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**Evaluating Pros & Cons in Internal Medicine and Geriatrics**

Older people are often explicitly or implicitly excluded from research, in particular clinical trials. This means that frequently study findings may not be applicable to them, or that older people may not be offered effective treatments either technologies due to an absence of evidence. The aim of PROS&CONS is to discuss relevant results to older in the field OF INTERNAL MEDICINE AND GERIATRICS. Starting from 2019an yearly editorial is published in Acta Biomedica .Which topics are included? Miscellaneous is the rule ,considering the broad field of interests of these disciplines; for example, in 2024 : “Obsessed with Lifespan, Life’s Essential 8 and Poor Brain Health Outcomes in Middle-Aged Adults, Novel advanced brain imaging technique reveals complex blood flow patterns in microscopic detail ,Cerebral blood flowand arterial transit time , Frailty phenotypes and their association with health consequences, Targettingsarcopenia, Aspirin for prevention , Glucagone-like peptide 1-receptor agonists: various outcomes, Controversial Alzheimer’s drug donanemab, Long-term oxygen supplementation for at least 15 hours per day prolongs survival among patients with severe hypoxemia ,Invasive Treatment Strategy for Older frail Patients with Myocardial non STE Infarction, Erectile Dysfunction Drugs Don’t Mix Well with Nitrates After MI, PCI, Trans perineal vs Transrectal Prostate Biopsy ,Overtreatment of Prostate Cancer Among Men With Limited Life expectancy, Tumors in older patients: new approach, Advancement in personalized regenerative medicine: integration with natural healing.” got a special attention.(1) Why this decision?Because of the multicompexity of internal medicine and geriatrics, both concerning the most part of population. And appropriateness of instruments for diagnosis, therapy and follow up is frequently under discussion, sometimes with ethic problems. Do consider the difficulty of carryng out clinical trials including older patienta, usually excluded by various protocols, and last but not least is necessary to evaluating not only recovery ,but quality of life, degree of independence ,etc. Multimorbidity, defined as co-occurrence of two or more diseases in one person, is al highly prevalent among older adults Not only is it a predictor of poorer health-related quality of life, but also increases healthcare utilization ,in spite of poor outcomes, and can be difficult to manage . The presence of multiple conditions challenges clinicians to provide tailored diagnosis and care and anticipate problems caused by using diverse methods of diagnosis, medications or treatment forms . Inappropriate use of techs and polypharmacy is highly prevalent among older adults and presents a significant healthcare concern. Conducting medication reviews and implementing deprescribing strategies in multimorbid older adults is an inherently complex and challenging task. The European Geriatric Medicine Society has formulated recommendations to improve prescribing medications in older, multimorbid adults based on a literature review and expert knowledge on medication review and deprescribing. In conclusion, current evidence demonstrates a need for a multifaceted and wide-scale change in education, guidelines, research, advocacy, and policy to improve the quality ofCARE in older people ,and to make appropriateness part of routine care for the ageing generations to come. PROSS&CONS should improve knowledge of difficulty of optimize interventions for older patients ,improving their inclusion in all health and care researches.

**References**

1. Cucinotta D. 2024 - Pros and cons in general internal medicine and geriatrics. Acta Biomed. 2025;96(1):16806. doi:10.23750/abm.v96i1 .

