START and STOPP screening tools as supplements to the pharmaceutical medicines review

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Does geriatric patients medicines comply to the recommendations?

**METHODS**

PIMs and PEOs were registered as if identified by the pharmacist or by the physician.

PIMs and PEOs identified by the physician were presented to the physician for further action.

The action taken on the PIMs and PEOs identified by the physician was also registered.

**BACKGROUND**

START (Screening Tool to Alert doctors to Right Treatment for older people) identify potential errors of omissions (PEOs)

STOPP (Screening Tool of Older Peoples’ Prescriptions) identify potentially inappropriate medications (PIMs)

**DATA**

Women: 58% Age, average: 80,1 [53-100] Drug, average: 10,2 [3-23].

**RESULTS**

In the period May to August 2011 151 patients were reviewed.

17,2% of the patients had PIMs, average 1,1 [1-2].

19,2 % of the patients was registered for at least one PEOs, the average was 1,4 [1-3].

5,3 % of the patients both had PIMs and PEOs.

Most PIMs registrated by the pharmacist was due to:

- overuse of proton pump inhibitors
- long-term use of powerful opiates as first-line therapy for mild-moderate pain
- duplicate drug classes

The typical PEOs identified by the pharmacist was:

- lack of aspirin in chronic atrial fibrillation, where warfarin was contraindicated
- lack of aspirin/ clopidogrel with coronary/cerebral disease
- known osteoporosis without calcium and vitamin D supplements
- glucocorticoids for more than 1 month without bisphosphonate

**CONCLUSION**

When transferred to the geriatric ward patients both have PIMs and PEOs. The PIMs and PEOs identified by the pharmacist deviates from those identified by the physician. When using START and STOPP screening tools the pharmacist helps ensure that the geriatric medicine complies to the recommendations.

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**CONFLICT OF INTEREST:** NONE