

Impact of complex medication regimen in elderly unclear

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(HealthDay)—The association between medication regimen complexity

and either treatment nonadherence or hospitalization in elderly patients remains unclear, according to a review published online Dec. 19 in the *Journal of the American Geriatrics Society*.

Barbara C. Wimmer, from Monash University in Parkville, Australia, and colleagues conducted a systematic literature review to identify studies evaluating clinical outcomes associated with complexity of [medication regimens](#) in older people (≥ 60 years).

The researchers found, based on 16 observational studies, that regimen complexity was associated with medication nonadherence (two of six studies) and higher rates of hospitalization (two of four studies). One study each found a correlation between regimen complexity and higher ability to administer medications as directed, medication self-administration errors, caregiver medication administration difficulties, hospital discharge to non-home settings, post-discharge potential [adverse drug events](#), all-cause mortality, and lower patient knowledge of their medication. No association was seen between regimen complexity and post-discharge medication modification, change in medication- and health-related problems, emergency department visits, or quality of life as rated by nursing staff.

"Research into whether [medication](#) regimen complexity is associated with nonadherence and hospitalization has produced inconsistent results," the authors write.

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