

- and Social Affairs Population Division. United Nations, 2017 (ST/ESA/SER.A/408). Available online at: http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Report.pdf (Last access Aug 28, 2020)
5. Onder G, Marengoni A, Russo P, et al. Geriatrics Working Group of the Italian Medicines Agency (Agenzia Italiana del Farmaco, AIFA); Medicines Utilization Monitoring Center Health Database Network. Advanced age and medication prescription: more years, less medications? A nation wide report from the Italian Medicines Agency. *JAMDA*. 2016; 17(2): 168–172.
 6. Johnson JA, Bootman JL. Drug-related morbidity and mortality. A cost-of-illness model. *Arch Intern Med*. 1995; 155(18): 1949–1956.
 7. Vlček J, Fialová D, Malý J, Pávek P, Halačová M, Doseděl M, Kotolová H, Horská K. Koncepce oboru klinická farmacie-historie oboru, definice, cíle, pregraduální a postgraduální vzdělávání, činnosti klinických farmaceutů. I., vzdělávací část. *Česká Slov Farm*. 2016;(4): Suppl.1, 1–20. (ISSN 1210-7816)
 8. Leendertse AJ, Van den bemt PM, Poolman JB, Stoker LJ, Egberts AC, Postma MJ. Preventable hospital admissions related to medication (HARM): cost analysis of the HARM study. *Value Health*. 2011; 14(1): 34–40.
 9. Steinman MA, Hanlon JT. Managing medications in clinically complex elders: „There’s got to be a happy medium“. *JAMA*. 2010; 304(14): 1592–1601
 10. Fialová D, Laffon B, Marinković V, Tasič L, Doró P, Sóos G, Mota J, Dogan S, Brkić J, Teixeira JP, Valdíglesias V. Medication use in older patients and age-blind approach: narrative literature review (insufficient evidence on the efficacy and safety of drugs in older age, frequent use of PIMs and polypharmacy, and underuse of highly beneficial nonpharmacological strategies). *European journal of clinical pharmacology*. 2019; 4: 1–6.
 11. Fialová D. Specifické rysy farmakoterapie ve stáří - změny terapeutické hodnoty léků u geriatrických nemocných. *Karolinum*, Praha, 1008: pp 92 (ISBN 978-80-246-1353-6).
 12. Simonson W. Introduction to the Aging Process. In: Delafuente MS and Steward RB. *Therapeutics in the elderly* (3rd Ed.). Cincinnati: Harvey Whitney Books Company, USA, 2001: pp 842 (Library of Congress Control Number: 00-132410)
 13. Mercks, Sinclair-Cohen J. There need to be more elderly people in clinical trials, says European consortium PREDICT. Available at: <http://cordis.europa.eu/wire/index.cfm?fuseaction=article.Detail&rcn=18648> (Last access 22 Aug, 2020).
 14. Cohen JS. Avoiding adverse reactions. Effective lower-dose drug therapies for older patients. *Geriatrics*. 2000; 55 (2): 54–6.
 15. Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. Updating the Beers criteria for potentially inappropriate medication use in older adults: results of a US consensus panel of experts. *Arch Intern Med*. 2003; 163 (22): 2716–24.
 16. American geriatrics society 2012 beers criteria update expert panel. The American Geriatrics Society 2012 Beers Criteria Update Expert Panel. *J Am Geriatr Soc*. 2012; 60(4): 616–631.
 17. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc*. 2015; 63 (11): 2227–2246.
 18. Fialová D, Topinková E, Ballóková A, Matějovská Kubešová H. Expertní konsensus ČR 2012 v oblasti léčiv a lékových postupů potenciálně nevhodných ve stáří. Oddíl I. Vhodnost volby léčiv a dávkovacích schémata u geriatrických pacientů Oddíl II Interakce lék-nemoc ve stáří. (2012 CZ expert consensus for potentially inappropriate medication use in old age: Appropriate choice of drugs and drug dosing in geriatric patients (Section I), drug-disease interactions in the old age (Section II)) *Klinická farmakologie a farmacie*. 2013; 27(1): 18–28.
 19. Wehling M. Efficacy and safety of medication in the old age, clinical guidelines and FORTA recommendations In: Fialová D, Lukačšínová-Ballóková A., Ayalon L, Tesch-Rimer C. *EU COST Action 1402 Training School Abstract Book „European Perspectives in Rational and Individualized Drug Therapy and Ageism-Priorities for Next Decades“*. Prague: Prager press, Czech Republic, 2016: p. 10-13 (ISSN: 2336_8101).
 20. UCKF – univerzitní centrum klinické farmacie pro specializační a kontinuální vzdělávání. Dostupné z: <https://www.faf.cuni.cz/Studium/Celozivotni-vzdelavani/Univerzitni-vzdelavaci-centrum-klinicke-farmacie/> (poslední přístup 28. srpen 2020).
 21. Fialová D. Hodnocení racionality geriatrické farmakoterapie v mezinárodním kontextu. 2019: pp 263 (habilitační práce, obhájena na FaF UK duben 2019)
 22. 42nd ESCP Symposium on Clinical Pharmacy, Prague, Czech Republic, 16–18 October, 2018. Implementation of clinical pharmacy practice: Research, Education and Management. Available online at: <http://www.escp-prague.eu/programme-preliminary/thursday-17th-october.htm> (Last access 22 Aug, 2020).
 23. Fialová D, Lukačšínová-Ballóková A, Ayalon L, Tesch-Romer C. *EU cost Action 1402 Training School Abstract Book „European Perspectives in Rational and Individualized Drug Therapy and Ageism-Priorities for Next Decades“*. Prague: Prager press, Czech Republic, 2016 (ISSN: 2336_8101)
 24. Topinková E, Červený R, Býma S, Doleželová I., Fialová D., Holmerová I., Jurašková B., Kalvach Z., Kubešová H. Doporučený diagnostický a léčebný postup pro všeobecné praktické lékaře. *Geriatricie*. 1 vyd. Praha: Společnost všeobecného lékařství ČLS JEP, 2010: pp 24 (ISBN 978-80-86998-37-4) (doporučený postup).
 25. Červený R, Topinková E, Býma S, Fialová D, Jurašková B, Matějovská-Kubešová H. *Geriatricie: novelizace 2014*. 1 vyd. Praha: Společnost všeobecného lékařství ČLS JEP, 2014: pp 29 (ISBN 978-80-86998-69-5) (doporučený postup).
 26. O’mahony D, O’sullivan D, Byrne S, O’connor MN, Ryan C, Gallagher P. Stopp/Start criteria for potentially inappropriate prescribing in older people: version 2. *Age Ageing*. 2015; 44(2): 213–218
 27. Vlček J, Fialová D. *Klinická farmacie I*. Grada, Praha, 2010: pp 368. (ISBN 978-80-247-3169-8)
 28. Ústav lékového průvodce. Domovy pro seniory na Vysočině se zapojily do projektu, který pomáhá s bezpečnějším užíváním léků. Dostupné z: <https://www.lekovypruvodce.cz/cs/domovy-pro-seniory-na-vysocine-se-zapojily-do-projektu-ktery-pomaha-s-bezpecnejsim-uzivanim-leku> (poslední přístup 29. srpen, 2020).
 29. Sørbye LW, Garms-Homolová V, Henrad JC, Jónsson PV, Fialová D, Topinková E, Gambassi G. Shaping home care in Europe: the contribution of the Aged in Home Care project. *Maturitas*. 2009; 62 (3): 235–242
 30. Fialova D, Topinková E, Gambassi G, Finne-Soveri H, Jonsson PV, Carpenter I, Schroll M, Onder G, Sorbye LW, Wagner C, Reissigová J, Bernabei R and ADHOC project research group. Potentially inappropriate medication use among elderly home care patients in Europe. *JAMA*. 2005; 293 (11): 1348–1358.
 31. Mann E, Böhmendorfer B, Frühwald T, Roller-Wirnsberger RE, Dovjak P, Dückelmann-Hofer C, Fischer P, Rabady S, Iglseider B. Potentially inappropriate medication in geriatric patients: the Austrian consensus panel list. *Wien Klin Wochenschr*. 2012; 124 (5–6): 160–169.
 32. Chang CB, Yang SY, Lai HY, Wu RS, Liu HC, Hsu HY, Hwang SJ, Chan DC. Using published criteria to develop a list of potentially inappropriate medications for elderly patients in Taiwan. *Pharmacoepidemiol Drug Saf*. 2012; 21 (12): 1269–1279.
 33. NYBORG G, STRAAND J, KLOVNING A, BREKKE M. The Norwegian General Practice-Nursing Home criteria (NORGE-PNH) for potentially inappropriate medication use: A web-based Delphi study. *Scand J Prim Health Care*. 2015; 33 (2): 134–141.
 34. Renom-Guiteras A, Meyer G, Thürmann PA. The EU (7)-PIM list: a list of potentially inappropriate medications for older people consented by experts from seven European countries. *Eur J Clin Pharmacol*. 2015; 71 (7): 861–875.
 35. Koyama A, Steinman M, Ensrud K, Hillier TA, Yaffe K. Long-term cognitive and functional effects of potentially inappropriate medications in older women. *J Gerontol A Biol Sci Med Sci*. 2014; 69 (4): 423–429.
 36. Tosato M, Landi F, Martone AM, Cherubini A, Corsonello A, Volpato S, Bernabei R, Onder G. Investigators of the CRIME Study. Potentially inappropriate drug use among hospitalized older adults: results from the CRIME study. *Age Ageing*. 2014; 43 (6): 767–773.
 37. Akazawa M, Imai H, Igarashi A, Tsutani K. Potentially inappropriate medication use in elderly Japanese patients. *Am J Geriatr Pharmacother*. 2010; 8(2): 146–160.
 38. Zuckerman IH, Langenberg P, Baumgarten M, Orwig D, Byrns PJ, Simoni-Wastila L, Magaziner J. Inappropriate drug use and risk of transition to nursing homes among community-dwelling older adults. *Med Care*. 2006; 44(8): 722–730.
 39. Reich O, Rosemann T, Rapold R, Blozik E, Senn O. Potentially inappropriate medication use in older patients in Swiss managed care plans: prevalence, determinants and association with hospitalization. *PLoS One*. 2014; 9(8): e105425.
 40. Onder G, Carpenter I, Finne-Soveri H, et al. Shelter project. Assessment of nursing home residents in Europe: the Services and Health for Elderly in Long Term care (SHELTER) study. *BMC Health Serv Res*. 2012; 12: 5.
 41. Fialová D. There are Substantial Differences in Potentially Inappropriate Medication Use in European Countries. Why? Final Brussels conference of the EU SHELTER project- „Long Term Care of Europe’s Older Citizens- Policy and Facts: Providing Data to Support Relationship Between Care Practice and Quality of Care in Long-Term Care Facilities in Europe“. International Press Centre, Brussels, Belgium, Dec 5, 2011.
 42. Fialová D. Usefulness of interRAI EU ADHOC and SHELTER datasets for conducting medication-related research and informing drug-policy (oral presentation in Symposium, methodological aspects informing about previous EU project and current Euroageism H2020 project) International Association of Geriatrics and Gerontology European Congress, Gothenburg, Sweden, May 23–25, 2019 (oral presentation in Symposium).
 43. Fialová D, on behalf of Tasič L, Skowron A, Soos G, Vlček J, Doró P, Marengoni V, Ballóková A. Eastern and Central European Perspectives in Potentially Inappropriate medication Use and Polypharmacy in Older Patients-EU COST initiative IS1402. In: „Medicine Information, Making a Better Decision“. Programme and Abstract Book, 44th ESCP Symposium on Clinical Pharmacy, Lisbon, Portugal, Oct 28–30, 2015 (PT-003)
 44. Fialová D. Ageism in Health Care (session). „Medication Prescribing in Older Patients and Aspects of Ageism“ (oral presentation). Symposium at the Final meeting and dissemination of the EU COST Action IS1402 project „Towards a World for all Ages“ (held for policy makers, NGOs, research institutions and researchers). European Commission of Regions, Brussels, Belgium, Oct 26th, 2018 (co-presenter Alpana Mair, PharmD, Ph.D. from the Scottish government, chair of the EU SIMPATHY project on national systems helping to manage polypharmacy in older patients).
 45. EU H2020 EUROAGEISM projekt (2017–2021). Dostupné na: <https://portal.faf.cuni.cz/Projects/Euroageism-Project/> (poslední přístup 27. srpen, 2020).
 46. Ageing, Polypharmacy and Changes in the Therapeutic Value of Medications in the Aged Scientific Unit (Chair Assoc. Prof. D. Fialová). Scientific Portal. Faculty of Pharmacy in Hradec Králové, Charles University. Available online at: <https://portal.faf.cuni.cz/Groups/Ageing-Polypharmacy-Research-Unit/> (Last accessed 28 Aug, 2020).
 47. Pre-application research into innovative medicines and technologies. RP 4 Pre-application research into rational pharmacotherapy in elderly – developing and practically applying knowledge of clinical pharmacy in geriatrics. Scientific Portal. Faculty of Pharmacy in Hradec Králové, Charles University. Available at: <https://portal.faf.cuni.cz/Projects/InoMed/?lang=en-GB> (Last accessed 28 Aug, 2020).