# STOPP/START interventions to improve medicines management for people aged 65 years and over: a realist synthesis

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# **Plain English summary**

STOPP/START interventions to improve medicines management

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## **Plain English summary**

## **Background**

The Screening Tool of Older People's Prescriptions (STOPP) and Screening Tool to Alert to the Right Treatment (START) are the most widely used approaches for ensuring suitable prescribing of medicine in older adults in Europe. They help support medication reviews and give a set of suggestions in terms of reducing medication burden (STOPP) and adding potentially beneficial therapy (START). Despite wide use, we do not fully understand how the approach works, who it works for and whether or not there are particular situations where this approach works best.

## **Methods**

In the first phase, we identified some ideas about how the STOPP/START approach is intended to work. These ideas were based on reports, existing research and interviews with clinicians who use STOPP/START tools, and other experts. In the second phase, we looked at existing research to support these ideas. A Patient Advisory Group helped to shape the conduct of the research project, analysis and interpretation of our findings.

## **Results**

We developed ideas about how the approach worked, including that the reviews of medicines were personalised, evidence based and had a systematic approach. In the search for existing evidence, we identified 40 relevant studies that showed the following:

- The STOPP/START approach was used differently in different settings (such as hospitals and general practices).
- STOPP/START tools were used as an evidence-based approach to ensure that medicine use was appropriate. Many studies demonstrated a positive impact.
- There was limited evidence of the use of STOPP/START tools leading to personalised medicines reviews.

## **Conclusion**

Medicines reviews using the STOPP/START approach are used to ensure that prescribing is based on available evidence. However, they are not generally personalised and do not ensure that prescribing is tailored to the circumstances of each patient.

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