

POLYPHARMACY AND POSTOPERATIVE DELIRIUM IN UROLOGY

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Postoperative delirium (PD) is associated with severe obstacles to increased lengths of hospital stay, costs, morbidity, and mortality in old patients.¹ The most important management of PD is primarily based on prevention and early recognition.² Therefore, a more complete understanding of potential risk factors for PD in old patients undergoing surgery is needed. However, there has been little research aimed to find the risk factors for PD. I have carefully read the study entitled “Functional capacity as a predictor of postoperative delirium in transurethral resection of prostate patients in Northeast Brazil” published in *Neuropsychiatric Disease and Treatment* by Braga et al., and his findings and conclusions

are indeed interesting.³ This study is one of the few studies which addresses the issue of PD. This study was a prospective observational study including 55 urologic patients, which suggested that loss of functional capacity was associated with PD in old patients following transurethral resection of the prostate. However, in our opinion, there are some points that should be discussed. Rates of polypharmacy and potentially inappropriate medication administration among old patients were estimated at 84 and 51%, respectively.⁴ Independently from the surgical procedure, patients receiving chronic drugs are at risk of PD.⁴ Elderly patients taking medications that alter the cholinergic system may be at an increased

risk of PD.⁵ Their study would be more excellent if association between polypharmacy and PD was assessed. The authors have to give a clear explanation about this matter. Despite these limitations, the present study raises the awareness of the readers about the issue of PD. Similar to the authors above, we work on ways to find out the risk factors of PD after Holmium laser enucleation of the prostate. We hope to publish our new study in the *Journal of Men's Health* later on.

CONFLICTS OF INTEREST

The authors declare that no conflicts of interest exist.

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