Reviewer’s report

Title: Current and future perspectives on the management of polypharmacy

Version: 0 Date: 26 Jul 2016

Reviewer: Hendrik Van Den Bussche

Reviewer's report:

1. Does the opinion article present a novel argument, or a novel insight into existing work?

Not really: the paper consists of two parts: a) a well summarized description of the mainstream opinions on the prevalence and consequences of polypharmacy in the elderly. This part of the paper would be praised when it had been delivered by a BSc-student at the end of a seminar on the topic. With regard to the consequences of polypharmacy the tenor is affirmative ("can occasionally even result in death..", although there is no single systematic study supporting this thesis); b) the second part presents an opinion on how to prevent adverse effects in patients under polypharmacy at high risk. In this respect, the manuscript points at the progress regarding the speed of identifying patients under polypharmacy when records are kept electronically. This is not a very new perspective, really. The authors also advise prescribers to be personally cautious in supplying drugs (to people at risk), especially since interventions of different kinds (in nursing homes) proved to be not effective. All this - again - is quite unsensational. Follows a plea for more research, especially on "computerised clinical decision support systems" (which seems to be identical to the automatic alarm programs in most medical documentation software all over the world) and the use of smartphones to increase communication between physicians and patients on side-effects of drugs. The last sentence of the paper summarizes the (cautious) opinions of the authors very well: "Further trials on the impact on patients with polypharmacy of new interventions such as technological solutions and the use of different professional groups are therefor needed".

2. Does the piece address an important problem of interest to a broad biomedical audience?

Definitely, as the awareness on the potential risks of polypharmacy is low at least among GPs and clinicians: As described above, the paper lacks originality, the summary of the empirical evidence is thinly and the proposals for progress consist of a vague hope in IT-tools.

3. Is the article well argued and referenced?

No, see 1 and 2
4. Has the author used logical arguments and sound reasoning?
No, see 1 and 2

5. Is the piece written well enough for publication?
The paper is well written. However, the content is not creative enough for publication. Questions remain why at all the authors submitted this kind of work to an outstanding journal such as BMC Medicine

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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