Hospital Admissions Related To Inappropriate Prescribing According To STOPP And START Criteria In Frail Older Persons

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Objective.

To detect potentially inappropriate medications (PIM) and potentially inappropriate prescribing omissions (PPO) at home according to STOPP and START* and related acute hospital admission in frail older people.

Methods

Cross-sectional study

Patients Inclusion Criteria

-acute hospital admission (not in a geriatric unit) in 2008 at St Luc university hospital

-age≥ 75 years

-frailty score ISAR ≥ 2/6

-Comprehensive Geriatric Assessment by the internal geriatric liaison team

Primary Outcome

Detection of PIM and PPO events at home

Screening of the drugs taken at home according to STOPP&START*

by a clinical pharmacist and a geriatrician

Secondary Outcome

Link between PIM/PPO and admission

Based on clinical judgment (pharmacist + geriatrician)

identify risk factors

Results

302 frail older people included

Age 84 years \pm 5; \bigcirc 63 %

Home 83 % (alone 43 %) vs. nursing home 17 %

ISAR score : average 3,5 ± 1

6 ± 3 drugs/day

Patients taking ≥ 5 drugs/day : 75 %

2.028 drugs screened for STOPP302 patients screened for START

5 most frequent PIM	Prevalence % (/302patients)
Benzodiazepines	24
Aspirin	12
Opiates	8
β-blockers	6
Tricyclic antidepressants	5
5 most frequent PPO	
Aspirin	21
Statins	19
Calcium and vitamin D	17
Vitamin K antagonists	11
Bisphosphonates	10

Potentially inappropriate medications (PIM) according to STOPP

Detection of 210 PIM events

out of 2.028 medications at home (~1 drug/ 10)
Prevalence 48 % (144/302) (~1 patient/ 2)

Link between PIM and admission

Hospital admission was related to PIM in 54 patients (18%):

46 falls with fracture

drugs affecting fallers (benzodiazepines, ...)

2 bleedings

2 heart failure

⇔ NSAIDs

4 others

Predictors of PIM-related admission

Multivariate analyses:

History of recent falls (p<0.001)

Potentially inappropriate prescribing omissions (PPO) according to START

Detection of **362 PPO** events

Prevalence 63 % (189/302) (~2 patients/3)

Link between PPO and admission

Hospital admission was related to PPO in 38 patients (13%):

19 falls with fracture (while not receiving prevention)

⇒ calcium, vitamin D, bisphosphonates

16 cardiovascular problems (ischemic heart disease, heart failure...)

⇔ aspirin, statins, ACEI

3 others

Predictors of PPO-related admission

Multivariate analyses

Previous osteoporotic fracture (p<0.001)

Atrial fibrillation (p=0.004)

Conclusions. Using STOPP and START, inappropriate prescriptions (both PIM and PPO) were found to be frequent and associated with a substantial number of acute hospital admissions in frail older persons. **Fall-induced osteoporotic fracture** was the most important cause for hospital admission related to inappropriate prescribing and should be a **priority for pharmacological optimisation approaches.**

^{*} P. Gallagher, C. Ryan, S. Byrne, J. Kennedy and D. O'Mahony. STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment). Consensus validation. International Journal of Clinical Pharmacology and Therapeutics, Vol. 46 – No. 2/2008 (72-83)

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