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LETTER TO THE EDITOR

Authors' Reply to Bahat: "Recommendations to Prescribe in Complex Older Adults: Results of the CRIteria to Assess Appropriate Medication Use Among Elderly Complex Patients (CRIME) Project"

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Dr. Bahat [1] suggests that, given the increment in absolute risk of cardiovascular events with advanced age, older adults may receive a larger benefit from statin treatment and a lower number of persons should be treated to prevent a single event in this population. We agree with this concept and believe this is not in contrast with the need to assess time to benefit of pharmacological and non-pharmacological (i.e., prostate screening) interventions in relation to life expectancy in the clinical care of older adults.

Indeed, absolute risk of a given disease progressively increases over years: for example, based on data from the UK Prospective Diabetes Study (UKPDS), risk of stroke for a patient with a 5-year history of type 2 diabetes mellitus and no other cardiovascular risk is 13.2 % over a 10-year period, but only 1.5 % over a 2-year period [2]. Therefore, potential benefits of a given treatment in terms of reduction of absolute risk and number needed to treat to prevent one event is definitely smaller if the treatment period is short (as for patients with limited life expectancy) [3]. This consideration goes along with the concept that among older adults with limited life expectancy, clinical benefits derived from drug use, and in particular those aimed at prolonging life or preventing clinical events, are negligible and do not counterbalance the risk of iatrogenic illness [4]. For this reason we believe that careful assessment of life expectancy in older adults may lead to improvement of the prescribing process and simplification of drug regimens among those with limited life expectancy [5].

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