**Table 1****.** Prevalence of polypharmacy[29–35]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prevalence of Polypharmacy** | **Classification of Polypharmacy** | **Population** | **Country** | **References** |
| 25,5% | five or more medications | people aged from 65 to 81 years with cardiovascular disease in the population of Lausanne | Switzerland | CoLaus study, 2017 [29] |
| 70,22% | five or more medications daily | patients admitted to geriatric and internal medicine acute care wards of 12 Italian hospitals | Italy | GLISTEN, 2019 [30] |
|  | (mean age 81 years) |  |  |
| 44% | plus 5 drugs | older adults between 2010 and 2013  (aged 65+ years at baseline) | Sweden | 2013 [31] |
| 28,6% | 4–9 medications | adult electronic primary healthcare records from Scotland, adults aged 60–69 years | Scotland | 2014 [32] |
| 51,8% | 4–9 medications | people aged 80+ years with cardiovascular disease in the population of Lausanne | Scotland | 2014 [32] |
| 6-36% | ten or more medications | older adults  (65+ years) | EU | SIMPATHY project, 2017 [33] |
| 30,3% | 6-9 drugs | 2057 older emergency department  (65+ years) | Italy | 2013 [34] |
| 56% | ≥5 prescriptions within six months | elderly 80+years | Poland | Kardas et al. 2018 [35] |

**Table 2.** SWOT analysis on "Food supplements and elderly people – challenges and risks”

|  |  |
| --- | --- |
| **Frames of Swot Analysis** | **Points of reflection** |
| Strengths | - Awareness and information of misguided FS use.  -Eliminate adverse health effects/risks with FS.  -Contribute to the success of pharmacological therapies.  -Promoting the safety of polymedicated older patients and healthy ageing.  -Healthcare professional intervention is crucial for patient education.  - Educate or inform patients and families of patient safety incidents that cause (or could have caused) inadvertent harm.  -Strengthening high-quality integrated healthcare.  -Contributing to cost-effective treatment of older persons.  -Support health services. |
| Weakness | -Gaps in the FS regulatory framework.  -Lack of rigour in the distinction between FS and oral nutritional supplements.  -Inadequate safety evaluation/ Quality control of FS.  -Gaps between evidence-based knowledge.  -Lack of information on drug use.  -Lack of communication between patients and physicians.  -Lack of data on FS consumption in the EU.  -More in-depth research is needed to assess the safety and confirm the efficacy of DS use among older adults.  -High complexity in establishing FS consumption patterns in older people. |
| Opportunities | -Inclusion in the review of the guidelines on malnutrition and the use of FS.  - Improvement of safe health care.  - Improvement of patient safety.  - Eliminate avoidable harm in health care.  - Improvement of teamwork and communication in protecting patients from harm.  - Develop a trainers´ programme for patient safety educational faculty.  -Assure elderly health and economic benefits.  -Mitigate adverse health effects due to FS.  -Create a database on food supplements to support health professionals' advice.  - Promote a digital informative system accessible and cost-effective.  -Improve communication between health professionals.  -New opportunities for collaboration between Academia, health professionals and industry. |
| Threatens | -Lack of robust FS legislation.  -Lack of a harmonised definition of polypharmacy.  - Unsafe health care is a large and growing public health change.  -Unclear if polypharmacy includes or does not FS or oral nutritional supplements.  -Limitations in data analysis.  -Difficulty of comparable prevalence data.  -Hinders the definition of guidelines and health policies.  -Supply chain of FS.  -Unsafety and lack of quality of FS. |