The role of pharmacists in geriatric teams: the time is now

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Dear Editor:

In response to the letter published by Strandberg et al., we would like to make a few brief comments. First of all, as we all know, the approach to polymedicated elderly patients has been a problem known for a long time. It has been difficult to solve, involving a high cost to healthcare systems and patients. Due to its high complexity, healthcare organizations and professionals have been looking for solutions with varying degrees of success. One of the strategies that seem to have more favourable results is the creation of interdisciplinary teams with professionals trained in the management of pharmacotherapy in elderly patients [1]. In this sense, there is evidence of improved outcomes when one of the professionals is the pharmacist [2, 3]. Second, there is no doubt that new technologies help us a lot in our daily work, as well as the revision of existing inappropriate prescription criteria, such as STOPP-START, but the complexity of these patients requires individualized attention; already, it has been seen, for example, that clinical practice guidelines with the best available evidence are useless. In the end, the professional has to apply all their knowledge and evidence individually to each patient [4, 5]. Finally, we believe that pharmacists are just one more member of the team, and at no time do we intend to supplant or assume functions that do not correspond to us. We are pharmacists and not doctors, but our knowledge in pharmacotherapy allows us to collaborate to benefit the patient, who belongs to everyone. We believe that the future involves:

- Breaking down barriers and fears.
- Working together.
- Establishing roles and functions in teams to achieve the best possible patient care.

Declarations

Conflict of interest EDS and TBV are hospital pharmacists. The author has no relevant financial or non-financial interests to disclose.

Ethical approval Not required.

Informed consent Not required.

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