Summary of START and STOPP Criteria

START (Screening Tool to Alert doctors to the Right Treatment)

STOPP (Screening Tool of Older Person's Prescriptions)

Physiological System	START	STOPP
Cardiovascular	▪ Warfarin for chronic A.fib ▪ Aspirin for chronic A. fib (warfarin contraindicated) ▪ Aspirin or Clopidogrel with coronary, cerebral or PVD (patient in sinus rhythm) ▪ Antihypertensive therapy with systolic BP > 160mmHg ▪ Statins for those with coronary, cerebral or PVD (where patient is independent of ADL's and life expectancy is > 5yrs ▪ ACEi with CHF or after acute MI ▪ Beta blocker with chronic stable angina	▪ Digoxin > 0.125mg with impaired renal function (ClCr < 50ml/min) ▪ Loop diuretic o for edema only o first line monotherapy for hypertension ▪ Beta blocker o with COPD o with verapamil ▪ Diltiazem or verapamil with NYHA Class III or IV heart failure ▪ Calcium channel blockers with constipation ▪ Aspirin and warfarin without H2 receptor antagonist or PPI ▪ Dipyridamole as monotherapy for CV secondary prevention ▪ Aspirin o With history of PUD o Doses > 150mg/day o With no history of coronary, cerebral or peripheral vascular disease o To treat dizziness not due to cerebrovascular disease ▪ Warfarin o > 6 mo. for first uncomplicated DVT o >12 mo. for first uncomplicated PE ▪ Aspirin, clopidogrel, dipyridamole or warfarin with concurrent bleeding disorder
Respiratory	▪ B2 agonist or anticholinergic for mild to moderate asthma or COPD ▪ Inhaled steroid for moderate to severe asthma or COPD ▪ Continuous oxygen where chronic type 1 or 2 respiratory failure has been documented	▪ Theophylline as monotherapy for COPD ▪ Systemic vs. inhaled corticosteroids for maintenance of moderate to severe COPD ▪ Ipratropium nebules with glaucoma
Central Nervous System and Psychotropics	▪ Levodopa for idiopathic Parkinson's with functional impairment and disability ▪ Antidepressant for clear cut depressive symptoms ≥ 3 months	▪ TCA's (Tricyclic Antidepressants) o With dementia o With glaucoma o With cardiac conduction abnormalities o With constipation o With opiate or calcium channel blocker o With prostatism or urinary retention

		▪ Long term benzodiazepines (> 1 month)
		▪ Long term neuroleptics
		  o With Parkinson's (> 1 month)
		  o As long term hypnotics
		▪ Phenothiazines with epilepsy
		▪ Anticholinergics to treat extra-pyramidal symptoms of neuroleptics
		▪ SSRI's with hyponatremia
		▪ > 1 week use first generation antihistamines (diphenhydramine, chlorpheniramine, promethazine, cyclizine)

Gastrointestinal System	▪ PPI's for chronic, severe GERD, or peptic stricture requiring dilation
	▪ Fibre supplement for chronic diverticular disease with constipation
		▪ Diphenoxylate, loperamide or codeine
		  o for diarrhea of unknown cause
		  o for infective gastroenteritis
		▪ Prochlorperazine or metoclopramide with Parkinson's
		▪ PPI for PUD at full therapeutic dose > 8 weeks
		▪ Anticholinergic, antispasmodics with constipation

Musculoskeletal System	▪ DMARD (disease modifying anti-rheumatic drug) for moderate to severe rheumatoid arthritis > 12 weeks
	▪ Bisphosphonate for those on glucocorticoids > 1month
	▪ Calcium and Vitamin D with known osteoporosis
		▪ NSAID's
		  o With history of PUD or GI bleeding (unless with H2 receptor antagonist, PPI or misoprostol)
		  o With moderate to severe HTN (>160/100)
		  o With heart failure
		  o Long term for mild joint pain in OA
		  o With warfarin
		  o With chronic renal failure
		▪ Long term corticosteroids (>3mo) as monotherapy for RA or OA
		▪ Long term NSAID or colchicine for gout (if no contraindication to allopurinol)

Endocrine System	▪ Metformin with type 2 DM +/- metabolic syndrome (unless BUN >12 mmol/L or creatinine > 200 mmol/L) ▪ ACEi or ARB in diabetes with nephropathy (proteinuria or microalbuminuria) +/- renal impairment (BUN >8 mmol/L or creatinine >130 mmol/L) ▪ Aspirin therapy in diabetics with well controlled BP ▪ Statin in diabetics with cholesterol > 5 or additional CV risks	▪ Glibenclamide or chlorpropamide with type 2 DM ▪ Beta blockers with DM and frequent hypoglycaemia ▪ Estrogens with history of breast cancer or DVT ▪ Estrogens without progesterone with intact uterus

Urogenital System		▪ Bladder antimuscarinics with dementia
		▪ Antimuscarinics with
		  o Glaucoma
		  o Constipation
		  o Prostatism
		▪ Alpha blockers
		  o In males with frequent incontinence
		  o With long-term urinary catheter

Drugs that adversely affect those prone to falls (≥ 1 fall/3mo)		▪ Benzodiazepines ▪ Neuroleptics ▪ 1st generation antihistamines ▪ Vasodilators causing hypotension with postural hypotension ▪ Long-term opiates with recurrent falls
Analgesics		▪ Long-term powerful opiates first line for mild to moderate pain ▪ Regular opiates > 2wks with constipation and no laxative ▪ Long-term opiates with dementia unless for palliative care
Duplicate Drug Class		▪ Any duplicate drug class prescription ex. two opiates, NSAID's, SSRI's, loop diuretics, ACEi's