



APPROPRIATENESS OF PRESCRIPTION OF TRICYCLIC ANTIDEPRESSANTS ACCORDING TO STOPP CRITERIA: SYSTEMATIC REVIEW OF THE CRITERIA REFERRED TO THE USE OF TRICYCLIC ANTIDEPRESSIVES IN DEMENTIA

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BACKGROUND AND IMPORTANCE

The STOPP-START criteria are a useful tool to detect potentially inappropriate prescriptions (PPIs). For tricyclic antidepressants (TCAs), there are 6 STOPP criteria.

AIM AND OBJETIVES

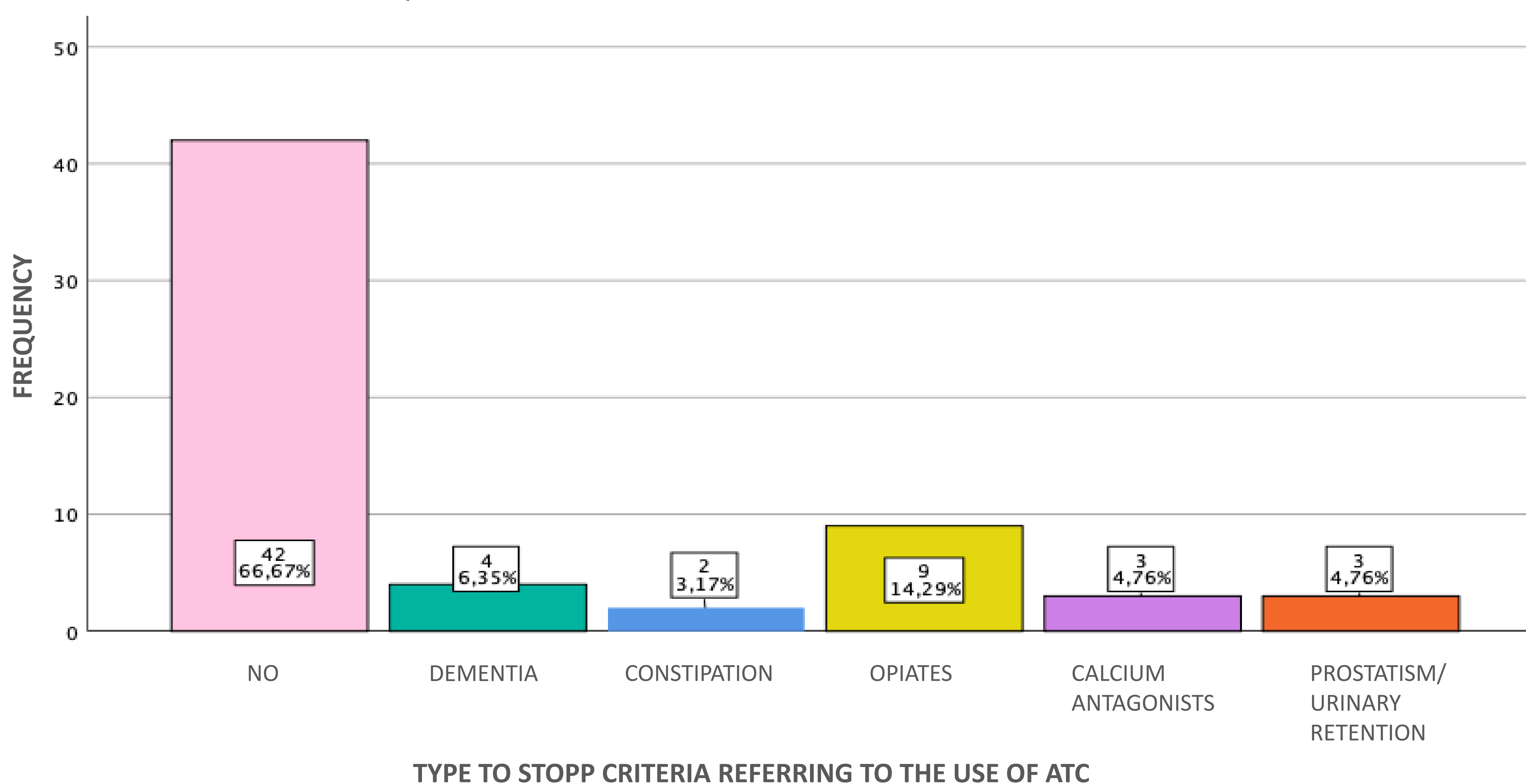
To analyze the adequacy according to the STOPP criteria of the prescription of TCAs in patients older than 64 years and to systematically review the literature related to the use of TCAs in patients with dementia, analyzing the suitability of the STOPP criteria.

MATERIAL AND METHODS

Descriptive cross-sectional study that included all patients over 65 years of age receiving TCAs. The systematic review was conducted following the PRISMA Declaration.

RESULTS

FREQUENCY OF PATIENTS SUSCEPTIBLE TO APLY A STOPP CRITERIA



63 patients(50 women) with a median age of 70 years(65-88) were reviewed. In 21 patients(33.3%), the prescription of TCAs according to the STOPP criteria was not appropriate.

No significant differences were found in the relationship between the number of prescribed drugs and the adequacy of the TCAs prescription($p=0.74$).

In the **systematic review**, 7articles were included. One study showed that in clinical practice, TCAs dispensations were maintained after the diagnosis of dementia. Two studies concluded that TCAs are the antidepressants least associated with the onset of dementia. In another study, the long-term use of TCAs was associated with a decrease in the incidence of dementia. A review by the Cochrane Group stated that the evidence on the safety of antidepressants in patients with dementia is of moderate quality, with little data from the antidepressant subgroups. The last two articles associated the use of antidepressants with dementia without differentiate the antidepressant groups.

CONCLUSION AND RELEVANCE

Based on the data from our population, the high inappropriateness of TCAs prescription according to the STOPP criteria suggests that this is a field with ample room for improvement. PPIs could be reduced if STOPP criteria were computerized in electronic prescription programs. Since the results of the review are not consistent, we believe that the STOPP criteria regarding the use of TCAs in patients with dementia should be more flexible, assessing the benefit-risk of treatment on an individual basis and closely monitoring adverse effects.



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