

ADVERSE DRUG STOPP/START criteria in patients with HIV

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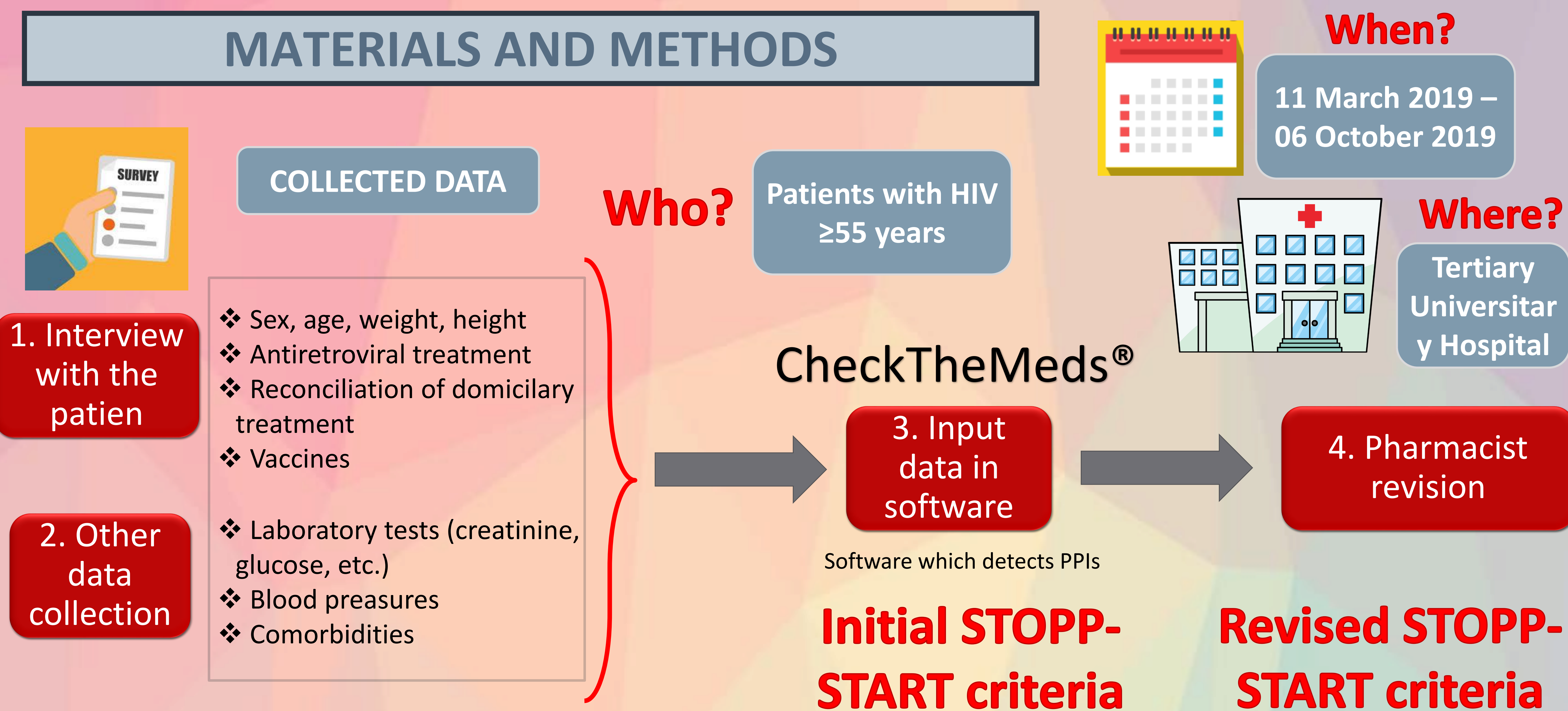
BACKGROUND AND IMPORTANCE

The premature ageing in HIV+ patients is estimated in 10 years. These patients suffer polimedication and more comorbidities than non-infected population at earlier stages, and therefore are at risk of potentially inappropriate prescriptions (PIPs).

AIM AND OBJECTIVES

To detect PIPs in patients with HIV by using a **software** and to compare those detected with the best clinical judgment by the pharmacist.

MATERIALS AND METHODS



RESULTS

95 patients interviewed

♂ 76,8%

Mean age: 62 years

Initial STOPP-START criteria

234

(Before pharmacist revision)

Revised STOPP-START criteria

122

(After pharmacist revision)

Table 1. Most remarkable criteria

	Criteria	Initial criteria (N)	Revised criteria (N)
STOPP	A1. Drug prescribed with no indication	103	20
	D5. Benzodiazepines for ≥ 4 weeks	23	23
	A3. Duplicate drug class prescription	12	12
	J3. Beta-blockers in diabetes mellitus	6	0
START	E3. . Vitamin D supplement in patients with known osteoporosis	25	25
	F1. ACE inhibitor or Angiotensin Receptor Blocker in diabetes + renal disease	3	0
	B1. Regular inhaled beta 2 agonist or antimuscarinic bronchodilator for mild to moderate asthma or COPD	5	0

CONCLUSIONS

A large proportion of patients with HIV ≥55 years have potentially inappropriate prescriptions, particularly drugs without an indication (A1-criteria) and nearly one third of the patients require calcium+vitaminD prescription (E3-criteria).

The pharmacist's role is essential to interpret the results of CheckTheMeds® and to identify the most appropriate interventions for each patient.

