

Assessing medication appropriateness in a long-term elderly care setting

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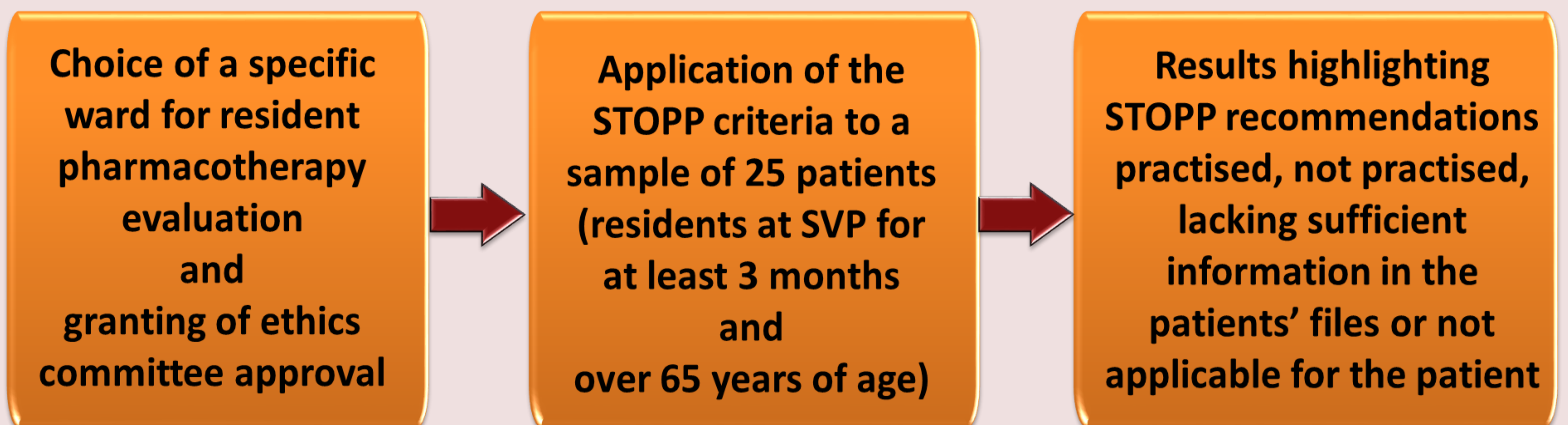
INTRODUCTION

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 care¹. Studies have reported that pharmacist interventions in overseas LTC facilities were successful in improving patient outcomes^{2,3}. The Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPPP) criteria⁴ assess whether there are any inappropriate medications being given to elderly patients.

AIM

To use the STOPPP 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



RESULTS

Significant results obtained indicate that nine STOPPP 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 STOPPP 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 STOPPP 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.

Table 1: Results obtained using the Screening Tool of Older Persons' Prescriptions (STOPPP) criteria

STOPPP criteria	Number of STOPPP criteria	Number of patients involved
Total considered	80	25
Need to be addressed	9	20
Need more information to decide applicability	6	19

CONCLUSION

Although explicit clinical tools such as the STOPPP 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 STOPPP 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 STOPPP criteria can be regarded as critical in evaluating the overall clinical benefit for the individual patient.

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