

Content available at: <https://www.ipinnovative.com/open-access-journals>

Indian Journal of Pharmacy and Pharmacology

Journal homepage: <https://www.ijpp.org.in/>

Editorial

The “Fit FOR The Aged (FORTA)” As a tool to improve pharmacotherapy in elderly

Ravinandan A P^{1*}, A Raksha¹

¹Dept. of Pharmacy Practice, Sree Siddaganga College of Pharmacy, Tumkur, Karnataka, India



ARTICLE INFO

Article history:

Received 12-11-2023

Accepted 30-12-2023

Available online 22-01-2024

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

Drug - related problems (DRPs) are one of the top reasons for morbidity and mortality in ageing patient community. The elderly is at a higher risk of developing drug-related problems, owing to altered pharmacodynamics and pharmacokinetics properties.

The term "elderly" or "geriatric" refers to patients aged 60 years and above with impairment in overall functions, any chronic illness, altered physiology and so on. The elderly population is respected resource for any society. Based on the 2011 census, India owns 104 million elderly people (60 years or older), which adds up to 8.6% of the total population.¹

Drug-Related Problems (DRPs) are described as ‘an event or set of circumstances involving drug therapy that actually or potentially interferes with desired health outcomes.’² The DRPs commonly lead to hospitalization, an increased cost of medication, an increased morbidity rate and impairment in the quality of life.³ As a result, it is the responsibility of each pharmacist to collaborate with the health care professionals and suggest how to reduce the number of health products being consumed incorrectly by older people. The commonly observed DRPs include adverse drug reactions, drug interactions, untreated indications, sub-therapeutic doses, overdoses, failure to receive drugs, drug use without any indication and improper drug selection.

There are several approaches to improving pharmacotherapy among elderly patients, which include Beer’s criteria, START/STOPP criteria, and the FORTA drug list.⁴

The FORTA Tool

The tool called FORTA introduced by Wehling is one of the innovative approaches used for the assessment of the appropriateness of drug labelling. This is the first ever classification system that includes positive and negative labelling of individual drugs. FORTA is an evidence based and real-life oriented tool used for categorizing the most used long-term drugs for improving the pharmacotherapy of older patients.⁵ The FORTA concept was first introduced in Germany, which is mainly used as clinical aid for healthcare practitioners to enhance drug treatment in elderly patients.

The FORTA list started off as a compilation of 190 medications that are most frequently prescribed in older patients, aligned to 20 main indication groups. The drugs are assessed based on their safety, efficacy, and age appropriateness. The list is periodically validated in a randomized clinical trial (VALFORTA) for improvement in medication quality. Each drug is given a FORTA label for different indications.

Medications are categorized into four categories A, B, C and D. Drugs in class A are considered safe, while drugs in classes B, C, and D must be avoided in elderly patients. This list is reviewed sporadically; the latest list was published in

* Corresponding author.

E-mail address: ravinandanap@gmail.com (Ravinandan A P).

2018 and contained 296 drugs for 30 indications. By using this FORTA tool, we can reduce drug related problems such as poly pharmacy and drug interactions. This tool can also be used to study the prescribing trend among elderly patients in hospital settings.

These labels vary based on the indication; each class of drug is given a different label for a different indication. For example, statin is considered as A category in myocardial infarction but in the case of dementia it is assigned as a D category.⁶If both indications are present in the patient for a single drug, the primary indication should be considered when assigning the category.


Conflict of Interest

The authors declare that there is no conflict of interest.

References

1. World Health Organization World report on ageing and health World Health Organization. 2015;.
2. Barbara J, Courtman SB, Stallings. Characterization of drug related problems in elderly patients on admission to a medical ward. *The Canadian Journal*. 1995;48(3).
3. Petrovic M, Cammen TVD, Onder G. Adverse drug reactions in older people. *Drugs & aging*. 2012;29(6):453–62.
4. Pazan F. The USFORTA list: Consensus validation of clinical tool to improve drug therapy in older adults. *Journal of the American Medical Directors Association*. 2020;.
5. Wehling M. How to Use the FORTA ("Fit fOR The Aged") List to Improve Pharmacotherapy in the Elderly. *Drug Res (Stuttg)*. 2016;66(2):57–62.
6. Wehling SRM. FORTA(Fit-fOR-The-Aged)-based medication optimization: retrospective analysis of experiences from an unconventional outpatient service. *Rieg S, Wehling M*. 2020;11:1035–1041.

Author biography

Ravinandan A P, Assistant Professor  <https://orcid.org/0000-0003-0952-8824>

A Raksha, Pharm D Intern

Cite this article: Ravinandan A P, Raksha A. The "Fit fOR The Aged (FORTA)" As a tool to improve pharmacotherapy in elderly. *Indian J Pharm Pharmacol* 2023;10(4):244-245.