

# Evaluation of inappropriate prescribing in geriatric psychiatry

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## Introduction

Patients in geriatric psychiatry usually have somatic diseases in addition to psychiatric diseases. Medication is complex and the improvement of prescribing essential. The STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment)<sup>1</sup> criteria allow the evaluation of inappropriate prescribing in a geriatric population. The use of this tool may optimise the prescription in geriatric psychiatry.

## Objectives

The study aim was to analyse medication and assess quantitatively and qualitatively inappropriate prescribing (IP) at admission and discharge from a geriatric psychiatry unit.

## Methods

6 months prospective and observational study ; Inclusion : length of stay > 2 days ; The STOPP and START criteria were used to evaluate IP.

**Main outcome measures :** mean number of drugs ; drug classes ; percentage of patients with at least one STOPP or one START criterion ; most frequent criteria encountered.

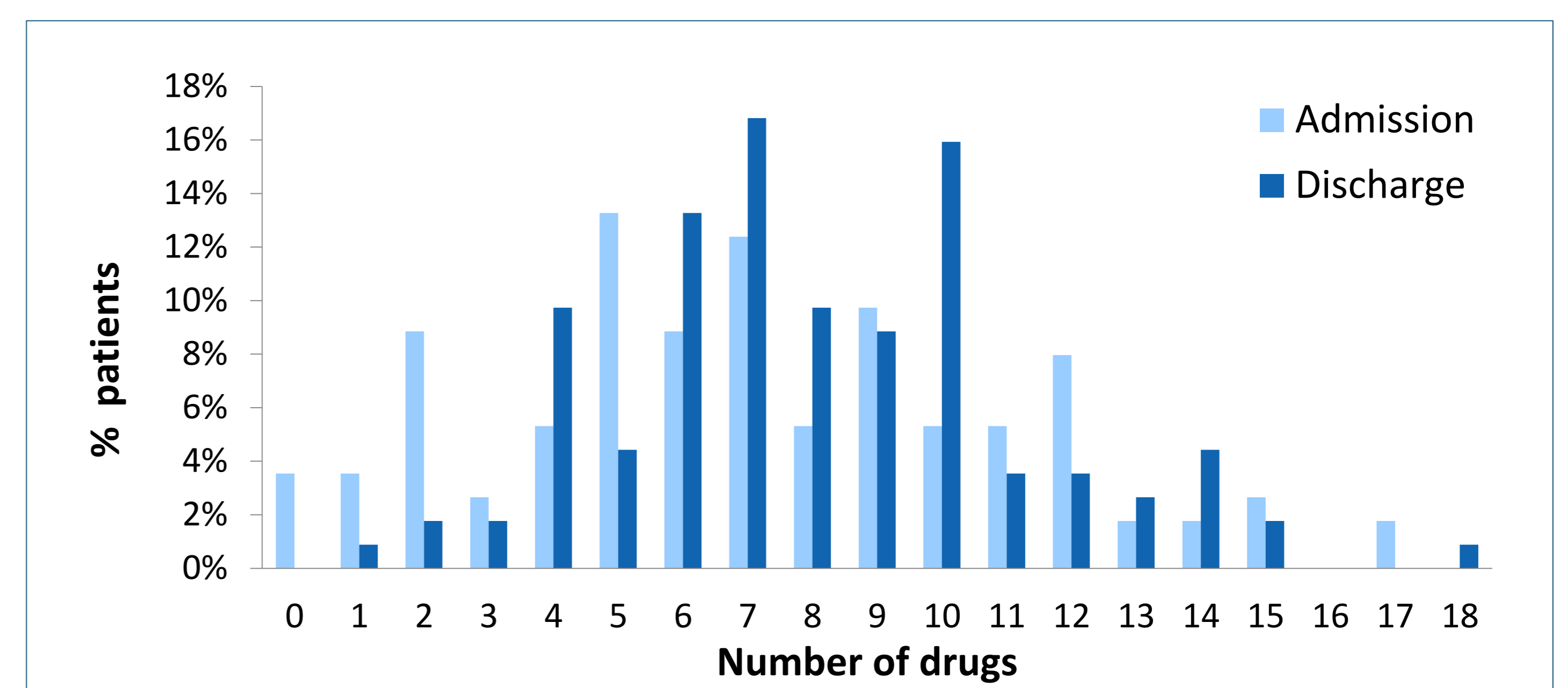
## Results

113 patients were included.

### Medication

The mean number of drugs increased from 7.1 at admission to 8.1 at discharge (p=0.0001).

Most prescribed class was nervous system drugs both at admission (41%) and discharge (45%).

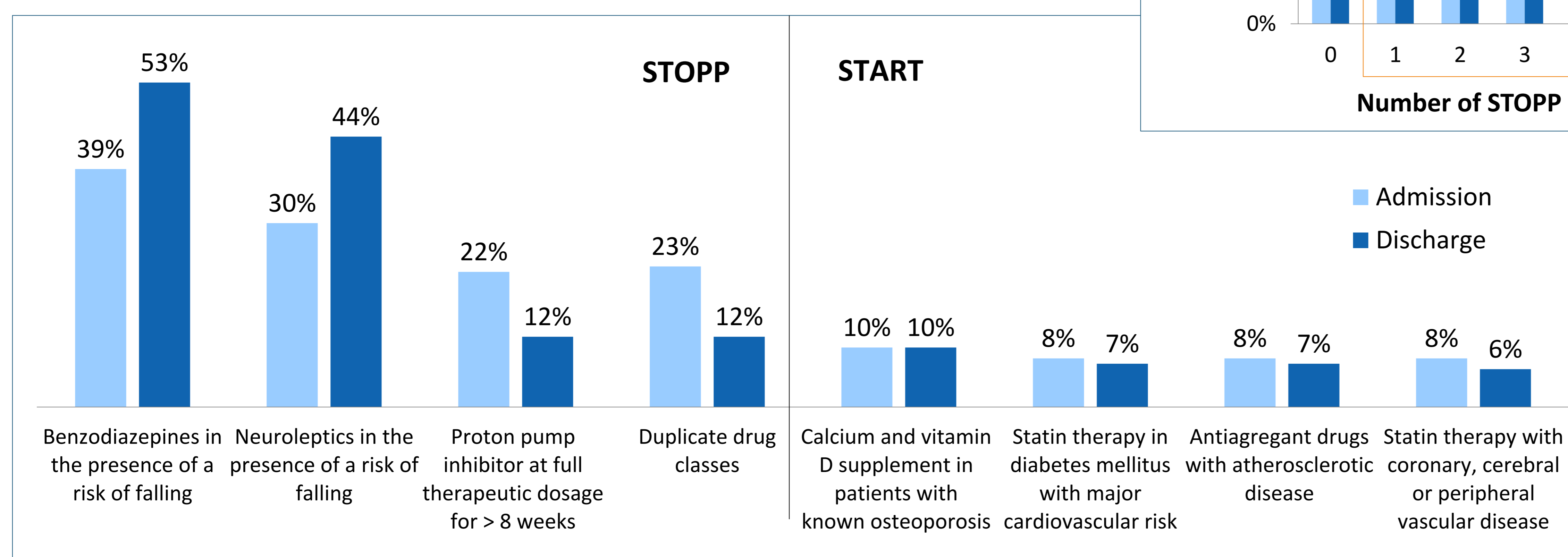
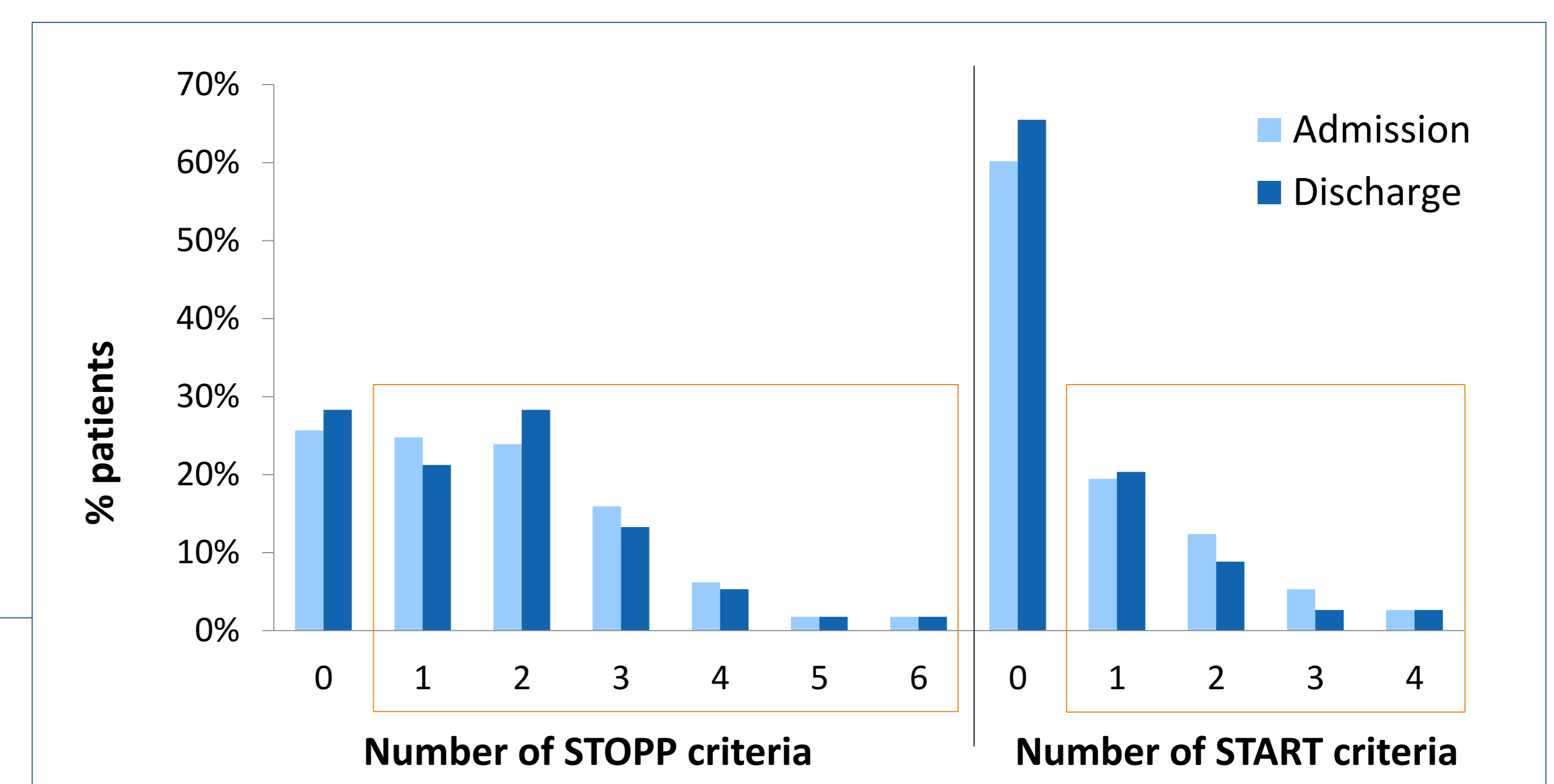


### Inappropriate prescribing

Percentage of patients with at least one STOPP or one START criterion :

- STOPP : **74.3% at admission and 71.7% at discharge** (p=0.5127)

- START : **39.8% at admission and 34.5% at discharge** (p=0.0339)



Most frequently encountered STOPP criteria were prescription of benzodiazepines and neuroleptic drugs in the presence of a risk of falling. Among START criteria calcium and vitamin D supplement in patients with osteoporosis was first omitted.

## Discussion - Conclusion

- This study showed a high number of drugs per patient at admission that increases at discharge with an important proportion of psychotropic drugs.
- STOPP and START criteria showed that IP is highly prevalent in geriatric psychiatry even if the hospitalization can decrease drug omission.
- This study allowed identifying most involved drugs and conditions, both psychiatric and somatic, that require vigilance in this population.
- Several measures may be used to optimise prescribing as promoting STOPP and START criteria, implementing guidelines or interdisciplinary interventions involving a clinical pharmacist.

<sup>1</sup>Gallagher et al. Int J Clin Pharmacol Ther. 2008;46 (2):72-83.