

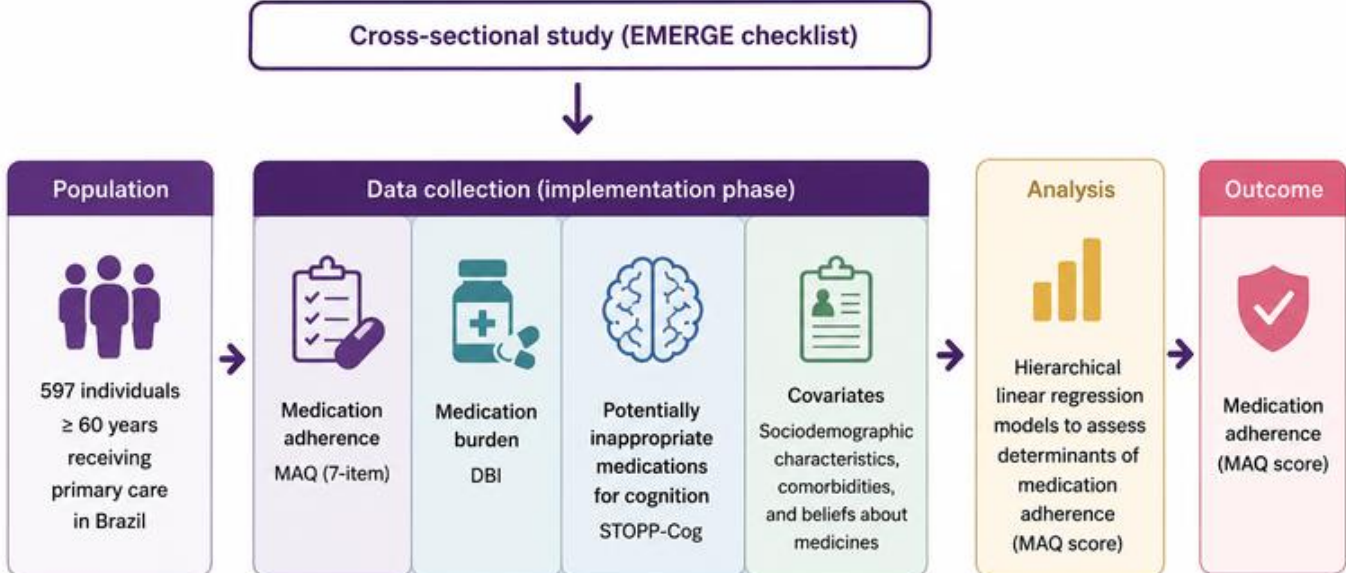
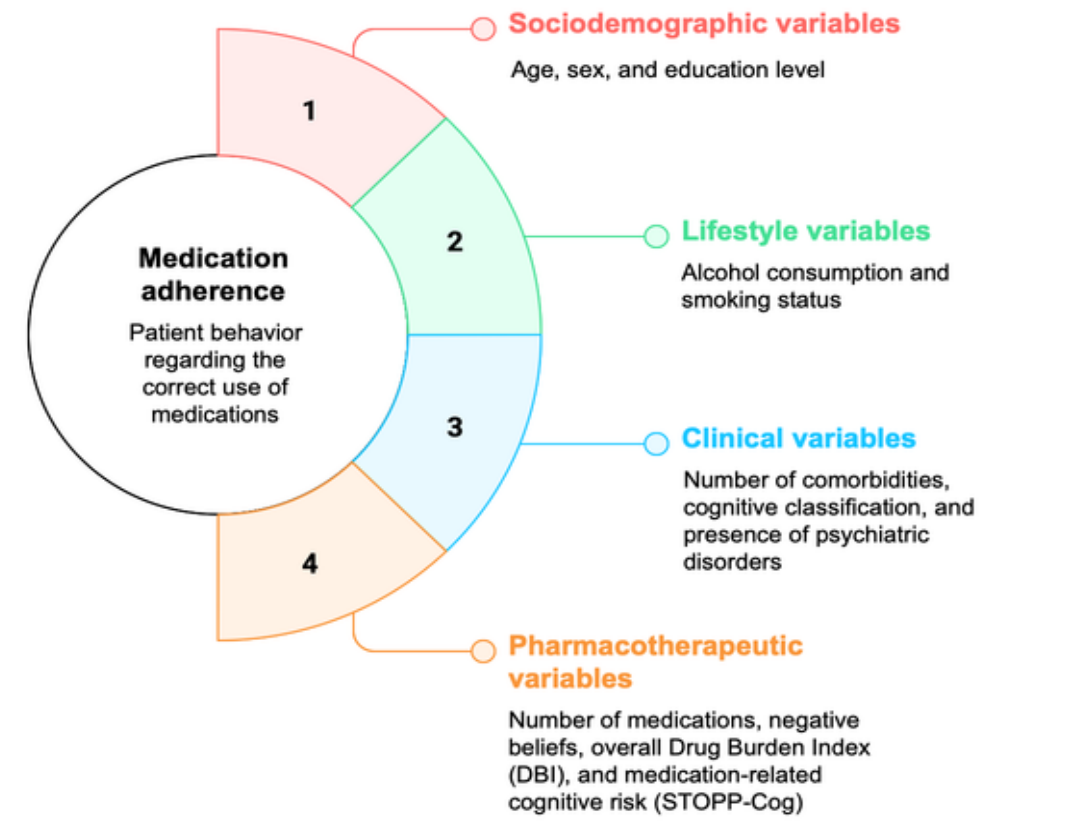
Pharmacotherapeutic Burden And Medication Adherence In Older Adults

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- Medications identified by the STOPP-Cog criteria were associated with poorer medication adherence.
- Negative beliefs about medicines and attention-impairing medications were key predictors of non-adherence.
- Deprescribing strategies and patient education may help improve medication adherence in older adults.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Potentially inappropriate medication for cognition represent an important modifiable risk factor for cognitive vulnerability in older adults. The STOPP-Cog criteria identify medications with anticholinergic and sedative properties that are associated with poorer performance in memory, attention, and executive function, even among older adults without dementia. However, the prevalence of exposure to these medications and its clinical and pharmacological determinants in real-world outpatient populations remain insufficiently described. This study aimed to estimate the prevalence of potentially inappropriate medications according to the STOPP-Cog criteria and investigate their clinical and pharmacological determinants among older adults attending an outpatient clinic.	This cross-sectional followed the EMERGE checklist and included 597 individuals. The resumed method is shown in figure 1 and 2.  Figure 1 – Study workflow and analytical strategy.  Figure 2 - Hierarchical model of the determinants of medication adherence.	The mean age was 71.0 years (SD = 7.9), and 56.7% were women. The demographic and clinical data is shown in figures 3 and 4. In the final model, DBI was not significantly associated with the outcome, whereas negative beliefs about medicines ($\beta = -0.418$; $p < 0.001$) and the use of STOPP-Cog medications ($\beta = -0.412$; $p < 0.001$) were associated with a higher risk of non-adherence (Figure 5). When analyzing the components individually, medications affecting attention were associated with poorer adherence ($\beta = -0.208$; $p = 0.008$).	Therapeutic non-adherence in older adults is related to cognitive, clinical, and pharmacological factors, and is influenced by the qualitative nature of the medications used. Medication burden was an independent predictor of poorer adherence, particularly due to its impact on attention, reinforcing the need for deprescribing strategies and education regarding beliefs and risks related to medications.	World Health Organization. Adherence to Long-Term Therapies: Evidence for Action. Geneva: World Health Organization; 2003. Hilmer SN, Mager DE, Simonsick EM, et al. A Drug Burden Index to define the functional burden of medications in older people. Arch Intern Med. 2007;167(8):781–787. https://doi.org/10.1001/archinte.167.8.781 McGettigan S, Curtin D, O'Mahony D. Deprescribing in cognitively vulnerable older people: development and validation of STOPPCog criteria. Age Ageing. 2025;54(2):afaf014. https://doi.org/10.1093/ageing/afaf014 Complete references list: 
CONTACT				

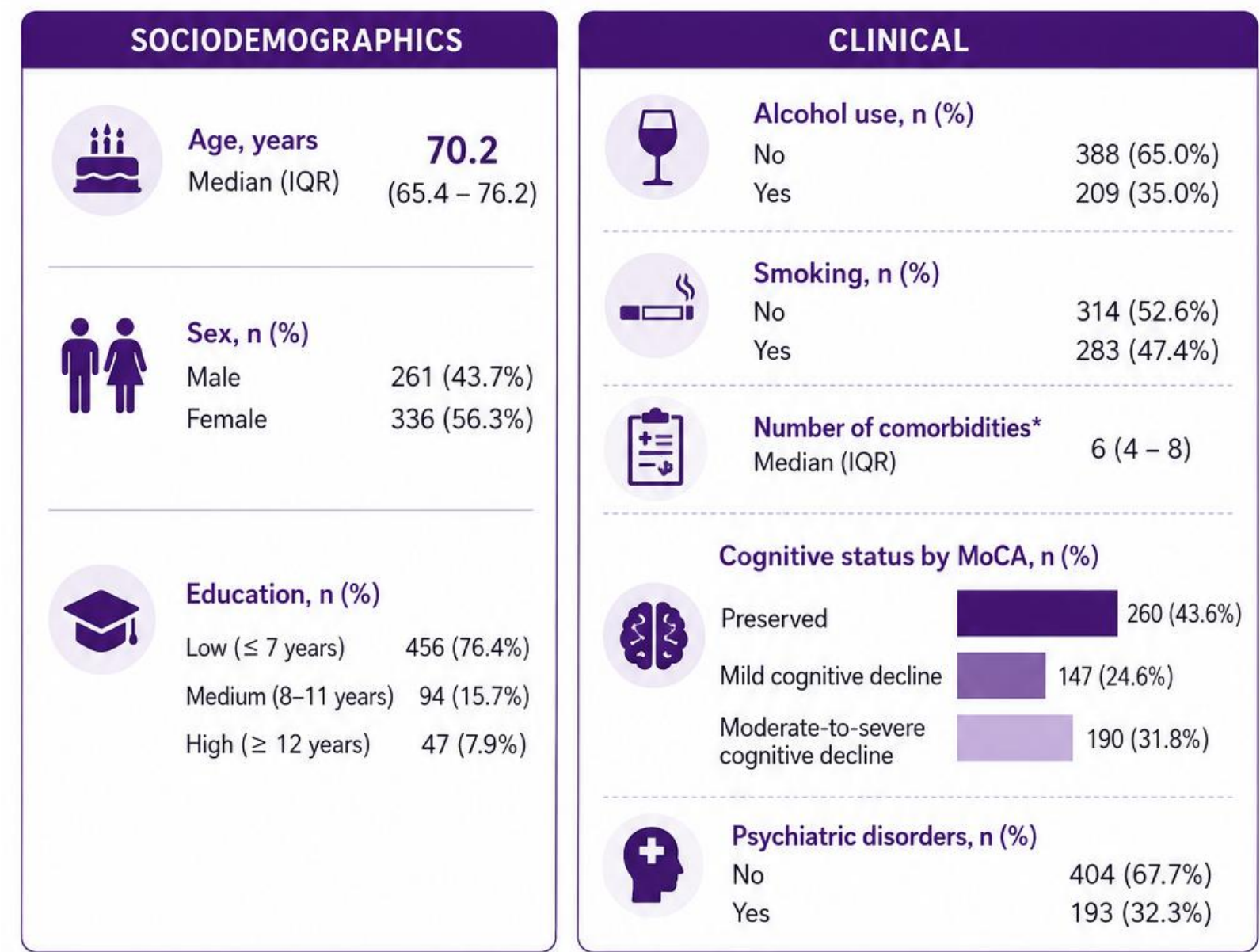


Figure 3 - Clinical and demographic characteristics of the study population.

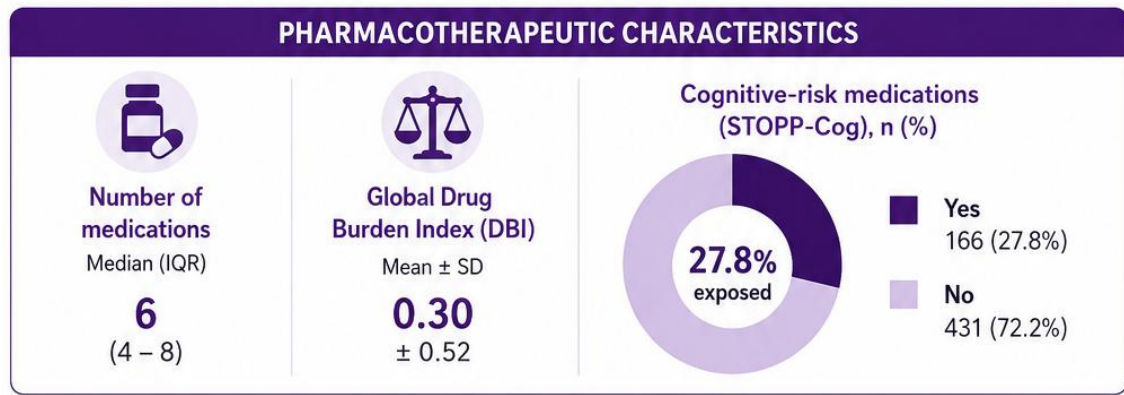


Figure 4 - Clinical and demographic characteristics of the study population.

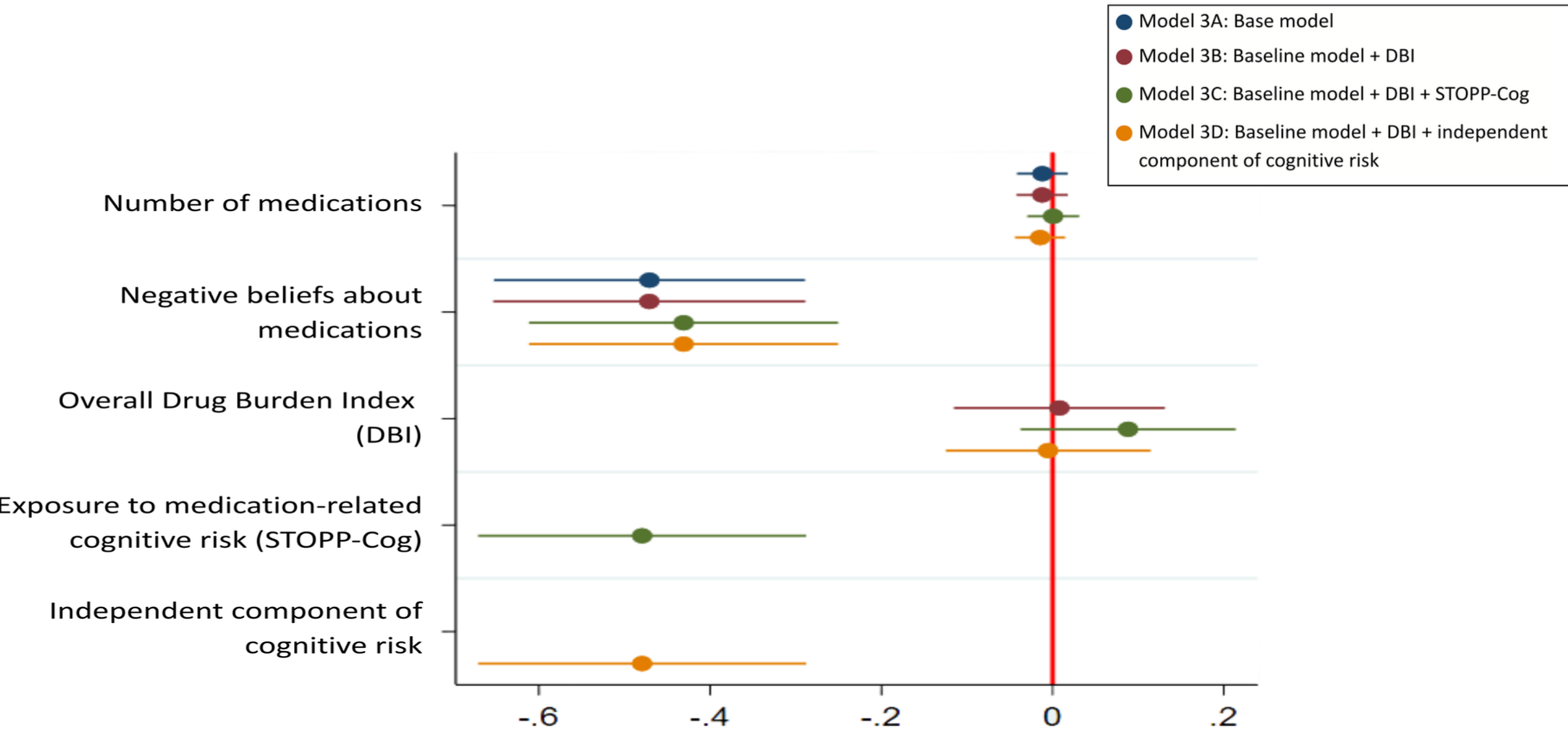


Figure 5 - Pharmacotherapeutic predictors associated with medication adherence

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