The STOPP/START Criteria: International Synthesis and Local Contextualization

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TVN MindMerge
TVN Improving care for the frail elderly
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STO**PP/START Criteria

**STO**PP = S**creening T**ool of O**lder P**erson’s potentially in**appropriate P**rescriptions

**START** = S**creening T**ool to A**lert doctors to the R**ight T**reatment

- Evidence-based set of explicit criteria
- **STO**PP - 65 criteria and **START** - 22 criteria
- Developed in Ireland using a modified Delphi process that involved 18 experts in geriatric pharmacotherapy¹
- Organization by drug classes/physiological systems
- Reliability and validity have been demonstrated, but without documented or graded evidence²

¹Barry et al, 2007; ²Gallagher et al, 2008
What was the evidence that using STOPP/Start criteria improves patient outcomes?

As of January 2012:

- Limited evidence that STOPP/START optimized prescribing
- STOPP criteria identified more medications associated with adverse drug events than Beers criteria
- Observational studies reported prevalence of potentially inappropriate prescribing (PIP) varied from 21-79%
- PIP associated with age and sex, definitely associated with polypharmacy
- Heterogeneity of population and application precluded meta-analysis
STOPP/START Systematic Review

• Objective: to describe research experience and examine evidence of impact of criteria in adults aged 65 years and older

• English articles only from Jan 2007 - Jan 2012 identified by searching

• 13 trials were included (one RCT and 12 observational studies) reflecting experience from:
  • 345,000 persons
  • Europe, North America and Asia
  • Community-dwelling, acute care and long-term care

Do Nova Scotia prescribers adhere to STOPP criteria for benzodiazepine/zopiclone use in older adults?

- In 2010, 24.1% of study population had claimed at least one prescription of benzodiazepine/zopiclone
- 18% claimed ≥ 90 days supply
- Increasing age and female sex predicted higher rates of claims
- In 2006, over 30% of female NSSPP beneficiaries ≥ 90 years old claimed a benzodiazepine/zopiclone

Do Nova Scotia prescribers adhere to STOPP criteria for benzodiazepine/zopiclone use in older adults following falls?

• 74% of patients continued to claim for benzodiazepine/zopiclone following discharge from a fall-related hospitalization

• Younger age and female sex were predictors of continuing benzodiazepine/zopiclone post-fall

• Discordance with STOPP criterion relating to benzodiazepine/zopiclone use in fall-prone older adults

• Highlights a significant potentially inappropriate and modifiable fall-risk prescribing behaviour

Integrated KT

With the Drug Evaluation Alliance of Nova Scotia, Nova Scotia Department of Health and Wellness

- Research question refinement
- Data support
- Funding assistance
- Secondary use of administrative data to examine practice variation and create cognitive dissonance
- Research fits with decision-makers direction and informs policy action (Sleepwell NS)
Future/Ongoing work

• Antipsychotic medications, concordance with STOPP criteria
• Updating STOPP/START systematic review
  • Beers updated in 2012
  • STOPP/START updated in October, 2014
  • Expanding therapeutics evidence base as it applies to older people

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• **Disclaimer:** Although this research is based on data obtained from the Nova Scotia Department of Health and Wellness, the observations and opinions expressed are those of the authors and do not represent those of either Health Data Nova Scotia or the Department of Health and Wellness.