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Introduction / Objectives
The prescription of drugs is an essential component of health care in the elderly population and optimizing these prescriptions has become a major issue worldwide. The objective of this study was to assess the prevalence of Potentially Inappropriate Prescriptions (PIPs) in hospitalized Albanian older adults, evaluated by two different tools: the Beers 2012 and the Screening Tool of Older Persons’ Prescriptions (STOPP) 2014 Criteria.

Methods
Cross-sectional study performed in the Internal Medicine and Cardiology wards of the University Hospital Mother Theresa of Tirana (Albania) from January to December 2013.
All patients 60 years old and more hospitalized during the study period were included in the study.
We analyzed the medical files and gathered data on demographics, drugs prescribed and diagnoses, calculating the Charlson Comorbidity Index with the Hall calculator. The Beers 2012 and STOPP 2014 criteria were applied by a clinical pharmacist to detect PIPs.
Student Test and Chi-square analysis were employed.

Results
319 patients (56.4 % male) distributed equally among the two departments were included in our study. 54.6 % of them were aged from 60 to 69 years old and the mean Charlson comorbidity index was 1.4 (range 0-6).
19.1 % of patients were prescribed more than 10 drugs.
Beers criteria identified PIPs in 34.5 % of patients, whereas STOPP almost the double, 63.0 % of patients.
Respectively, 25 and 81 patients were prescribed more than one potentially inappropriate drug in their treatment plan.

Conclusions / Recommendations
- Between one and two out of three older hospitalized adults were prescribed at least one PIP in Albania.
- There were evident differences in the detection of PIP dependent from the applied tool, Beers 2012 or STOPP 2014.
- Further investigations should focus on the factors associated with PIPs and their relation with preventable adverse events.

Drugs that contributed most often in the high frequency of PIP were methyldopa, digoxin, antiarrhythmics for Beers 2012 criteria and aspirin, spironolactone and benzodiazepines for STOPP 2014 criteria.