Letter to Editor

A comment on medication adherence in geriatric patients: A reply to Abarazi *et al.* (2017)

Sir,
The article by Abazari *et al.* (2017) reports the adherence to drug therapy in older geriatric populations in Iran.[1] The study generates important evidence regarding medication adherence in the geriatric population which is particularly at risk of developing noncommunicable diseases However, there is a methodological concern regarding the study which is discussed below.

The geriatric population could suffer from several disease conditions such as diabetes, hypertension, chronic obstructive pulmonary disease, lipid disorders, and osteoporosis which require drug administration for durations extending till the end of life. Several comorbid conditions are often found in geriatric patients. The Abarazi (2017) study evaluated self-reported medication adherence jointly for all these distinct medical conditions although the 8-item Morisky Medication Adherence Scale-8 is validated only for individual disease conditions such as hypertension and diabetes.[2,3] The Abarazi (2017) study, therefore, is unable to distinguish between the extent of medication adherence in a condition like diabetes from that of another like hypertension. Furthermore, the authors could have also explored the association of comorbidity with medication adherence. This is because comorbidity, like the presence of both diabetes and hypertension in the same subject, can impede medication adherence due to factors like increasing regimen complexity.[4] Furthermore, the high pill burden could deter adherence as patients may perceive the risk of adverse effects from taking too many medications.[5] Patient adherence to different disease conditions can also be influenced by their perceived susceptibility to the disease complications which can vary for different diseases as per the Health Belief Model.

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Conflicts of interest
There are no conflicts of interest.

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