Problem Statement

• Inappropriate polypharmacy disproportionately affects older individuals
• 91% in long-term care take ≥ 5 medications
• Those > 65 yo are 7x more likely to have hospitalization for adverse drug event (ADE)
• ADEs cost the United States $3.5 million each year
• Routine medication reviews recommended by ASGS & AAFP to improve appropriateness

Purpose

• Purpose: Improve prescribing behavior of providers
• Short term goal: Perform formal medication appropriateness review on each assisted living (AL) resident using Screening Tool of Older Persons’ Prescriptions (STOPP) criteria
• Long term goal: Reduce the number of inappropriate medications taken by assisted living residents according to STOPP criteria

Methods

• 24 assisted living residents within large continuing care retirement community
• Virtual training of 2 providers on use of Screening Tool of Older Persons’ Prescriptions (STOPP) criteria
• Medication Appropriateness Review Checklist and Medication Appropriateness Review Tool created using STOPP criteria
• Providers used tools in paper format to review medications and indicate the following for each resident:
• Total number of medications prescribed before and after review
• Potentially inappropriate medications (PIMs) identified by STOPP criteria
• Indication for PIMs
• Plans to continue or alter PIM use, along with rationale
• Amount of time required to perform each review
• Descriptive analysis performed using Microsoft Excel

Results

• Medication reviews performed on 100% of assisted living residents (N= 24)
• 8 PIMs identified by STOPP criteria, all were continued
• 5 PIMs: provider determined benefit greatly outweighed risk
• 3 PIMs: residents’ preference to continue after discussion of risks
• 1 medication discontinued due to lack of efficacy
• Average of 7.65 minutes required for each review
• Providers felt tool was easy to use

Discussion

• All assisted living residents received medication review using STOPP criteria
• No change in appropriateness according to STOPP criteria
• Lack of improved appropriateness contrasts existing evidence
• Participating providers had high level of geriatric expertise
• Practice site will not continue use of due to perceived lack of benefit
• Providers’ resistance to deprescribing was time consuming and challenging to providers

References