Potentially inappropriate prescriptions (PIPs) in polymedicated elderly patients are related to adverse drug reactions, hospitalization, increased hospital stay and higher healthcare costs.

In our environment, a system or a department to detect and analyze these PIPs is not available.

To evaluate the prevalence and type of PIPs at hospital admission to assess whether the implementation of pharmaceutical intervention strategies in this population is useful and which ones would be the most efficient.

Cross-sectional descriptive observational study. Patients over 65 years of age treated with ≥6 chronic drugs admitted to a tertiary hospital from 10th to 16th of May 2021 were included.

Demographic and clinical variables were recorded: age, sex, background, pharmacological ambulatory treatment, history of falls, n° and type of PIPs detected and anticholinergic burden (AB).

To identify PIPs, the Screening Tool of Older Persons Prescriptions (STOPP criteria - 2014 edition Spanish version) was selected. Due to the lack of e-tools, 121 criteria could not be manually analyzed in every patient, so a bibliographic search was carried out to select the 20 STOPP criteria most frequently reported in the literature. Anticholinergic burden was calculated with the Drug Burden Index (DBI).

PIPs are quite prevalent in our environment. Having tools for the systematic detection of PIPs would be very useful. These data suggest that developing a multidisciplinary pilot project, led by a pharmacist, to intervene in patients at highest risk and therefore contribute to improving the quality and safety of drug prescription would be beneficial.