

Problem: Bleeding

(Consider risk of uncontrolled, severe HTN, bleeding disorder drug/non drug cause)

Anticoagulants consider course length for DVT/PE.

NOACs: consider kidney function

Warfarin: consider interacting medicines, adequate monitoring.

Antiplatelet drug with anticoagulant for AF or 2nd anti-platelet drug (without clear indication)

Aspirin (particularly if >160mg per day) or if past PUD without PPI cover

Bisphosphonates if upper GI bleed or past PUD

Corticosteroids if past PUD

NSAIDs with anticoagulant; if past PUD or with antiplatelet/corticosteroid without PPI cover

Problem: Constipation

Aluminium antacids

Opioids

Anticholinergics (see list under 'Falls')

Oral Iron

Verapamil

See also STOPP App

Summarised from the full list of medicines that contribute to problems in the elderly (STOPP2 O'Mahoney et al 2014) available via CLAHRC NWL or Pharmacy at Chelsea & Westminster Hospital



STOPIT

medication review

Screening Tool for Older
Peoples' Inappropriate
Treatment

Medicines Summary

NIHR CLAHRC
North West London

Problem: Falls

(consider anticholinergic burden
-ACB, postural hypotension, ataxia)

Anticholinergic drugs including:

- bladder antimuscarinics (particularly Oxybutinin, Tolterodine)
- gut antimuscarinics (e.g Dicycloverine)
- bronchodilator antimuscarinics (e.g. Ipratropium, Tiotropium)

Drugs with **Anticholinergic** S/Es particularly:

- Amitriptyline, Clomipramine (tricyclics)
- Chlorphenamine, Clemastine (and all older, sedating antihistamines)
- Paroxetine
- Phenothiazines (all), Clozapine, Haloperidol, Olanzapine

ACE Inhibitors (e.g Enalapril)

Alpha blockers (e.g Doxazosin, Tamsulosin)

Antipsychotics (some also ACB)

ARBs Angiotensin Receptor Blockers ('Sartans')

Benzodiazepines (e.g Diazepam)

Calcium Channel Blockers (e.g Amlodipine)

Nitrates, Isosorbide

Opioids including Buprenorphine, Tramadol

Vasodilators Vasodilators used in HF (e.g Hydralazine)

Z -drugs (e.g Zopiclone)

Problem: Confusion

Anticholinergics (see list under 'Falls')

-particularly in pts with delirium or dementia

Tricyclic antidepressants (also ACB)

Antipsychotics (some also ACB)

Benzodiazepines (e.g Diazepam)

Centrally acting antihypertensives

(e.g Methyldopa, Clonidine)

Opioids (including Buprenorphine, Tramadol)

Problem: Metabolic disturbance

(electrolyte imbalance, dehydration etc)

Think Kidneys – Review ALL doses

ACE Inhibitors and ARBs (hyperkalaemia)

-particularly if also on potassium-sparing diuretics e.g Amiloride/Aldosterone antag

Antidepressants (particularly SSRIs: ↓Na)

Diuretics (e.g thiazides: ↓K ↓Na, ↑Ca)

NSAIDs if eGFR <50 (AKI)

Metformin if eGFR <30 (lactic acidosis)

Hazardous combinations: ACEi/ARB

+ diuretic + NSAID (Triple Whammy)

Dehydration + Metformin or ACEi/ARB or Diuretic or NSAID (Sick Day guidance)