

Evaluation of prescribing patterns in severely frail older adults in an acute geriatric ward according to the STOPP Frail criteria

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Introduction

- Polypharmacy, multimorbidity, and frailty are closely interlinked.
- The STOPP Frail (Screening Tool of Older Person’s Prescriptions) criteria offer a structured approach to identifying potentially inappropriate medications (PIMs) in very frail older adults with limited life expectancy.
- This study evaluates the application of these criteria before and after admission to a specialist geriatric ward in a tertiary care hospital.

Methods

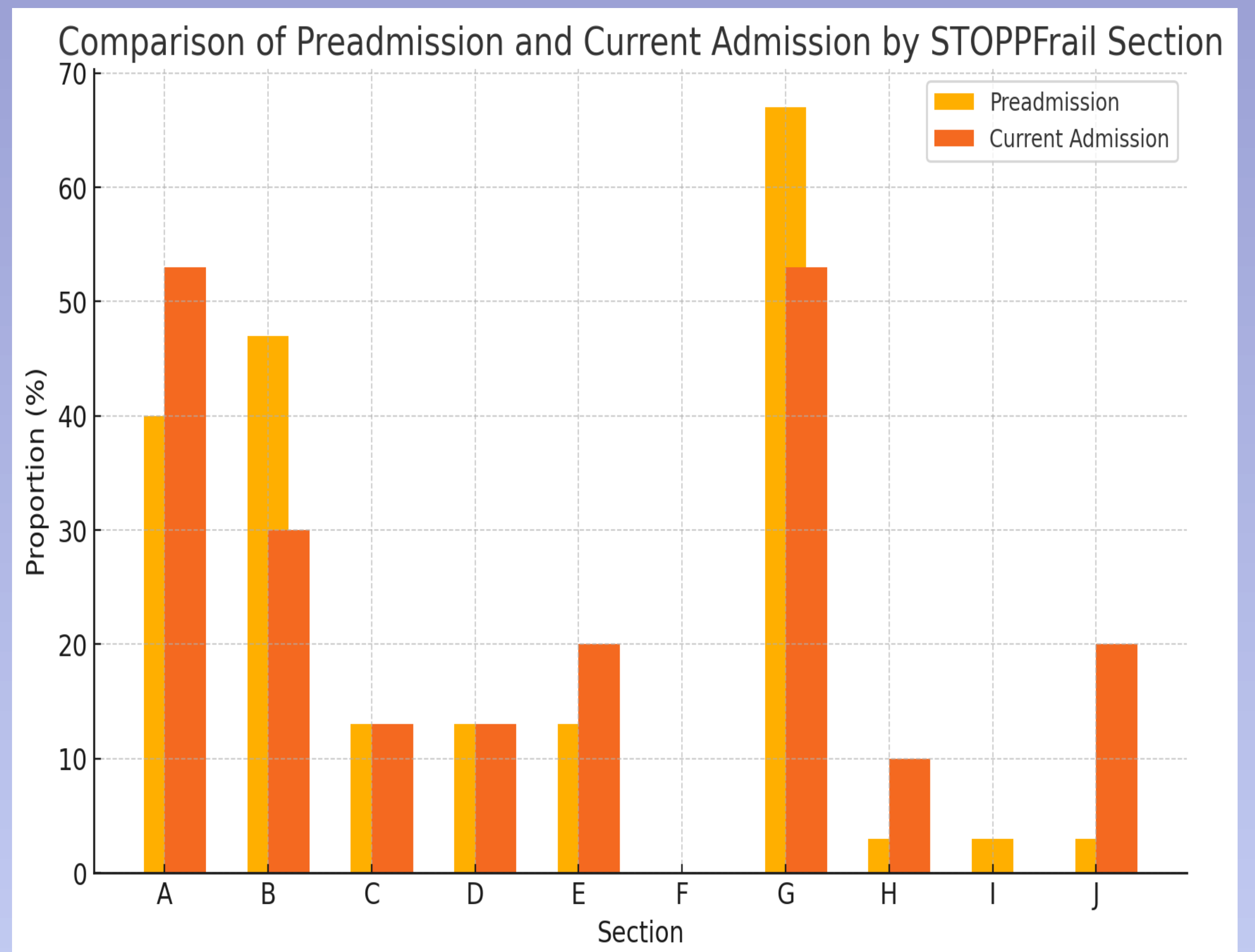
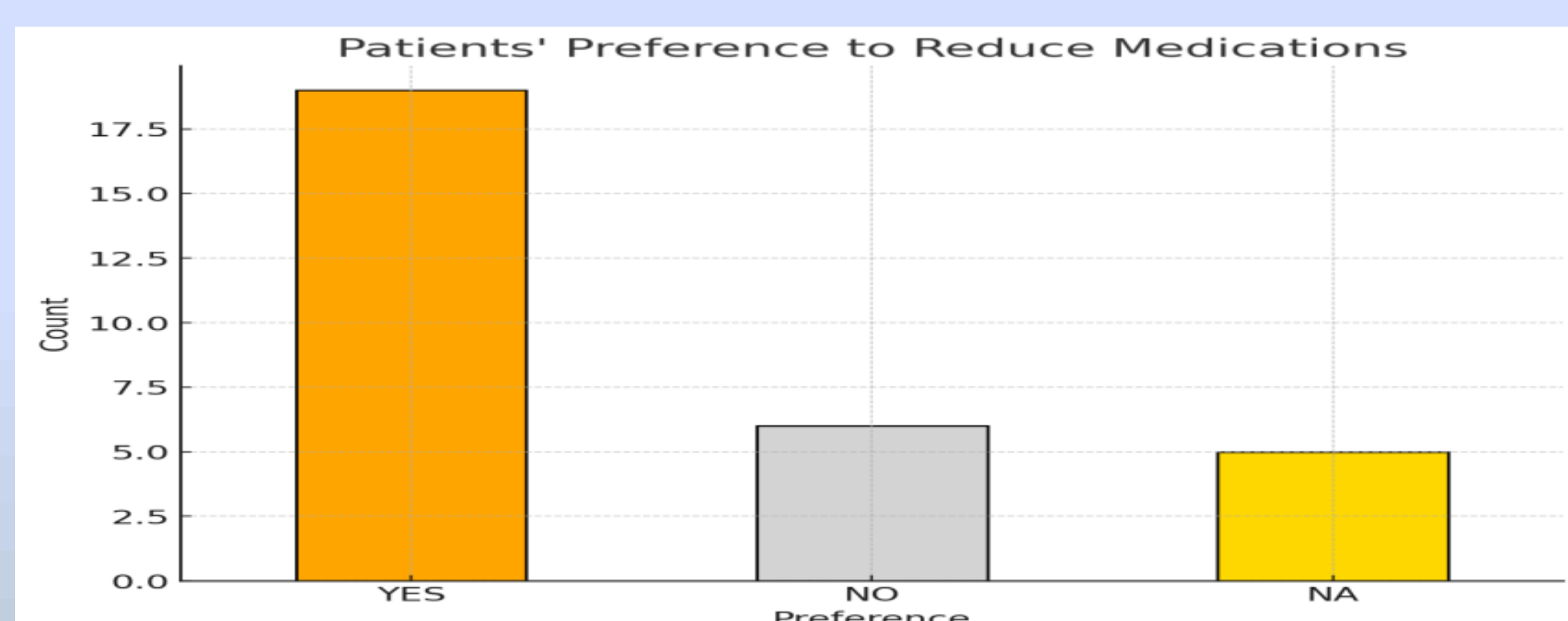
- Medications were assessed against the STOPP Frail (Version 2) criteria before and after admission.
- Patients aged ≥65 years were included if they met all three STOPP Frail criteria:
 - dependency in activities of daily living and/or severe chronic disease or terminal illness
 - severe irreversible frailty
 - clinical expectation of survival of less than 12 months.
- Data, including demographics, Clinical Frailty Scale (CFS) scores, medical history, and medication lists, were collected prospectively over three months.

Results

Sample characteristics

N = 30
Median age: 89.5 years
Female: 57%
Median Charlson Comorbidity index: 7
Median CFS: 6
Median number of medications pre-admission :8.5 and median number of medications at the time of audit :9.5

All patients were prescribed one or more PIMs before admission, and 96.7% remained on at least one PIM after admission. Lipid-lowering medications decreased from 36.7% to 16.7%, while antihypertensives were fully discontinued (23.3% to 0%). Vitamin D and calcium supplements decreased from 60% to 43.3%, antipsychotic use increased slightly (10% to 13.3%), and proton pump inhibitor (PPI) use remained unchanged at 30%. Despite deprescribing efforts, the median number of medications increased from 8.5 to 9.5.



Conclusions

- PIMs are highly prevalent in frail older adults. While some deprescribing occurred, particularly with lipid-lowering and antihypertensive medications, opportunities remain for improvement, especially regarding PPIs and antipsychotics.
- Structured medication reviews, clinician education, improved documentation, and increased pharmacy involvement are necessary to optimize prescribing practices in this population.
- It is essential to recognise very frail older adults for whom the application of STOPP Frail criteria is appropriate to ensure a person-centred approach to medication management.

Next Steps

- Discuss audit in departmental meeting
- Initiate training of staff in use of STOPP Frail criteria including geriatric team doctors and pharmacists
- Implement in acute geriatrics ward at pilot stage
- Reaudit in 2 months

References

1. Deprescribing in older people approaching end-of-life: development and validation of STOPP Frail version 2 Denis Curtin^{1,2}, Paul Gallagher^{1,2}, Denis O’Mahony^{1,2}
2. NICE guideline [NG5] Published: 04 March 2015: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes



Clinical Audit & Effectiveness

