

## OP 5

### Assessing appropriateness of medicines in elderly in a hospital setting

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#### OBJECTIVES

To assess the appropriateness of medicines in prescriptions among elderly patients in the hospital setting.

#### METHODS

Regular prescriptions of all aged  $\geq 60$  years who were on long term medicines attending medical, diabetic and psychiatry clinics in a selected hospital in Colombo district were included in the study. Regular medicines used were extracted from health records and a detailed medication history was obtained by interviewing patients. Potentially Inappropriate Medicines (PIMs) and Potential Prescription Omissions (PPOs) were detected using the 'Screening tool of older person's prescriptions' (STOPP) and 'Screening tool to alert doctors to right treatment' (START) criteria respectively. STOPP/START use explicit criteria to assess appropriateness of medicines in elderly.

#### RESULTS

A total of 400 prescriptions with 2308 medicines were analyzed. Median number of medicines per prescription was 6. At least one PIM was identified in 385 (96.3%) prescriptions. PIMs from 22/65 STOP criteria and 12/22 START criteria were identified. Total number of STOPP-PIMs was 140 (36.4%) while the number of START-PPOs was 245 (63.6%). Inadequate use of statins (22%), angiotensin converting enzyme inhibitors (21%) and antiplatelet agents (20%) were the commonest PPOs identified while prolonged use of proton pump inhibitors (20%) was the commonest PIM identified. Incomplete health records (n=76, 16.2%) was a barrier for accurate assessment of PIMs.

A significant positive relationship was seen between the total number of prescription drugs and number of PIMs ( $P < 0.001$ ).

#### CONCLUSIONS

PIMS can be easily identified in elderly using STOPP/START criteria. Incomplete health records limit effective application of this tool.