indicators that will support the preparation for exploration of the material[12]. The exploration of the material consists of segmenting the content into units of record and applying the previously defined categories. The researcher analyzes the parts of the text in greater depth, highlighting relevant passages and grouping them into categories or themes. As a final step, the researcher must proceed to the treatment of the results, in which, after organizing the material, the data is interpreted, seeking to identify patterns, regularities, or trends that emerge from the analysis of the categories[12].

This study complies with ethical and legal aspects, as it cites all authors through the use of their respective publications, as recommended by the law that regulates copyright[13].

RESULTS

A total of 355 studies were found in the databases; 11 articles were removed because they were duplicates, leaving

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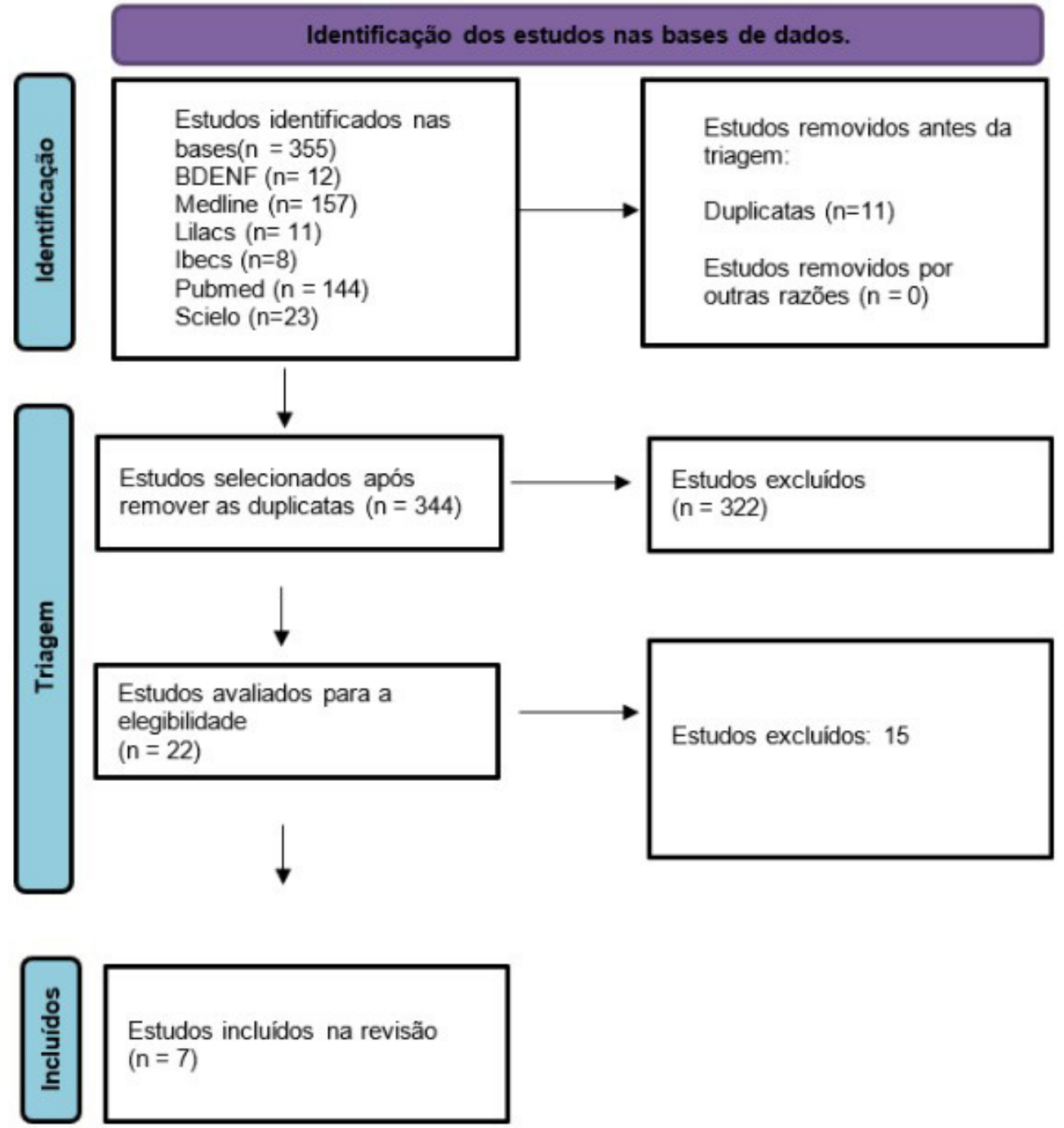
344 for title and abstract reading. After the initial approach, 22 articles were selected for full-text reading, and after critical analysis, seven articles were included in the review. The entire selection process was followed in accordance with the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta Analyses[14] as shown in the image below (FIGURE 1).

FIGURE 1: Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) protocol.



Source: Own elaboration (2024)

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A total of seven publications were included in this study. Most of these were publications produced in Brazil in the following states: São Paulo (n=3), Ceará (n=1), Rio Grande do Sul (n=1), and Rio de Janeiro (n=1). One study was conducted in Australia. They were published in the following databases: PUBMED (n=1), SCIELO (n=3), LILACS (n=2), and BDENF (n=1), mostly conducted by nurses. These articles were published between 2007 and 2021 in the following journals: Revista Envelhecimento com Drogas (n=1), Revista Brasileira de Geriatria e Gerontologia (n=2), Revista Brasileira de Epidemiologia (n=1), Revista de Enfermagem UFPE On Line (n=1), Revista o Mundo da Saúde (n=1), Revista Kairos Gerontologia (n=1). The most commonly used research method was quantitative (n=6), followed by integrative literature review (n=1). This information is described in Table 2.

TABLE 2. Characterization of articles according to author name, year of publication, available database, place of publication, and research method used.

N°	Reference/Year	Database	Place	Method
1	Harrison *et al*., 2018[15]	PubMed	Australia	Quantitative
2	Bueno *et al*., 2012[16]	Scielo	Rio Grande do Sul (Brazil)	Quantitative
3	Lopes *et al*., 2007[17]	Scielo	São Paulo (Brazil)	Quantitative
4	Pereira *et al*., 2021[18]	Lilacs	São Paulo (Brazil)	Quantitative
5	Carlomanho; Dantas; Soares, 2019[8]	Lilacs	São Paulo (Brazil)	Quantitative
6	Santana *et al*., 2019[7]	BDENF	Rio de Janeiro (Brazil)	Integrative Review
7	Silva *et al*., 2012[19]	Scielo	Ceará (Brazil)	Quantitative

Source: prepared by the authors (2024).

Regarding the content analysis of the results extracted from the articles, after pre-analysis of the texts, exploration of the material, and treatment of the results found, three categories of analysis emerged: Profile of the elderly person exposed to polypharmacy and factors related to the decrease in their quality of life (n=5)[7;8;15;16;21]. Instruments used in research to assess the quality of life of elderly people using polypharmacy (n=4)[8;15;17;18] and Multidisciplinary care as a pillar for the prevention of polypharmacy and promotion of quality of life in the elderly (n=2)[7;16].

DISCUSSION

The analysis of the studies showed that polypharmacy is prevalent among the elderly population, representing a multifaceted phenomenon with direct implications for quality of life, functional autonomy, and cognition. The data indicate that the simultaneous use of five or more medications is associated with a higher incidence of falls, hospitalizations, adverse events, and loss of autonomy, especially in older adults with functional impairment or multiple comorbidities. These findings corroborate evidence already described in the international literature, as observed in studies conducted in Australia, which demonstrate the relevance of medication management strategies in the context of Primary Health Care (PHC).

It is important to note that, although the studies present consistent results, most of them adopt cross-sectional designs, which limits the inference of causality. Furthermore, some of the studies analyzed have a small sample size and rely on participants' self-reports, which may introduce memory bias and limit internal validity. Nevertheless, the data reveal a worrying trend: the irrational use of medications in older adults is often related to fragmented care and the absence of an integrated, person-centered therapeutic plan.

This pharmacotherapeutic condition, especially when associated with the use of potentially inappropriate medications (PIMs), reveals a worrying scenario of clinical, functional, and psychosocial vulnerability. In the first category, it was observed that most elderly users of PIMs are women over 75 years of age, with low educational attainment and multiple chronic diseases, especially of a cardiovascular nature. This profile requires specific health education interventions, with accessible language and strategies to support therapeutic adherence. Recent studies emphasize the importance of health literacy as a determinant of the ability to manage medication regimens, both by the elderly and their caregivers[7;8;15;16;21].

In a study conducted in Australia, an average of 10 medications per individual was observed, with frequent prolonged use of proton pump inhibitors (for more than eight weeks), benzodiazepines, and antipsychotics—drugs commonly recognized as MPIs[15]

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. In Brazil, data obtained in a study conducted with elderly people assisted by a Program for the Care of the Elderly (PAI) in the state of Rio Grande do Sul showed that 15 of the 16 participants used polypharmacy, with an average of 7.3 medications per individual, reaching a maximum of 14. Of particular note is the predominant use of drugs targeting the central nervous system and the cardiovascular system, such as diazepam and fluoxetine[16,20].

The most frequently used therapeutic groups were those related to the cardiovascular system, gastrointestinal tract, and nervous system. Among the most commonly prescribed drugs were captopril, hydrochlorothiazide, glibenclamide, and propranolol. Long-half-life benzodiazepines, tricyclic antidepressants, and cardiotonic glycosides were among the most prevalent MPIs[8;15;) 17;20].

The indiscriminate practice of polypharmacy, difficulty in accessing appropriate and more expensive drugs, and decontextualized prescribing intensify the negative impact on quality of life, promote a state of clinical frailty in the elderly, making them more susceptible to falls, drug interactions, avoidable hospitalizations, and psychosocial impairment[19].

The use of inappropriate drugs contributes to the development of conditions such as constipation, immobility, mental confusion, insomnia, depression, and increased risk of fractures, highlighting the need for careful review of therapeutic approaches and the implementation of pharmacological assessment protocols in the care of the elderly[19,20]. It should be noted that many of these drugs are offered by the Unified Health System (SUS), which requires interinstitutional and interprofessional efforts to ensure rational and safe prescribing in the health care of the elderly.

Regarding the category "Instruments used in research to assess the quality of life in older adults using polypharmacy ," studies show that the measurement of quality of life (QoL) in older adults exposed to polypharmacy has been carried out using different tools, mostly quantitative and multidimensional in nature. The literature analyzed shows a lack of standardization in the use of a single instrument; on the contrary, different scales with complementary approaches have been applied.

The studies analyzed different instruments for assessing health, functionality, and quality of life in older adults, with an emphasis on the impacts of polypharmacy. Harrison et al.[15] used the EQ-5D and found impairment in the domains of self-reported health, especially in pain/discomfort and anxiety/depression. Lopes et al.[17] applied the Functional Independence Measure (FIM) and identified that a greater number of medications and comorbidities is associated with lower cognitive and functional autonomy, especially among bedridden elderly people. Pereira et al.[18] used the WHOQOL-Bref and observed that quality of life was better perceived in the social, physical, and environmental domains, being positively influenced by self-perceived health. Carlomanho et al.(8) used the Mini-Mental State Examination (MMSE) and showed that polypharmacy is related to cognitive decline, especially in institutionalized elderly people with low levels of education. It was also associated with depression, motor changes, and risk of falls.

Thus, the instruments analyzed reveal not only the objective impacts of polypharmacy on the health of the elderly, but also its subjective repercussions, highlighting the need for interdisciplinary approaches to the clinical and psychosocial management of this population.

Regarding the category "Multidisciplinary care as a pillar for the prevention of polypharmacy and promotion of quality of life in the elderly ," polypharmacy in the elderly is a complex phenomenon that requires integrated responses from multidisciplinary teams, especially in the context of primary health care, with an emphasis on interdisciplinarity and comprehensive care.

In this context, the coordinating role of the prescriber and clinical pharmacist in identifying drug interactions and systematically reviewing drug therapy is noteworthy16. These professionals should work together with the nursing team in a collaborative model of care centered on the elderly. Effective interprofessional communication is essential for patient safety and for the development of individualized therapeutic plans based on prescription criteria, monitoring of adverse effects, and rational use of medications.

Nursing, in turn, plays a leading role in promoting the safe use of medications, with activities that include correct scheduling, assessment of therapeutic adherence, early detection of signs of toxicity, and educational guidance for the elderly and their caregivers. The role of nurses also includes preventing the use of herbal remedies and non-prescription drugs, which, when combined with conventional drugs, can potentiate deleterious effects[7,19].

In addition, nurses' technical knowledge of pharmacokinetics, pharmacodynamics, and drug interactions is indispensable for the critical analysis of prescriptions and the mitigation of iatrogenic risks. In this context, the exercise of advanced nursing practice enhances decisive interventions, such as the review of therapeutic regimens and active participation in the construction of safe and efficient lines of care[7].

The work of the multidisciplinary team must, therefore, be aligned with evidence-based protocols, based on an

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approach centered on the elderly person and the promotion of their autonomy and well-being. Comprehensive care implies the recognition that quality of life is affected by clinical, social, and environmental determinants, requiring collaborative practices, continuous monitoring, and ongoing education of the professionals involved.

> “Finally, there is a notable gap in national scientific production on multidisciplinary strategies for preventing polypharmacy in older adults, highlighting the need for investment in research and innovation in this area.”

The systematization of successful experiences can support the formulation of public policies and the improvement of care for older adults in the Unified Health System.

CON CLUSION

This study aimed to analyze, in light of the scientific literature, the impacts of polypharmacy on the quality of life of older adults, highlighting that the concomitant use of multiple drugs—especially those potentially inappropriate for this age group—is a determining factor of clinical, functional, and psychosocial vulnerability. There was consensus among the studies analyzed regarding the deleterious repercussions of polypharmacy on the subjective and objective perception of well-being in this population.

Among the main factors associated with the deterioration of quality of life in older adults using polypharmacy, adverse drug reactions stand out, with manifestations such as osteoarticular pain, dizziness, postural hypotension, urinary changes, distress, depression, and cognitive decline. These effects compromise not only functional performance and autonomy in activities of daily living, but also the emotional and relational sphere, favoring social isolation, physical inactivity, and an increased risk of falls and hospitalizations.

The association between polypharmacy and impairments in multiple dimensions of life—physical, mental, social, and environmental—was evidenced through the application of validated quality of life assessment instruments, which make it possible to map the most compromised domains and thus support individualized clinical interventions. Measuring quality of life is therefore a strategic tool for the early identification of health problems and for redirecting care practices with a view to promoting healthy aging.

The findings reinforce the urgency of interprofessional strategies aimed at preventing polypharmacy, promoting the rational use of medications, and periodically reviewing drug prescriptions. In this context, the strategic role of nurses stands out, whose performance based on technical and scientific knowledge is essential for identifying risks, providing guidance on medication self-care, monitoring adverse events, and developing therapeutic plans centered on the elderly person.

The consolidation of integrated care practices, based on interdisciplinarity, qualified listening, and appreciation of the unique characteristics of the aging process, must be grounded in robust evidence. Thus, scientific production in the field of nursing is fundamental not only to expand the body of knowledge on the subject, but also to foster the development of care technologies that contribute to the comprehensiveness and quality of health care for older adults.

It can therefore be concluded that addressing polypharmacy requires the strengthening of public policies, the continuous training of healthcare teams, and the encouragement of applied scientific research. The dissemination of knowledge produced in academia is a key element for transforming care practices, promoting patient safety, and effectively improving the quality of life of older adults in the context of an aging population.

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