

Titre: Failure to reach a consensus in polypharmacy definition: an obstacle to measuring risks and impacts

- Results of a literature review -

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Résumé (300 mots)

Introduction: The risk of polypharmacy is on the rise in most industrialized countries, threatening to burden their health systems. There are many factors to consider but first and foremost: the increasing number of elderly people. Although many definitions exist and numerous terms and concepts are found in literature as synonyms, the phenomenon of polypharmacy remains poorly defined. The aim of this literature review is to provide an overview of available definitions of polypharmacy, to analyse their convergences and divergences and to discuss the consequences on the assessment of the problem. **Methods:** A literature review was conducted to identify all published systematic reviews on definitions of polypharmacy available via Scopus and Pubmed databases. The Assessment of Multiple Systematic Reviews (AMSTAR) tool was used to appraise the methodological quality of the selected reviews. Available definitions and others characteristics were extracted; summarised in a table and analysed. **Results:** Six systematic reviews were identified. The strategy adopted in reviews is more rigorous in the most recent ones. However, they remain, at best, partially exhaustive. The definitions found in the literature used two main approaches, either (i) quantitative, applying varying thresholds and types of polypharmacy based on the number of medications being taken by the patient (ii) qualitative, based on the clinical indications and effects of a given drug regimen. The term "inappropriate" is increasingly associated with polypharmacy. **Conclusion:** This review confirms a high variability in the use of the term "polypharmacy" in the absence of a consensus following standardized criteria. Several situations or types of polypharmacy are defined. By combining these considerations, it could be relevant to define an "inappropriate polypharmacy" as the simultaneous administration of several medications, at least one of which would be inappropriate regarding to its indications and/or the iatrogenic risks potentially implied by its administrations.

