Assessing medication appropriateness in a long-term elderly care setting

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INTRODUCTION

Literature shows that the incidence of preventable adverse drug events in long-term care (LTC) facilities for the elderly is higher than that in ambulatory care. Studies have reported that pharmacist interventions in overseas LTC facilities were successful in improving patient outcomes. The Screening Tool of Older Persons’ potentially inappropriate Prescriptions (STOPP) criteria assess whether there are any inappropriate medications being given to elderly patients.

AIM

To use the STOPP criteria as a tool in order to be able to assess and highlight inappropriate medication recommended to the elderly at St. Vincent de Paul (SVP) LTC facility, in Malta.

METHOD

Choice of a specific ward for resident pharmacotherapy evaluation and granting of ethics committee approval

Application of the STOPP criteria to a sample of 25 patients (residents at SVP for at least 3 months and over 65 years of age)

Results highlighting STOPP recommendations practised, not practised, lacking sufficient information in the patients’ files or not applicable for the patient

RESULTS

Significant results obtained indicate that nine STOPP criteria (p-value < 0.05) were practised. At least one of these criteria affected 20 out of the 25 patients under review. On average there were two STOPP criteria that were significantly practised on a single patient. The criterion which affected most patients was the one concerning prescription of drugs without an evidence-based clinical indication. Nineteen patients had at least one out of six STOPP criteria (p-value < 0.05) which needed more information for adequate evaluation. The predominant criterion which could not be properly analysed, due to a lack of relevant data in the patient’s files, was the one concerning use of a Proton Pump Inhibitor at full therapeutic dosage for longer than 8 weeks.

CONCLUSION

Although explicit clinical tools such as the STOPP criteria can help improve patient outcomes, these are not to be adopted didactically as the holistic benefit of the patient should always be primarily safeguarded. The application of STOPP criteria in this setting was feasible and could be used by pharmacists to identify areas which need further evaluation or which need to be addressed. The intervention of a pharmacist to interpret data generated from such STOPP criteria can be regarded as critical in evaluating the overall clinical benefit for the individual patient.

REFERENCES