City Hospitals Sunderland NHS
NHS Foundation Trust

NHS
Sunderland
Clinical Commissioning Group

STOPPFrail -Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy)

STOPPFrail is a list of criteria for potentially inappropriate medicine use in frail older adults with limited life expectancy.

It is designed to assist physicians with stopping such medication in older patients (≥65 years) who meet ALL of the criteria listed below:

- End-stage irreversible pathology
- Poor one year survival prognosis
- Severe functional impairment or severe cognitive impairment or both
- Symptom control is the priority rather than prevention of disease progression

The decision to prescribe/not prescribe medications to the patient should also be influenced by the following issues:

- The benefits of the medication are outweighed by its risks
- Administration of the medication is challenging
- Monitoring of the medication effect is challenging
- Drug adherence/compliance is difficult

General

- **Any drug that the patient persistently fails to take or tolerate despite adequate education and consideration of all appropriate formulations.**

- **Any drug without clear clinical indication.**

Cardiovascular system

- **Lipid lowering therapies (statins, ezetimibe, bile acid sequestrants, fibrates, nicotinic acid and acipimox)**
  These medicines need to be prescribed for a long duration to be of benefit. For short-term use, the risk of adverse effects outweighs the potential benefits.

- **Alpha-blockers for hypertension**
  Stringent blood pressure control is not required in very frail older people. Alpha blockers in particular can cause marked vasodilatation, which can result in marked postural hypotension, falls and injuries.

Coagulation system

- **Anti-platelets**
  Avoid anti-platelet agents for primary (as distinct from secondary) cardiovascular prevention (no evidence of benefit).

Central Nervous System

- **Antipsychotics**
  Aim to reduce dose and gradually discontinue these drugs in patients taking them for longer than 12 weeks if there are no current clinical features of behavioural and psychiatric symptoms of dementia (BPSD).

- **Memantine**
  Discontinue and monitor in patients with moderate to severe dementia, unless memantine has clearly improved BPSD

Gastrointestinal system

- **Proton pump inhibitors**
  These should not be required at full therapeutic dose for more than 8 weeks unless there are persistent dyspeptic symptoms at lower maintenance dose.

- **H2 receptor antagonists**
  These should not be required at full therapeutic dose for more than 8 weeks unless there are persistent dyspeptic symptoms at lower maintenance dose.

- **Antispasmodics** e.g. hyoscine butylbromide, dicycloverine
  Regular daily prescription of gastrointestinal antispasmodics agents not required unless the patient has frequent relapse of colic symptoms. There is a high risk of anti-cholinergic side effects with these medicines.

Respiratory system

- **Theophylline**.
  This drug has a narrow therapeutic index, requires monitoring of serum levels and interacts with other commonly prescribed drugs putting patients at an increased risk of adverse events.

- **Leukotriene antagonists (Montelukast, Zafirlukast)**
  Check indication. These drugs have no proven role in COPD, they are indicated only in asthma.

Musculoskeletal system

- **Calcium supplements**
  Unlikely to be of any benefit in the short term.

- **Osteoporosis treatments (bisphosphonates, strontium, teriparatide, denosumab)**
  Unlikely to be of any benefit in the short term.

- **Long-term oral NSAIDs**
  Increased risk of side effects (peptic ulcer disease, bleeding, worsening heart failure) when taken regularly for ≥2 months.

- **Long-term oral steroids**
  Increased risk of side effects (peptic ulcer disease, etc.) when taken regularly for ≥2 months. Consider careful dose reduction and gradual discontinuation.

Urogenital system

- **5-Alpha reductase inhibitors**
  No benefit in patients with long-term urinary bladder catheterisation.

- **Alpha blockers**
  No benefit in patients with long-term urinary bladder catheterisation.

- **Muscarinic antagonists**
  No benefit in patients with long-term urinary bladder catheterisation, unless there is a clear history of painful detrusor hyperactivity.

Endocrine system

- **Diabetic oral agents**
  Aim for monotherapy. Target of HbA1c < 8%/64 mmol/mol. Stringent glycaemic control is unnecessary in frail elderly population.

- **ACE-inhibitors/ angiotensin receptor blockers for diabetes**
  Stop where prescribed only for prevention and treatment of diabetic nephropathy. There is no clear benefit in older people with advanced frailty with poor survival prognosis.

- **Systemic oestrogens for menopausal symptoms**
  Increases risk of stroke and VTE disease. Discontinue and only consider recommencing if recurrence of symptoms.

Miscellaneous

- **Multi-vitamin combinations and nutritional supplements**
  Discontinue when prescribed for prophylaxis rather than treatment.

- **Prophylactic antibiotics**
  No firm evidence for prophylactic antibiotics to prevent recurrent cellulitis or UTIs.

Reference: Lavan AH, Gallagher P, Parsons C& O'Mahony D: STOPPFrail (Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy): consensus validation. Age and Ageing 2017; 46: 600–607. Access the full article here