INAPPROPRIATE PRESCRIBING IN OLDER PATIENTS: ASSESSMENT OF A SCREENING TOOL BASED ON THE STOPP AND START CRITERIA

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Background

Inappropriate prescribing is a problem of major concern in older patients, given the increased risk of adverse drug events and mortality. In this context, a screening tool based on the Screening tool for Older Person’s Prescriptions (STOPP) and Screening tool to Alert doctors to Right Treatment (START) criteria was developed and applied in the geriatric unit at CHU Dinant Godinne.

The aim of this study was to assess if the implementation of this screening tool leads to a reduction of potentially inappropriate medications (PIM) and potential prescribing omission (PPO) during the hospitalization.

Methods

We conducted a retrospective interrupted time series analysis. Four periods were selected between February and September 2013.

Results

120 patients (median age 85 years) were included in the study. The prevalence of PIMs and PPOs on admission was 56% (67/120) and 51% (61/120) respectively. At baseline (period 1), 20% of PIMs were discontinued during hospitalization while 22% of PPOs were corrected. The reduction in PIMs and PPOs improved when the screening tool was implemented in the unit (period 2; 26% and 38% respectively), but three months later this effect had disappeared (period 3; 15% and 19% respectively). We observed the greatest reduction in PIMs and PPOs for the last study period (period 4; 58% and 43% respectively).

Conclusion

The implementation of a screening tool contributes to improve the appropriateness of prescribing in older patients. However efforts must be made in order to maintain a long-term effect. A multidisciplinary approach provides the greatest reduction in PIMs and PPOs and must therefore be encouraged.

Référence:

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