

Hospital physicians' and older patients' agreement with individualised STOPP/START based medication optimisation recommendations in a clinical trial setting

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Abstract

OBJECTIVE: To evaluate agreement of hospital physicians and older patients with individualised STOPP/START based medication optimisation recommendations from a pharmacotherapy team. **METHODS:** This study was embedded within a large European, multicentre, cluster randomised controlled trial examining the effect of a structured medication review on drug-related hospital admissions in multimorbid ([?]3 chronic conditions) older people ([?]70 years) with polypharmacy ([?]5 chronic medications). Data from the Dutch intervention arm of this trial were used for this study. Medication review was performed jointly by a physician and pharmacist (i.e. pharmacotherapy team) supported by a Clinical Decision Support System with integrated STOPP/START criteria. Individualised STOPP/START based medication optimisation recommendations were discussed with patients and attending hospital physicians. **RESULTS:** 139 patients were included, mean (SD) age 78.3 (5.1) years, 47% male and median (IQR) number of medications at admission 11 (9-14). 371 recommendations were discussed with patients and physicians, overall agreement was 61.6% for STOPP and 60.7% for START recommendations. Highest agreement was found for initiation of osteoporosis agents and discontinuation of proton pump inhibitors (both 74%). Determinants associated with higher agreement in multivariate analysis were: female gender (+17.1% [3.7;30.4]), [?]1 falls in the past year (+15.0% [1.5;28.5]) and eGFR 30-50 ml/min/1.73m²; (+18.0% [2.0;34.0]). The main reason for disagreement (40%) was patients' reluctance to discontinue or initiate medication. **CONCLUSION:** Better patient and physician education regarding the benefit/risk balance of pharmacotherapy, in addition to more precise and up-to-date medical records to avoid invalid recommendations, will likely result in higher agreement with future pharmacotherapy optimisation recommendations.

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