COMPARISON OF STOPPCOG AND STOPP CRITERIA IN COGNITIVELY VULNERABLE OLDER ADULTS HOSPITALISED IN AN ACUTE GERIATRIC UNIT

G. GÓMEZ GARCÍA[1], C. GARCÍA-GUIJAS-GARCÍA[1], E. DELGADO-SILVEIRA[1], M.D. MOLINA MENDOZA[1], M. MUÑOZ-GARCÍA[1], B. MONTERO ERRASQUÍN[2], S. GÓMEZ SACRISTÁN[2], A. ÁLVAREZ-DÍAZ[1].

[1]PHARMACY DEPARTMENT, HOSPITAL UNIVERSITARIO RAMÓN Y CAJAL- IRYCIS, MADRID, SPAIN. [2]GERIATRICS DEPARTMENT, HOSPITAL UNIVERSITARIO RAMÓN Y CAJAL- IRYCIS, MADRID, SPAIN.

BACKGROUND AND IMPORTANCE

The **STOPPCog criteria** were recently developed and validated for deprescribing of **potentially inappropriate prescriptions (PIPs)** in cognitively vulnerable older adults.

However, their **effectiveness in real-world clinical practice** has not yet been evaluated.

AIM AND OBJECTIVES

To compare the number of patients with **PIPs detected** using **STOPPCog versus STOPP criteria** applied in **cognitively vulnerable older adults** admitted to an Acute Geriatric Unit (AGU).

MATERIAL AND METHODS

Observational retrospective study in a tertiary hospital

- Inclusion criteria: Inpatients in the AGU with **mild to very severe cognitive impairment** in **January 2024**.
- Data was obtained from the Electronic Clinical Record (HCIS®):
  1. Demographic variables
  2. Degree of cognitive impairment by the Global Deterioration Scale (GDS) of Reisberg
  3. Number of PIP detected using STOPP and STOPPCog criteria (drug name and specific criteria) were collected from electronic clinical record (HCIS®).
- Medication reconciliation was obtained from electronic prescription service, patient/caregiver interviews and clinical records.
- Statistical analysis was conducted using the **Saphiro-Wilk** normallity test and the **Mann-Whitney** analytical variance test (significance level of $p < 0.05$)

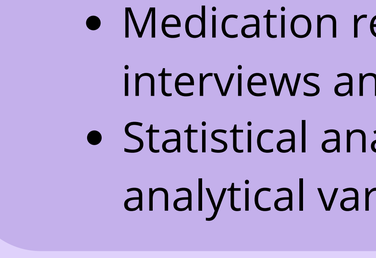
RESULTS

N= 48

♂ **6** (12.5%) ♀ **42** (87.5%)

Median age **95 years** (84-107)

Cognitive impairment (GDS)



Drug	Patients with PIP	STOPP criteria	Description
Quetiapine	9 (18.8%)	**D15**	Chronic neuroleptics for dementia conductual symptoms
Benzodiazepines	8 (16.7%)	**D8**	Benzodiazepines > 4 weeks
Bladder antimuscarinics	2 (4.2%)	**D14**	Drugs with anticholinergic effects in dementia
Vitamins/Minerals	13 (27.1%)	**F4**	Long-term preventive drugs for conditions other than dementia without intrinsic symptom relief properties (No proven benefit in advanced dementia).
Antiplatelet agents	7 (14.6%)		
Anticoagulants	7 (14.6%)		
Statins	7 (14.6%)		
Antihypertensives	10 (20.8%)		
Opioids	10 (20.8%)	**D1**	Opiods for chronic pain
Quetiapine	9 (18.8%)	**A5**	First and second generation antipsychotics (anticholinergic properties)
Benzodiazepines	8 (16.7%)	**B1/B2**	Benzodiazepines (Sedative properties)
Bladder antimuscarinics	2 (4.2%)	**A2**	Bladder antimuscarinics (anticholingercic effects)

- **GDS 3-5:** No statistically significant differences were found between STOPP and STOPPCog ($p = 0.35$)
- **GDS 6–7:** More PIPs were detected using STOPPCog ($p < 0.0001$)

CONCLUSION AND RELEVANCE

STOPPCog criteria add value to the STOPP criteria and represent a **useful tool for detecting potentially inappropriate prescriptions**, particularly in older patients with advanced to very severe cognitive impairment, **especially regarding long-term preventive medications (STOPPCog F4 criteria) and opioids (STOPPCog D1 criteria)**

Abstract number: 4CPS-235