

Reviewer 2 v.1

Comments to the Author

Major

Since the rapidly growing the aging society in many developed countries, lower respiratory tract infections (LRTIs) in older people are major problems of respiratory medicine in the clinical settings.

The current study examining the prevalence, medication regimen complexity and factors associated with the treatment outcomes of different RTIs among patients aged 65 years and older.

Although the study was performed on the single center in Malaysia, the results are acceptable. The most prevalent respiratory tract infections was community acquired pneumonia (65.6%) followed by chronic obstructive pulmonary disease (20.7%), bronchitis (8.2%) and hospital acquired pneumonia (5.5%). Smoking, alcohol consumption, polypharmacy and presence of other co-morbidities are statistically significant factors associated with treatment outcomes of respiratory tract infections among geriatrics.

However, the data in their aged patients are not different from the other Asian countries. No new information is available in the text.

As authors stated, polypharmacy may be a critical factor for the prognosis of LRTIs in elderly patients. A serious problem arises in pharmacotherapy of elderly population is the consumption of several medications simultaneously which leads to polypharmacy. Polypharmacy is defined as concurrent consumption of five or more medications regardless of duration of consumption and dosage form. In older individuals, polypharmacy leads to many significant problems which includes: drug-drug interactions, adverse effects, decreased quality of life and other medical problems.²The results of the clinical significance of polypharmacy influence on the outcome of patients with LRTIs are very important. The authors should more discuss about this important information.

In their conclusion, the presence of polypharmacy and other co-morbidities may be seriously considered for the outcomes of LRTIs in elderly in addition to common risk factors.