The elderly are particularly at increased risk of ADRs attributed to:
- physiological changes;
- pharmacokinetic and pharmacodynamics changes;
- polypharmacy;
- poor compliance.

Objectives
- identify the risk factors inherent the daily drug intake, in order to prevent/reduce the incidence of ADR and to increase the reporting of them.
- stimulates the patient reporting to the pharmacovigilance system.

Methods
A preliminary prospective study was performed by the TP on September 2018 on 60 elderly patients. After acquiring informed consent, patient questionnaires were administered to evaluate the correct use of drugs, OTC drugs, supplements, and herbal products.

Results

POPULATION ANALYZED
- Age: average of 72.7 years;
- Sex: 70% (42/60) males and 30% (18/60) females;
- Kind of Patients: 95% (57/60) outpatients and 5% (3/60) inpatients;
- Reasons for hospitalization: 46.6% (28/60) cardiovascular diseases;
- Patients in polytherapy (≥4 drugs): 78.3% (47/60).

DRUG INTAKE
- Antihypertensives were the most frequently used 63.3% (38/60);
- 16/60 (26.6%) of patients reported the use of Paracetamol when needed;
- 10/60 (16.6%) patients reported the use supplements;
- Only 2/60 (3.3%) patients the use of herbal products.

REPORTED ADR
- Diarrhea and procrastination related to Nintedanib;
- Head and hand tremor related to Tacrolimus.
- These ADRs have been reported in the pharmacovigilance system.
- A good adherence therapy and knowledge of ADR reporting methods emerged from the interviews.

Conclusions
The direct approach with the elderly patient has been important to focus on their particular needs and multidisciplinary team work has improved the risk/benefit ratio of the therapies. Further data will be recorded.