

## SMRs: START criteria

START: a screening tool to identify treatments to consider for those **>65 years of age** (where appropriate).

For each drug below, the START criteria outlines clinical scenarios in which it should be considered for prescribing.

START		
GI system		
Drug	START Criteria	Notes
PPI (or other appropriate GI protection)	Those at risk of gastric bleeding due to medications, including: <ul style="list-style-type: none"> <li>• Antiplatelets</li> <li>• SSRIs</li> <li>• Venlafaxine</li> <li>• Oral corticosteroids</li> <li>• NSAIDs</li> </ul>	Bleed risk is greater if prescribed two or more of the listed drugs
START		
CV system		
Drug	START Criteria	Notes
Beta blocker or calcium channel blocker	Stable angina	Consult with specialist first
Beta blocker	Heart failure	
ACE inhibitor	Heart failure	
	Coronary heart disease	
Statins	QRISK >10%	Consider in elderly with life expectancy >5 years
	Coronary heart disease	
	Type 1 diabetes	
	Chronic kidney disease	
START		
Anticoagulants and antiplatelets		
Drug	START Criteria	Notes
Antiplatelet (aspirin, clopidogrel, prasugrel or ticagrelor)	History of cerebral, coronary or peripheral vascular disease (e.g. intermittent claudication, angina, previous MI, ischaemic stroke, TIA)	

Anticoagulation (DOAC or warfarin)	Atrial fibrillation with CHA2DS2VASc $\geq 2$ (consider anticoagulation in men is CHA2DS2VASc = 1)	<a href="#">CHA2DS2VASc</a> assessment tool Always review bleeding risk using <a href="#">ORBIT</a> tool
<b>START</b>		
<b>Respiratory system</b>		
<b>Drug</b>	<b>START Criteria</b>	<b>Notes</b>
Inhaled short-acting beta-2 agonist (SABA) or antimuscarinic bronchodilator (SAMA)	Mild to moderate COPD	For “when required” use
Inhaled corticosteroids (ICS)	Moderate to severe asthma	
	COPD where FEV1 <50% predicted or frequent exacerbations requiring oral corticosteroids	Note; increased risk of pneumonia when using ICS in COPD
<b>START</b>		
<b>Central nervous system</b>		
<b>Drug</b>	<b>START Criteria</b>	<b>Notes</b>
Antidepressant (not a TCA)	Moderate to severe depression	
SSRI	Persistent severe anxiety/generalised anxiety disorder	Sertraline first line, if ineffective offer alternative SSRI or SNRI
Dopamine agonist (ropinirole, pramipexole or rotigotine)	Moderate to severe restless leg syndrome	Exclude underlying cause first e.g. iron deficiency or CKD
<b>START</b>		
<b>Endocrine system</b>		
<b>Drug</b>	<b>START Criteria</b>	<b>Notes</b>
ACE inhibitor or ARB	Hypertension and diabetes	
	Hypertension and CKD (urinary ACR $\geq 30$ mg/mmol)	
	Diabetes and CKD (urinary ACR $\geq 3$ mg/mmol)	
Bisphosphonates (plus, calcium/vitamin D, where dietary calcium intake is inadequate (<700 mg/day))	Long term oral corticosteroid ( $\geq 7.5$ mg prednisolone per day (or equivalent) for $\geq 3$ months)	
	Osteoporosis in postmenopausal women (confirmed by DXA scan with bone mineral density (BMD) T-score of $\geq -2.5$ )	
	Osteoporosis in men over 50 years of age (confirmed by DXA scan with BMD T-score of $\geq -2.5$ )	Only alendronic acid ( <u>once daily</u> ) and risedronate ( <u>once weekly</u> ) are licensed in men

Calcium and vitamin D (if dietary calcium intake is inadequate, < 700 mg/day)	Osteoporosis	
	Previous fragility fracture	
	Housebound with osteopenia (BMT T-score -1 to -2.5 in multiple sites)	
<b>START</b>		
<b>Genito-urinary system</b>		
<b>Drug</b>	<b>START Criteria</b>	<b>Notes</b>
Topical vaginal oestrogen	Symptomatic vaginal atrophy (due to oestrogen deficiency/menopause)	
Alpha-1 blocker	Symptomatic prostatism	
5-alpha reductase inhibitors		
<b>START</b>		
<b>Mucoskeletal system</b>		
Allopurinol	Recurrent episodes of gout	
Folic acid	When prescribed methotrexate	
<b>START</b>		
<b>Eye</b>		
<b>Drug</b>	<b>START Criteria</b>	<b>Notes</b>
Topical prostaglandin/synthetic prostamide or beta-blocker	Glaucoma	