

The EURO-FORTA (Fit fOR The Aged) List: International consensus validation of a clinical tool for improved drug treatment in older people

Drugs & Aging

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The EURO - FORTA List
“Fit fOR The Aged”
Expert Consensus Validation



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Disclaimer

While building on an international foundation of medical evidence and experience for the medications listed, including already existing “negative lists” and classification systems, this FORTA List primarily reflects prescribing tendencies in seven European countries/regions. The FORTA labels themselves, being evidence-based, may possibly be subject to change during the course of further consensus evaluation procedures, depending on the state of evidence and clinical experience for a given substance⁵. Meanwhile, the FORTA principle has been validated in a randomized clinical trial (VALFORTA) showing a large improvement of medication quality and amelioration of clinical parameters⁶.

With the goal of creating a user-friendly clinical tool, a summary of relevant comments is given directly in the EURO-FORTA List, drawing on the Delphi experts’ extensive clinical experience. This is however by no means comprehensive and does not necessarily refer to specific evidence or sources. Therefore, the authors’ selection of suggestions, comments and warnings may be subjective⁵. ‘No comment’ reflects the absence of noteworthy or relevant words of information or caution within the context of the expert evaluation. All information herein is believed to be true and accurate. Neither the authors nor the University of Heidelberg or affiliated institutions, as the publishers of this list, can accept legal responsibility for any errors or omissions made in the contents of this list⁵.

We welcome all comments and criticism which may contribute to the quality, safety and usability of the EURO-FORTA List in daily clinical practice.

The FORTA Concept: initiators and expert panel for the FORTA classification system

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FORTA Expert Review Panel

The following 64 colleagues, representing seven European countries/regions, provided their expertise for purposes of evaluating the proposed FORTA List. They received no honoraria in connection with this project. All panel members contributed actively to the development of the content of the EURO-FORTA List.

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F O R T A – Physician's guide^{1,2,5,7}

1. FORTA is evidence-based + real-life-oriented (factors such as compliance issues, age-dependent tolerance and frequency of relative contraindications are considered).
2. Classifications are indication (or diagnosis)-dependent: a medication can receive different FORTA classifications based on differing indications.
3. Contraindications always take precedence over the FORTA-classification (for example, even Class A medications may not be given if allergies are present).
4. FORTA is designed to be a quick and user-friendly clinical tool to aid in the pharmacotherapy of older patients. The system is not intended to take the place of individual therapeutic considerations or decisions. As with any simplified model, it does allow for exceptions.

F O R T A – Classification System A-D^{1,2,3,4,7}

Class A = Indispensable drug, clear-cut benefit in terms of efficacy/safety ratio proven in elderly patients for a given indication	Class B = Drugs with proven or obvious efficacy in the elderly, but limited extent of effect and/or safety concerns	Class C = Drugs with questionable efficacy/safety profiles in the elderly which should be avoided or omitted in the presence of too many drugs, absence of benefits or emerging side effects; explore alternatives	Class D = Avoid if at all possible in the elderly, omit first and use alternative substances
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The EURO-FORTA List^{3,4,5}

Delphi Expert Consensus Validation

F O R T A			
A	B	C	D

Classification of the most frequently used long-term medications†
for the pharmacotherapy of older patients

by indication/diagnosis, ranked according to FORTA classification

Newly proposed drugs are mentioned under the respective diagnosis and marked by *; they are listed in greater detail in the second part.

(† long-term defined as > 4 weeks. Please note that the distinction between acute/chronic may not always be clear-cut; exceptions are noted)

ARTERIAL HYPERTENSION	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
		FORTA class / Consensus coefficient								
Substance/Group										
Renin-Angiotensin system inhibitors ACE inhibitors	A	A 0.875	A 1.000	A 1.000	A 1.000	A 1.000	A 0.938	A 0.975	0.970	A
	A	B 0.750	A 1.000	A 0.900	A 1.000	A 0.938	A 0.938	A 0.975	0.929	A
Long-acting calcium antagonists, dihydropyridine type, for example amlodipine	A	A 0.875	A 1.000	A 0.900	A 1.000	A 0.938	A 1.000	A 0.950	0.952	A
Beta-blockers	B	B 1.000	B 0.929	B 0.900	B 0.929	B 0.875	B 0.875	B 1.000	0.930	B
Diuretics	B	B 0.875	B 0.810	B 0.917 (R2)	B 0.857 (R2)	B 0.875	B 0.813	B 1.000	0.878	B
Alpha blockers	C	C 0.875	C 0.929	C 0.875	C 0.929	C 0.938	C 0.875	C 1.000	0.917	C

Spiromycin	C	C 1.000	C 0.917	C 0.900	C 0.929	C 0.929 (R2)	C 0.875	C 0.972	0.932	C
Moxonidine	C	C 0.833	C 0.929	C 0.900	C 0.917	C 1.000	C 1.000	C 1.000	0.940	C
Aliskiren	C	C 0.875	C 0.917	C 1.000	C 1.000	C 1.000	C 0.900	C 0.973	0.952	C
Urapidil	C	C 0.625 (R2)	C 0.833	-	C 1.000	C 0.900	C 0.833	C 0.947	0.856	C
Clonidine	D	D 1.000	D 1.000	D 0.900	D 1.000	D 0.938	D 1.000	D 0.975	0.973	D
Minoxidil	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Calcium antagonists, verapamil type	D	D 0.875	D 1.000	D 1.000	D 0.929	C 0.714 (R2)	D 0.875	D 1.000	0.913	D
CARDIAC INSUFFICIENCY	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/Group										
Renin-angiotensin system inhibitors ACE inhibitors	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 0.975	0.996	A
Angiotensin receptor antagonists	A	A 0.875	A 1.000	A 1.000	A 1.000	A 0.929	A 0.929	A 0.975	0.958	A

Betablockers (metoprolol, carvedilol, bisoprolol)	A	A 1.000	A 1.000	A 0.900	A 0.929	A 1.000	A 1.000	A 0.975	0.972	A
Diuretics	B	B 0.875	B 0.833	A 0.667 (R2)	A 0.643 (R2)	B 0.833	B 0.750 (R2)	B 0.975	0.797	B
Spiromolactone	B	B 0.875	B 0.833	C 0.750 (R2)	B 1.000	B 0.929	B 0.929	B 0.975	0.899	B
Digitalis preparations	C	C 0.833	C 0.833 (R2)	C 1.000	C 0.929 (R2)	C 0.929	C 1.000	C 0.947	0.924	C
Ivabradine	C	C 0.833	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	0.976	C

ACUTE CORONARY SYNDROME	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/Group										
Renin-Angiotensin-System- Blocker: ACE inhibitors	A	A 1.000	A 1.000	A 0.900	A 1.000	A 0.929	A 0.917	A 0.973	0.960	A
Acetylsalicylic acid	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 0.929	A 0.975	0.986	A
Unfractionated heparin and low	A	A 1.000	A 1.000	A 1.000	A 1.000	A 0.929	A 1.000	A 0.975	0.986	A

molecular weight heparin										
Frequency-lowering beta-blockers	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 0.975	0.996	A
Atorvastatin	A	A 0.833	A 0.929	A 1.000	A 1.000	A 0.929	A 0.833	A 0.925	0.921	A
Nitroglycerin spray, single use, acute as on-demand medication	A	A 0.875	A 1.000	A 1.000	A 1.000	A 0.929	A 0.929	A 0.975	0.958	A
Clopidogrel, prasugrel	B A for stent	B 1.000 A for stent 1.000	B 0.929 A for stent 1.000	B 1.000 A for stent 1.000	B 0.929 A for stent 1.000	B 0.857 A for stent 1.000	A 0.625 (R2) A for stent 1.000	B 0.975 A for stent 0.975	0.902 0.996	B A for stent
Thrombolytics, especially rTPA (recombinant tissue- type plasminogen activator)	B	B 1.000	B 0.952	B 0.875	B 1.000	B 0.929	B 1.000	B 1.000	0.965	B
Nitrates, long-term	C	C 0.833	C 1.000	C 1.000	C 1.000	C 1.000	C 0.929	C 0.947	0.958	C
Gp IIb/IIIa antagonists (glycoprotein 2b/3a inhibitors)	C	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.929	C 1.000	0.990	C
Ivabradine	C	-	C 1.000	C 1.000	C 1.000	C 0.929	C 0.929	C 0.973	0.972	C
CHRONIC THERAPY FOLLOWING MYOCARDIAL	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO- FORTA Class (original FORTA class in parentheses if different from

INFARCTION										consensus results)
Substance/group										
Renin angiotensin system blockers ACE Inhibitors	A	A 1.000	A 1.000	A 0.900	A 1.000	A 1.000	A 0.938	A 0.975	0.973	A
Acetylsalicylic acid (100 mg/d)	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 0.929	A 0.975	0.986	A
Frequency-lowering beta blockers up to 3 years	A	A 1.000	A 1.000	A 0.900	A 1.000	A 1.000	A 0.938	A 0.975	0.973	A
Frequency-lowering beta blockers longer than 3 years	C	C 0.833	C 0.833	C 1.000	C 0.857	C 0.786 (R2)	B 0.688 (R2)	B 0.700 (R2)	0.814	C
Nitroglycerin spray, single use as on-demand medication	A	A 0.875	A 1.000	A 1.000	A 1.000	A 0.929 (R2)	A 1.000	A 0.975	0.968	A
Influenza vaccination (inactivated subunit vaccines)	A	A 1.000	A 0.929	A 1.000	A 1.000	B 0.714 (R2)	A 0.875	A 0.975	0.928	A
Statins	A B for very old (>85 years) patients	A 1.000	A 0.929	A 0.833	A 0.857	A 0.881	A 0.875	A 0.894	0.896	A B for very old (>85 years) patients
		B for very old (>85 years) patients	0.942							
										0.944

Clopidogrel (12 months after acute coronary syndrome)	A with aspirin intolerance	0.979	A with aspirin intolerance							
Nitrates, long-term	C	0.982	C							
Fibrates	C	0.943	C							
Ezetimibe	C	0.941	C							
Amiodarone	C	0.976	C							
All other class-I-III antiarrhythmic agents	D	0.996	D							
Dihydropyridine antagonists (if no hypertension)	D	0.973	D							
Niacin	D	-	D	D	D	D	D	D	0.968	D

STROKE	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class
		FORTA class / Consensus coefficient		(original FORTA class in parentheses if different from consensus results)						
Substance/Group										
Acetylsalicylic acid	A	A	A	A	A	A	A	A	0.984	A
Atorvastatin	A	A	A	A	A	A	B	A	0.882	A

		1.000	0.929	0.833	0.929	0.938	0.625 (R2)	0.921		
rTPA (recombinant tissue-type plasminogen activator)	A	A 1.000	A 1.000	A 1.000	A 0.857	A 0.875	A 0.889	A 0.972	0.942	A
Simvastatin	A	A 1.000	A 0.929	A 0.833	A 0.857	A 0.896	A 0.875	A 0.925	0.902	A
Anticoagulants including new oral anticoagulants	A	A 1.000	A 0.917	A 0.833	A 1.000	A 0.875	A 1.000 (R2)	A 0.921	0.935	A
Clopidogrel	A	B 0.750	A 0.857	A 1.000	A 0.929	A 0.896	A 0.944	A 1.000	0.911	A
Dipyridamole plus acetylsalicylic acid	B	C 0.500	B 0.857	B 1.000	B 0.929	B 0.917	C 0.625 (R2)	B 0.875	0.815	B

	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
ATRIAL FIBRILLATION										
Substance/group										
Frequency-lowering betablockers	A	A 0.875	A 0.929	A 0.833	A 1.000	A 0.938	A 0.944	A 1.000	0.931	A
New Oral Anticoagulants (NOACs)	B 0.875	B 0.875	B 0.750 (R2)	B 0.833	B 0.929	B 0.813	B 0.833	B 0.829 (R2)	0.837	B
Except dabigatran		C 0.625 (R2)	C 0.944	C 0.900 (R2)	C 0.857	C 0.813	C 0.813 (R2)	C 0.815	0.824	C

Oral anticoagulation by vitamin-K-antagonists (e.g. phenprocoumon, warfarin)	B	B 0.875	B 0.833 (R2)	A 0.583 (R2)	B 0.857	B 0.938	B 0.833	A 0.725 (R2)	0.806	B
	C	D 0.750 (R2)	C 1.000	C 1.000	C 0.929	C 1.000	C 0.813	C 0.975	0.924	C
Alternative: low molecular weight heparin										
Digoxin	B	C 0.500 (R2)	B 0.857	C 0.750 (R2)	B 1.000	B 0.938	B 0.889	B 0.850	0.826	B
Digitoxin	C	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.900	C 0.900	0.971	C
Diltiazem, verapamil	C	C 1.000	C 0.929	C 0.833 (R2)	C 0.929	C 1.000	C 0.889	C 0.950	0.933	C
Class III antiarrhythmic agent amiodarone	C	C 0.875	C 0.857	C 1.000	C 1.000	C 0.938	C 0.833	C 0.975	0.925	C
All other class I-III antiarrhythmic agents	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Acetylsalicylic acid (100 mg/d)	D	D 0.875	D 0.929	D 0.900 (R2)	C 0.714 (R2)	D 0.786 (R2)	D 1.000	D 0.975	0.883	D
Class III antiarrhythmic agent dronedarone	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.929	D 1.000	0.990	D

0.957										
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class
		FORTA class / Consensus coefficient		(original FORTA class in parentheses if different from consensus results)						
Substance/group										
Inhalative long-acting parasympatholytic agents	A	A 0.833	A 0.929	A 1.000	A 1.000	A 0.929	A 0.875	A 1.000	0.938	A
Systemic glucocorticoids, acute, short-term use in cases of exacerbation	A	A 0.875	A 1.000	A 1.000	A 1.000	A 0.857	A 1.000	A 1.000	0.962	A
Antibiotics (acute) in cases of exacerbation, after calculated selection and, if necessary, according to antibiogram	A	A 1.000	A 1.000	A 0.900	A 1.000	A 0.929	A 1.000	A 1.000	0.976	A
Long-term administration of oxygen	A	A 1.000	1.000	A						
Annual influenza immunizations	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 0.975	0.996	A
Pneumococcal immunizations for persons ≥ 65 years	A	A 1.000	1.000	A						

Inhalative beta 2 mimetic agents	B	B 0.750 (R2)	B 1.000	B 1.000	B 0.857	B 0.857	B 0.929	B 0.975	0.962	B
Inhalative glucocorticoids	C	C 0.833	C 0.929	C 0.900	C 0.857	B 0.714 (R2)	C 0.938	C 0.833	0.858	C
Theophylline	C	D 0.750 (R2)	C 0.833 (R2)	C 1.000	C 0.786 (R2)	C 0.953	C 0.938	C 0.925	0.884	C
Mucolytic agents, e.g., acetyl cysteine, bromhexine	C	D 0.750 (R2)	C 0.929	C 1.000	C 1.000	C 1.000	C 0.813	C 0.950	0.920	C
Roflumilast	C	D 0.500 (R2)	C 0.900	C 1.000	C 0.929	C 1.000	C 1.000	C 0.941	0.896	C
Systemic glucocorticoids, chronic use	D	D 1.000	D 0.929	D 1.000	D 1.000	D 0.929	D 1.000	D 0.975	0.976	D
Antitussives: opioid A., e.g. codein; non-opioid A., e.g. butamirate	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.875	D 1.000	0.982	D
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OSTEOPOROSIS	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/Group										
Calcium and vitamin D supplements (as prophylaxis for persons ≥65 years)	A	A 0.833	A 1.000	A 1.000	A 0.929	A 0.857	A 0.813	A 1.000	0.919	A

Parenteral bisphosphonates (e.g. ibandronate, IV every 3 months)	A	A 0.833	A 0.857	A 1.000	B 0.643 (R2)	A 0.857	A 0.889	A 1.000	0.868	A
Denosumab	A	B 0.333 (R2)	A 1.000	A 0.900	B 0.571 (R2)	A 0.929	A 0.857	A 0.947	0.791	A
Raloxifene for women	A	B 0.625 (R2)	B 0.600 (R2)	B 0.600 (R2)	B 0.643 (R2)	A 0.929 (R2)	B 0.500 (R2)	A 0.973	0.696	(A) B
Bisphosphonates, oral	B	B 0.750 (R2)	B 0.857	B 0.750 (R2)	B 0.857 (R2)	B 0.857 (R2)	B 0.813 (R2)	B 0.775 (R2)	0.808	B
Teriparatide	C	C 1.000	B 0.375 (R2)	C 1.000	C 0.857	C 1.000	C 0.938	C 0.894	0.866	C
Alfacalcidol	C	C 0.875	C 0.929	C 1.000	C 1.000	C 0.929	C 0.938	C 1.000	0.953	C
Parathormone	C	C 0.833	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.921	0.965	C
Strontium ranelate	D	D 1.000	D 0.857	D 1.000	D 0.929	D 0.857	D 1.000	D 0.947	0.941	D
Nandrolone decanoate	D	D 1.000	1.000	D						
Fluoride	D	D 1.000	1.000	D						
Hormone replacement therapy (HRT): estrogen, except for perimenopausal)	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.857	D 0.950	0.972	D

TYPE II DIABETES MELLITUS	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
DPP4 (Dipeptidylpeptidase) Inhibitors	A	B 0.625 (R2)	A 0.929	B 0.667 (R2)	A 0.857	B 0.643 (R2)	B 0.357 (R2)	A 0.900	0.711	(A) B
Insulin and insulin analogs (if absolutely necessary)	B	A 0.625 (R2)	B 0.857	A 0.667 (R2)	B 0.857	B 0.929	B 0.813	B 0.825	0.796	B
Metformin	B	B 0.875	A 0.583 (R2)	B 0.900	A 0.571 (R2)	B 0.810	B 0.813	B 0.900	0.779	B
GLP1 (Glucagon-Like Peptide-1) analogs	B	B 0.875 (R2)	B 0.833	B 1.000	B 0.929	B 1.000	B 0.929	B 0.916	0.926	B
Acarbose	B	C 0.625 (R2)	B 0.833 (R2)	B 0.833	B 0.786 (R2)	B 0.929	C 0.286 (R2)	C 0.579 (R2)	0.696	B
3rd generation sulfonylureas (for example, glimepiride)	C	C 0.875	C 0.881	C 1.000	C 1.000	B 0.643 (R2)	C 0.813	C 0.875	0.870	C
Glinides (for example, nateglinide)	C	C 0.833	C 0.917	C 1.000	C 1.000	C 1.000	C 1.000	C 0.950	0.957	C
PPAR-γ Ligands (Peroxisomal)										C

Proliferator-Activated Receptor gamma) pioglitazone	C	D 0.625 (R2)	C 0.929	C 1.000	C 1.000	C 1.000	C 0.929	C 0.925	0.915	
rosiglitazone	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Gliflozins	D	D 1.000	D 0.861	D 0.833	D 0.929	D 1.000	C 0.643 (R2)	D 0.973	0.891	D
1st generation sulfonylureas (for example, glibenclamide)	D	D 1.000	D 0.929	D 1.000	D 1.000	D 0.833	D 0.813	D 0.900	0.925	D
DEMENTIA	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
Acetylcholinesterase inhibitors e.g. donepezil, galantamine, rivastigmine (Only if indicated for the present stage of the disease)	B	B 0.875	B 0.929	B 1.000	B 0.938	B 0.875	B 0.944	B 0.868	0.918	B
Memantine	C	B 0.500 (R2)	C 0.929	C 0.833 (R2)	C 0.875	B 0.571 (R2)	C 0.750 (R2)	B 0.548 (R2)	0.715	C
Ginkgo biloba	C	C 0.875 (R2)	D 0.582 (R2)	D 0.500 (R2)	D 0.563 (R2)	D 0.643 (R2)	D 0.563 (R2)	C 0.825	0.650	(C) D

Statins	D	D 0.833	D 0.810	D 1.000 (R2)	D 0.875	D 0.857 (R2)	D 0.938	D 0.950	0.895	D
Selegiline	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000		D
Nimodipine	D	D 1.000	D 0.917	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	0.988	D
Ergoline derivatives	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Piracetam	D	D 1.000	D 1.000	D 1.000	D 1.000	D 0.917	D 1.000	D 1.000	0.988	D
Pyritinol	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Antioxidants: vitamin E, selenium, vitamin C	D	D 0.875	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.975	0.979	D
Phytotherapeutic agents, e.g. ginseng	D	D 0.875	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	0.982	D
Hormone preparations, e.g. DHEA (Dehydroepiandrosterone), testosterone	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Antiphlogistics, e.g. indomethacin	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Desferrioxamine	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus)

BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)										results)
DEPRESSION										
Substance/group										
SSRI (Selective Serotonin Reuptake Inhibitors) citalopram/escitalopram, sertraline, fluoxetine in the usual dosages	C	B 0.625 (R2)	C 0.810	C 0.833 (R2)	C 0.813 (R2)	B 0.500 (R2)	C 0.875 (R2)	C 0.868	0.761	C
Mirtazapine (15-45mg/d)	C	C 0.875 (R2)	C 0.857	C 0.750 (R2)	C 0.813	C 0.786 (R2)	C 0.833	C 0.850	0.823	C
SNRI (Serotonin-Noradrenalin-Reuptake-Inhibitors) venlafaxine, duloxetine	D	C 0.500 (R2)	C 0.600 (R2)	C 0.500 (R2)	C 0.500 (R2)	C 0.286 (R2)	C 0.625 (R2)	D 0.809	0.546	(D) C
BPSD: PARANOIA, HALLUCINATION	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										

Risperidone (initially 0.5-1 mg/d)	C	C 1.000	C 1.000	C 1.000	C 0.813	C 0.857	C 0.857 (R2)	C 0.833	0.909	C
Melperone (25-150mg/d)	C	D 0.500 (R2)	C 1.000	C 1.000	C 0.900	C 1.000	C 1.000	C 0.880	0.897	C
Quetiapine (25-200 mg/d)	C	C 0.875	C 0.929	C 1.000	C 0.938	B 0.643 (R2)	C 0.944	C 0.925	0.893	C
Aripiprazole (2-15 mg/d)	D	D 0.875	C 0.625 (R2)	C 0.700 (R2)	D 0.813	D 0.833 (R2)	C 0.667 (R2)	D 0.900	0.773	D
Haloperidol (initially 0.5 mg/d, max. 3 mg/d)	D	D 0.875	C 0.500 (R2)	C 0.583 (R2)	C 0.563 (R2)	C 0.571 (R2)	C 0.563 (R2)	D 0.833	0.641	(D) C
Clozapine (10-50 mg/d)	D	D 0.750 (R2)	D 0.917	D 1.000	D 0.938	D 1.000	D 0.917	D 0.976	0.928	D
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BPSD: RESTLESSNESS, AGITATION, (AGGRESSION)	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
Trazodone (50-200 mg/d)	C	C 1.000	C 1.000	C 1.000	C 0.875	C 0.929	C 1.000	C 0.928	0.962	C
Risperidone (initially 0.5-1 mg/d, Maximum 3 mg/d)	C	C 1.000	C 1.000	C 1.000	C 0.813	C 0.857 (R2)	C 0.889	C 0.880	0.920	C
Quetiapine (25-200 mg/d)	C	C 1.000	C 0.929	C 1.000	C 1.000	B 0.642 (R2)	C 1.000	C 0.976	0.935	C
Melperone (25-150	C	-	C	C	C	C	C	C	0.970	C

mg/d)			1.000	1.000	0.917	1.000	1.000	0.904		
Citalopram (10-30mg)	C	C 1.000	C 1.000	C 1.000	C 1.000	C 0.857	C 0.944	C 0.921	0.960	C
Clomethiazole (5-15 mg/d)	D	D 1.000	D 1.000	D 1.000	D 0.875	D 1.000	D 0.938	D 0.950	0.966	D
Pipamperone (20-120 mg/d)	C	D 0.667 (R2)	C 1.000	-	D 0.625 (R2)	D 0.667 (R2)	D 0.750 (R2)	C 0.894	0.767	(C) D
BPSD: SLEEP DISORDERS	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
Slow-release melatonin (2-4 mg)	C	C 0.875	C 0.929	C 1.000	C 1.000	C 1.000	C 1.000	C 0.925	0.961	C
Tetracyclic antidepressant mirtazapine (15-30mg)	C	C 1.000	C 0.929	C 1.000	C 1.000	C 1.000	C 0.875	C 0.925	0.961	C
Tricyclic antidepressant doxepine (25-50 mg)	C	D 0.600 (R2)	C 0.917	C 1.000	C 0.875	D 0.571 (R2)	C 0.875	D 0.550 (R2)	0.770	C
Zopiclone (3.75-7.5 mg)	D	C 0.600 (R2)	C 0.625 (R2)	C 0.583 (R2)	C 0.643 (R2)	C 0.643 (R2)	C 0.688 (R2)	D 0.825	0.658	(D) C
Zolpidem*										

DEPRESSION Prophylaxis and therapy for patients with moderate to major depression	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
SSRIs (Selective Serotonin Reuptake Inhibitor) sertraline	B	B 1.000	B 0.929	B 1.000	B 0.938	B 0.786 (R2)	B 0.813	B 0.880	0.907	B
	B	B 1.000	B 1.000	B 1.000	B 0.875	B 0.813	B 0.938 (R2)	B 0.904	0.933	B
	B	B 1.000	B 0.929	B 1.000	B 0.875	B 0.813	B 0.938 (R2)	B 0.928	0.926	B
Tricyclic antidepressant nortriptyline	C	C 0.800 (R2)	C 0.857	C 1.000	D 0.688 (R2)	D 0.583 (R2)	C 0.813	C 0.904	0.806	C
Tetracyclic antidepressant mirtazapine	C	C 0.875	C 0.857	C 0.917	C 0.938	C 0.938	B 0.688 (R2)	C 0.857	0.867	C
SNRIs (Serotonin-Noradrenalin Reuptake Inhibitors) venlafaxine	C	C 0.875	C 0.857	C 1.000	C 1.000	C 0.813	C 0.813	C 0.952	0.901	C
	C	C 0.875	C 0.810	C 1.000	C 1.000	C 0.938	C 0.875	C 0.904	0.915	C
	C	C 0.875	C 0.917	C 1.000	C 0.813	C 0.875	C 0.917	C 0.904	0.900	C

Dopamine and norepinephrine reuptake inhibitor bupropion	C	C 0.800 (R2)	C 1.000	C 1.000	C 0.938	C 0.938	C 1.000	C 0.904	0.940	C
Vortioxetine	C	-	C 0.875	C 0.875	C 0.875	C 0.875	C 0.833	C 0.888	0.870	C
Trazodone	C	C 1.000	C 0.857	-	C 0.938	C 0.813	C 0.833	C 0.904	0.891	C
Olanzapine	C	C 1.000	C 0.929	C 0.875	C 0.929	C 1.000	D 0.625 (R2)	C 0.904	0.895	C
Quetiapine	C	C 1.000	C 0.929	D 0.583 (R2)	C 0.875	C 0.875	D 0.750 (R2)	C 0.928	0.849	C
Benzodiazepines: General	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Long-acting, Short-acting	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
	C	C 1.000	C 0.857	D 0.500 (R2)	D 0.500 (R2)	C 0.917	D 0.625 (R2)	C 0.976	0.768	C
St. John's Wort	D	-	D 1.000	D 1.000	D 1.000	D 0.875	D 1.000	D 1.000	0.980	D
Agomelatine	D	D 0.833	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.900	0.962	D
Selective noradrenaline re-uptake inhibitor reboxetine	D	D 1.000	D 0.917	D 1.000	D 1.000	D 0.929	D 1.000	D 0.952	0.971	D

BIPOLAR DISORDER	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
		FORTA class / Consensus coefficient								
Substance/group										
Quetiapine	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.857	B 0.976	0.976	B
Lithium	B 0.750 (R2)	C 0.600 (R2)	C 0.583 (R2)	C 0.857	C 0.583 (R2)	B 0.813 (R2)	B 0.875	0.723	(B) C	
Valproic acid	C 1.000	C 0.929	C 1.000	C 1.000	C 1.000	C 1.000	C 0.952	0.983	C	
Lamotrigine	C 1.000 (R2)	C 0.929	C 1.000	C 0.929	C 1.000	C 1.000	C 0.975	0.976	C	
Carbamazepine	D 0.833	D 0.810	D 1.000	D 0.929	C 0.643 (R2)	D 1.000	D 1.000	0.888	D	
INSOMNIA / SLEEP DISORDERS	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
Melatonin (slow-release)	B	-	B 0.857	C 0.700 (R2)	B 0.875	B 0.813	B 0.833	B 0.875	0.826	B

ω1-Benzodiazepine agonists										
zolpidem	C	C 0.900 (R2)	C 1.000	C 0.917	C 0.938	C 0.875	C 0.929	C 0.904	0.923	C
	C	-	C 1.000	C 0.875	C 0.938	C 0.875	C 0.929	C 0.928	0.924	C
Non-benzodiazepine hypnotic zopiclone	C	C 0.800 (R2)	C 0.929	C 0.917	C 1.000	C 0.875	C 0.875	C 0.904	0.900	C
Butyrophenone derivative pipamperone	C	D 0.500 (R2)	C 1.000	-	C 0.917	C 1.000	C 1.000	C 0.975	0.899	C
Melperone	C	-	C 1.000	-	C 1.000	C 1.000	C 1.000	C 0.976	0.995	C
Tetracyclic antidepressant Mirtazapine	C	C 1.000	C 0.929	C 0.917	C 1.000	C 1.000	C 0.857	C 0.900	0.943	C
Tricyclic antidepressant doxepine	C	D 0.600 (R2)	D 0.500 (R2)	D 0.500 (R2)	D 0.563 (R2)	D 0.583 (R2)	D 0.688 (R2)	D 0.600 (R2)	0.576	(C) D
Benzodiazepines, e.g. oxazepam (medium half-life) triazolam (very short half-life)	D	C 0.600 (R2)	D 0.881	C 0.700 (R2)	D 0.813	D 1.000	D 1.000	D 0.952	0.849	D
	D	D 0.833	D 0.929	D 1.000	D 1.000	D 1.000	D 0.929	D 0.857	0.935	D
Antihistamine diphenhydramin	D	D 1.000	D 1.000	D 1.000	D 0.938	D 1.000	D 0.875	D 1.000	0.973	D
Sigma receptor agonist opipramole	D	D 1.000	D 1.000	-	D 1.000	D 1.000	D 1.000	D 0.976	0.996	D

CHRONIC PAIN	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
		FORTA class / Consensus coefficient								
Substance/group										
Paracetamol (acetaminophen)	A	A 1.000	A 1.000	A 1.000	A 1.000	A 0.875	A 1.000	A 0.950	0.975	A
Opioids, e.g. buprenorphine, oxycodone, hydromorphone	B	B 1.000	B 0.929	B 1.000	B 0.938	B 0.875	B 0.944	B 0.975	0.952	B
Tilidine/naloxone	C	-	C 0.900	C 1.000	C 1.000	C 0.917	C 0.900	C 0.900	0.936	C
Oxycodone/naloxone	C	C 0.833	B 0.750 (R2)	C 1.000	C 1.000	C 0.857	C 0.813	C 0.900	0.879	C
Morphine	C	C 0.875	C 0.860	C 0.917	C 0.938	C 0.813	C 0.875 (R2)	C 0.900	0.883	C
SSRI (Selective Serotonin Reuptake Inhibitors) / SNRI (Serotonin-Norepinephrine-Reuptake Inhibitor), e.g. venlafaxine (only if absolutely necessary)	C	C 0.833	C 0.881	C 0.875	C 1.000	C 1.000	C 0.857	C 0.916	0.909	C

Antiepileptic agents (only for neuropathic pain)	C	B 0.625 (R2)	C 0.857	C 1.000	C 0.875	C 0.813	C 0.857	C 0.950	0.854	C
Pregabalin/gabapentin	D	D 0.833	D 0.929	D 1.000	D 0.813	D 0.813	D 0.875 (R2)	D 1.000	0.895	D
Carbamazepine	B	-	C 0.750 (R2)	-	B 0.938	B 0.875	D 0.250 (R2)	B 0.916	0.746	(B) C
Metamizole	D	D 1.000	D 1.000	D 0.917	D 0.813	D 0.938	D 0.750 (R2)	D 0.900	0.903	D
Tricyclic antidepressant amitriptyline	D	D 1.000	D 0.857	D 1.000	D 0.938	D 0.857 (R2)	D 0.929	D 0.947	0.933	D
NSAIDs (nonsteroidal anti-inflammatory drugs, for long-term use), e.g. naproxen	D	D 1.000	D 0.857	D 1.000	D 0.938	D 0.857 (R2)	D 0.929	D 0.947	0.933	D
cox-2 inhibitors, e.g. celecoxib	D	D 1.000	D 0.750 (R2)	D 1.000	D 1.000	D 0.813	D 0.929	D 0.921	0.916	D
Tramadol*										
EPILEPSY	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO- FORTA Class (original FORTA class in parentheses if different from

										consensus results)
Substance/group										
Levetiracetam	B	B 1.000	B 1.000	B 1.000	B 1.000	B 0.929	B 0.929	B 0.950	0.973	B
Lamotrigine	B	B 1.000	B 1.000	B 1.000	B 0.938	B 1.000	B 1.000	B 0.925	0.980	B
Gabapentin	B	B 1.000	B 1.000	B 0.875	B 0.938	B 1.000	B 0.813	B 0.921	0.935	B
Pregabalin	C	C 0.833	B 0.700 (R2)	B 0.700 (R2)	C 0.813	C 0.813	C 0.938 (R2)	C 0.888	0.812	C
Lorazepam (emergency use)	B	C 0.750 (R2)	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.944	0.956	B
Lorazepam (long-term use)	D	D 1.000	D 1.000	D 1.000	D 1.000	D 0.900	D 0.917	D 1.000	0.983	D
Topiramate	B	B 0.833	B 0.933	C 0.500 (R2)	B 0.938	B 1.000	B 1.000	B 0.884	0.870	B
Valproic acid	C	C 1.000	C 0.929	C 0.875	C 1.000	C 0.938	C 0.813	C 0.973	0.933	C
Eslicarbazepine	C	-	C 1.000	C 1.000	C 1.000	C 1.000	C 0.900	C 1.000	0.983	C
Lacosamide	C	-	C 1.000	C 1.000	C 1.000	C 1.000	C 0.917	C 1.000	0.986	C
Zonisamide	C	-	C 1.000	C 1.000	C 0.900	C 1.000	C 0.917	C 1.000	0.970	C
Carbamazepine	C	C 1.000	C 1.000	C 0.875	C 0.938	C 0.938	C 0.875	C 0.972	0.943	C

Diazepam (emergency use)	C	C 1.000	C 0.857	B 0.500 (R2)	C 1.000	C 1.000	C 0.833	C 0.894	0.869	C
Diazepam (long-term use)	D	D 1.000	D 0.857	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	0.980	D
Midazolam (emrgency use)	C	C 1.000	C 1.000	C 0.875	C 0.938	C 1.000	C 0.857	C 0.947	0.945	C
Midazolam (long-term use)	D	-	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.916	0.970	D
Oxcarbazepine	C	C 1.000	C 0.800 (R2)	D 0.667 (R2)	C 0.813	C 0.833	C 0.875 (R2)	C 0.944	0.847	C
Phenytoin	D	D 0.833	D 1.000	D 1.000	D 0.938	D 0.929	D 0.813 (R2)	D 1.000	0.930	D
Phenobarbital	D	D 0.833	D 1.000	D 1.000	D 1.000	D 1.000	D 0.938	D 1.000	0.967	D
Ethosuximide	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D

PARKINSON'S DISEASE	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO- FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
L-DOPA	A 0.875	A 0.875	A 0.857	A 0.917 (R2)	A 0.875	A 0.833	A 0.889	A 1.000	0.892	A
COMT (Catechol-O- Methyltransferase) Inhibitor	B 0.833	B 0.833	B 1.000	B 0.900	B 1.000	B 1.000	B 0.875	B 0.973	0.940	B

entacapone										
Dopamine agonists, e.g. ropinirole pramipexole	B	B 0.833	C 0.700 (R2)	B 0.875 (R2)	B 0.857	B 0.813	B 0.833	B 0.921	0.833	B
	B	B 0.833	C 0.625 (R2)	B 0.833 (R2)	B 0.857	C 0.714 (R2)	B 0.833	B 0.925	0.803	B
	B	B 0.833	B 0.917	B 1.000	B 0.929	B 1.000	B 0.857	B 0.968	0.929	B
Piribedil, quinagolide, rotigotine	B	B 0.833	B 0.917	B 1.000	B 0.929	B 1.000	B 0.857	B 0.968	0.929	B
MAO-B inhibitors rasagiline selegiline	C	C 1.000	C 0.917	C 0.900	C 1.000	C 1.000	C 0.875	C 1.000	0.956	C
	D	D 0.833 (R2)	C 0.600 (R2)	C 0.625 (R2)	C 0.500 (R2)	D 0.786 (R2)	C 0.625 (R2)	D 0.975	0.706	(D) C
	D	D 0.833	D 0.833	C 0.500 (R2)	D 0.929	D 0.857 (R2)	D 0.833	D 0.921	0.815	D
Glutamate antagonists amantadine	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	1.000	D
Bromocriptine, cabergoline	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000		
Anticholinergics biperidene	D	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	D 0.917	D 0.975	0.985	D
 										
INCONTINENCE Drug therapy for urge incontinence	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO- FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
Fesoterodine	B	D	B	B	B	B	C	B	0.837	B

		0.500 (R2)	0.833	1.000	0.833 (R2)	1.000	0.750 (R2)	0.944		
Tolterodine	C	D 0.666 (R2)	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.975	0.949	C
Trospium chloride	C	C 0.625 (R2)	C 1.000	C 1.000	C 0.929	C 0.917	C 1.000	C 0.875	0.907	C
Extended-release oxybutynin	C	C 0.833	C 1.000	C 0.917	C 1.000	C 1.000	C 1.000	C 1.000	0.964	C
Immediate-release oxybutynin	D	D 1.000	D 1.000	D 1.000	D 1.000	D 0.929	D 1.000	D 1.000	0.990	D

GASTROINTESTINAL ILLNESSES/ CONCOMITANT THERAPY WITH NSAIDs	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Proton pump inhibitors (PPI), only if absolutely necessary	B 0.875	B 1.000	B 1.000	B 1.000	B 0.929	B 1.000	B 0.907	B 0.916	0.947	B
H ₂ receptor antagonists	C 0.875	C 1.000	C 1.000	C 1.000	C 1.000	C 0.875	C 0.889	C 0.975	0.945	C

	Suggested FORTA	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if
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Anemia	class										different from consensus results)
Substance/group											
Substitution (iron, vitamin B12, folic acid in cases of deficiency)	A	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	A 1.000	1.000	A	
Erythropoetin-stimulating agents (ESA) in patients with renal insufficiency	A	A 1.000	A 1.000	A 0.900	A 0.929	A 1.000	A 0.875	A 0.947	0.950	A	
Iron substitution in patients with cardiac insufficiency	A	A 0.875	A 1.000	A 1.000	A 1.000	A 0.929	A 1.000	A 0.921	0.961	A	
Proof of iron deficiency	B	B 0.875 (R2)	B 0.917	B 0.833	B 0.857 (R2)	B 0.833	C 0.375 (R2)	B 0.842	0.790	B	
No proof of iron deficiency											

ONCOLOGICAL DISEASES: SOLID TUMORS	Suggested FORTA class	France (N=5)	Italy (N=7)	Nordic countries (N=6)	Spain (N=8)	Poland (N=8)	UK/Ireland (N=9)	Germany /Austria (N=21)	Mean consensus coefficient	EURO-FORTA Class	
INDICATION Substance/group											(original FORTA class in parentheses if different from consensus results)

BREAST CANCER Adjuvant therapy										
Hormone therapy, e.g. tamoxifen	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.888	0.984	B
	B	B 1.000	B 1.000	B 1.000	B 0.917	B 1.000	B 1.000	B 0.888	0.972	B
Immunotherapy / “Targeted” therapy Trastuzumab	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.875	B 0.857	0.960	B
Chemotherapy, e.g. CMF (Combination cyclophosphamide, methotrexate, 5- Fluorouracil)	C	C -	C 1.000	C 1.000	C 1.000	C 0.833	C 1.000	C 0.928	0.960	C
	C	C -	C 1.000	C 1.000	C 1.000	C 0.833	C 1.000	C 0.928	0.960	C
BREAST CANCER Advanced Stage										
Hormone therapy, e.g. tamoxifen, aromatase inhibitors	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.857	0.980	B
Immunotherapy/ Targeted Therapy Trastuzumab/ lapatinib	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.875	B 1.000	0.982	B

Chemotherapy, e.g. anthracyclins, taxanes	C	C -	C 1.000	C 1.000	C 1.000	C 0.875	C 1.000	C 0.916	0.965	C
VEGF (Vascular Endothelial Growth Factor) Inhibition Bevacizumab	D	D -	D 1.000	D 1.000	D 1.000	D 1.000	D 1.000	C 0.666 (R2)	0.944	D
COLORECTAL CARCINOMA Adjuvant Therapy										
FOLFOX Regimen (Folinic acid, Fluorouracil, Oxaliplatin)	C	C -	C 1.000	C 1.000	C 0.900	C 1.000	C 1.000	C 0.250 (R2)	0.858	C
5-Fluorouracil based infusion regimen	C	C -	C 1.000	C 1.000	C 0.900	C 1.000	C 1.000	C 0.900	0.967	C
Capecitabine	C	C -	C 1.000	C 1.000	C 0.900	C 1.000	C 1.000	C 0.900	0.967	C
COLORECTAL CARCINOMA Advanced stage										
Chemotherapy FOLFOX (Folinic acid, Fluorouracil, Oxaliplatin)	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.900	0.983	C
VEGF (Vascular Endothelial Growth Factor) Inhibition Bevacizumab	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.900	0.983	C
EGFR (Epidermal- Growth-Factor- Receptor) Inhibition Cetuximab	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	1.000	C
	C	C	C	C	C	C	C	C	0.983	C

Panitumumab		-	1.000	1.000	1.000	1.000	1.000	0.900		
BRONCHIAL CARCINOMA Adjuvant therapy										
Adjuvant chemotherapy (cisplatin-based)	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.900	0.983	C
BRONCHIAL CARCINOMA Advanced Stage										
Docetaxel	B	B -	B -	B 1.000	B 1.000	B 1.000 (R2)	B 0.875	B 1.000	0.975	B
Vinorelbine	B	B -	B 1.000	B 1.000	B 1.000	B 1.000 (R2)	B 0.833	B 1.000	0.967	B
Primary combination therapy cisplatin/gemcitabi- n, or cisplatin/vinorelbine	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.916	0.986	C
GASTRIC CANCER										
ECF Regime (Epirubicin, Cisplatin, 5- Fluorouracil)	B	B -	B 1.000	B 1.000	B 1.000	B 0.833	C 0.500 (R2)	B 1.000	0.889	B
ONCOLOGICAL DISEASES HEMATOLOGICAL	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO- FORTA Class (original FORTA class in parentheses if

NEOPLASIAS										different from consensus results)
INDICATION Substance/group										
MDS (Myelodysplastic syndrome) Azacytidine	B	B 1.000	B 1.000	B 1.000	B 1.000	B 0.833	B 1.000	B 0.916	0.964	B
AML (Acute myeloid leukemia) Anthracyclines + cytosine arabinoside (cytarabine)	B	B -	B 1.000	B 1.000	B 1.000	B 1.000	C 0.667 (R2)	B 0.900	0.928	B
CLL (Chronic lymphatic leukemia) Chlorambucil, Fludarabin, Bendamustin	B	B -	B 1.000	B 1.000	B 1.000	B 1.000	B 0.900	B 0.857	0.960	B
CLL Obinutuzumab	B	B -	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.928	0.988	B
CLL Rituximab	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.875	B 0.916	0.970	B
Multiple myeloma Primary therapy with prednisolone	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.928	0.990	B

thalidomide	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000 (R2)	B 0.900	B 0.928	0.975	B
	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.900	B 1.000	0.986	B
Bortezomib	B	B 1.000	B 1.000	B 1.000	B 1.000	B 1.000	B 0.875	B 0.916	0.970	B
Lenalidomide	B	B 1.000	B -	B 1.000	B 1.000	B 1.000	B 0.875	B 1.000	0.980	B
CLL Ibrutinib	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 0.916	0.986	C
CLL Idelalisib	C	C -	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	C 1.000	1.000	C
ONCOLOGICAL SUPPORTIVE THERAPY										
ONCOLOGICAL SUPPORTIVE THERAPY	Suggested FORTA class	France (N=5) FORTA class / Consensus coefficient	Italy (N=7) FORTA class / Consensus coefficient	Nordic countries (N=6) FORTA class / Consensus coefficient	Spain (N=8) FORTA class / Consensus coefficient	Poland (N=8) FORTA class / Consensus coefficient	UK/Ireland (N=9) FORTA class / Consensus coefficient	Germany /Austria (N=21) FORTA class / Consensus coefficient	Mean consensus coefficient	EURO-FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group										
G-CSF (Granulocyte Colony Stimulation Factor)	A	A 1.000	A 1.000	A 1.000	A 1.000	A 0.833	A 1.000	A 1.000	0.976	A
Antiemetic agents (e.g. 5-HT receptor inhibitors)	A	A 0.875	A 1.000	A 1.000	A 0.929	A 0.833	A 1.000	A 1.000	0.948	A

Erythropoiesis Stimulating Agents, ESA	B	B 0.833	B 1.000	B 1.000	B 1.000	B 0.833	B 1.000	B 0.954	0.946	B
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*This substance or indication was suggested by the participating experts during the course of Round 1 and evaluated by the experts during Round 2, see second table below.

R1= Round 1, R2= Round 2

All FORTA classes and consensus coefficients for Germany/Austria were previously published [8,9].

Delphi Expert Consensus Validation⁵

F	O	R	T	A
A	B	C	D	

NEW SUBSTANCES/INDICATIONS SUGGESTED BY EXPERTS Results to be corroborated in future consensus/research projects

Classification of long-term medications†
for the pharmacotherapy of older patients
by indication/diagnosis, ranked according to FORTA classification

(†long-term defined as > 4 weeks. Please note that the distinction between acute/chronic may not always be clear-cut; exceptions are noted)

EXISTING INDICATION BPSD: SLEEP DISORDERS	Rater-based FORTA Class (bold if: mean κ > 0.500)	Nr. of countries	Mean κ -Index	Expert ratings on a numerical scale: A=1, B=2, C=3, D=4 Mean	Selection of pertinent comments given by participating experts during the consensus procedure
Substance/group					
Zolpidem	C	4	0.490	3.25	
EXISTING INDICATION CHRONIC PAIN	Rater-based FORTA Class (bold if: mean κ > 0.500)	Nr. of countries	Mean κ -Index	Expert ratings on a numerical scale: A=1, B=2, C=3, D=4 Mean	Selection of pertinent comments given by participating experts during the consensus procedure
Substance/group					
Tramadol	C	5	0.644	3.0	

REFERENCES

1. Wehling M. Drug therapy in the elderly: too much or too little, what to do? A new assessment system: fit for the aged FORTA. *Dtsch Med Wochenschr* 2008; 133: 2289-91.
2. Wehling M. Multimorbidity and polypharmacy: how to reduce the harmful drug load and yet add needed drugs in the elderly? Proposal of a new drug classification: fit for the aged. *J Am Geriatr Soc* 2009; 57: 560-561.
3. Wehling M, Burkhardt H. Arzneitherapie für Ältere. Springer-Verlag, Heidelberg, 3. Auflage 2013.
4. Wehling M, Ed., Drug Therapy for the Elderly. Springer-Verlag, Wien 2013
5. Kuhn-Thiel AM. et al. Consensus validation of the FORTA (Fit fOR The Aged) List: a clinical tool for increasing the appropriateness of pharmacotherapy in the elderly. *Drugs Aging*. 2014; 31(2): 131-140.
6. Wehling M. et al. VALFORTA: a randomized trial to validate the FORTA (Fit fOR The Aged) classification. *Age Ageing* Jan 18, 2016, doi: 10.1093/ageing/afv200 [Epub ahead of print]
7. Wehling M. How to Use the FORTA ("Fit fOR The Aged") List to Improve Pharmacotherapy in the Elderly. *Drug Res* 2015, ePub
8. Pazan F. et al. The FORTA (Fit fOR The Aged) List 2015: Update of a validated clinical tool for improved pharmacotherapy in the elderly. *Drugs Aging*. 2016; 33(6): 447-9.
9. <https://www.umm.uni-heidelberg.de/ag/forta/>

Calculations/Explanations:

We calculated the EURO-FORTA labels by converting the country-specific FORTA labels into numerical values and the mean numerical value was reconverted to FORTA labels.

Mean was calculated according to the numerical scale shown below:

A → 1
B → 2
C → 3
D → 4

If $1 \leq m < 1.5$ → FORTA Class **A**

If $1.5 \leq m < 2.5$ → FORTA Class **B**

If $2.5 \leq m < 3.5$ → FORTA Class **C**

If $m \geq 3.5$ → FORTA Class **D**

m = arithmetic mean based on the grades 1-4

Asterisks in the first table mark substances or indications suggested by $4 \geq$ countries/regions

- 2 substances were added to the EURO-FORTA List
- 1 of the 2 substances had a kappa index higher than 0.500.