

Preface

to the third edition

The third edition of *Therapeutics in the Elderly* appears at the dawn of a new millennium, as the “Graying of America” takes on even more importance. Due in part to the medical advances of past decades, the year 2030 will see twice as many seniors (approximately 20% of the population) as we have today and triple the number of individuals 85 years and older. These phenomena will place new strains on our already-overburdened healthcare system, and the issues of cost, access, and quality of care will loom even larger. Medications will play a major role in managing the diseases of this expanding population. In 1997, the Pharmaceutical Research and Manufacturers of America reported that 178 new medications were in testing and development to treat more than 20 diseases of older Americans.

Since the second edition, many disciplines have seen new and expanded areas of research regarding care of elderly people and the aging process. New drugs and drug classes have been marketed to treat the elderly. For example, raloxifene and alendronate are now available to prevent and treat osteoporosis. A new group of cyclooxygenase-2 inhibitors holds promise to treat arthritis with fewer adverse effects, particularly gastrointestinal. Five new angiotensin-receptor blocking drugs have been marketed for patients with hypertension, and sildenafil (Viagra), with all of its fanfare, may further enhance the quality of life of the elderly.

Several issues add to the complexity of drug therapy in the elderly. New drugs are more potent and more difficult to use appropriately. More is now known about drug–drug and drug–disease interactions as well as adverse effects, so patients need more education to ensure successful outcomes of therapy. While the pharmaceutical industry markets safer and more effective drugs, the cost escalates — becoming prohibitive for a large segment of the elderly population. For example, a patient using omeprazole, alendronate, celecoxib and lovastatin has a monthly drug cost of approximately \$500. Clinicians must be diligent to ensure that patients receive the most appropriate and affordable drug therapies.

A number of new guidelines from national agencies can assist practitioners in caring for the elderly. We now have guidelines for hypertension, urinary incontinence, cataracts, benign prostatic hypertrophy, unstable angina, dementias, hyperlipidemia, pressure ulcers, and other conditions. Many of these guidelines are cited in this book.

To aid in the rational pursuit of pharmacotherapy for the elderly, we have an outstanding cadre of authors from across the US, all of whom are experts in their fields. This book is divided into two sections: social and psychological issues, and common medical problems and their pharmacotherapy. Our intent is to help students and clinicians better understand common problems associated with the aged and to improve the care provided to our elders.

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