Characterisation of non-prescription drug use by an elderly population

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The significance of over-the-counter (OTC) medication in the management of disease is growing with recent and accelerated reclassification of prescription medicines. Such agents exert powerful pharmacological actions increasing the potential for adverse drug reactions, to which older people are particularly susceptible. As high consumers of prescription (Rx) and OTC drugs, it is important to examine OTC drug use by older people.

Random samples of older people (>65yrs) from three FHSA registers were taken. 2181 respondents were interviewed at home about medication status, disability, morbidity and access to primary care.

The most commonly used OTCs were oral analgesics (19%) and vitamins & tonics (10%). Fewer men than women had used OTCs in the previous 24hrs (34% cf 41%). Those in social class I exhibit a greater tendency to self-medicate than social class V (47% cf. 36%). There was no association with age. People with severe disability were less likely to self-medicate (p<0.025) as were those who had recently been hospitalised (p<0.001). An insignificant association (p=0.058) was found with depression and anxiety. No relationship was found with self-perceived health or loneliness. A strong negative relationship exists between the number of Rx medicines and OTC usage (p<0.001) suggesting that people who receive fewer Rx drugs meet medication needs with OTCs. Among specific factors relating to GP practices, those concerning the patient's perception of the quality and quantity of contact with their GP are the most significant (very satisfied - 36%, dissatisfied - 59%; p=0.016).

Previous studies report that 50% of patients do not discuss OTC drug use with their GP. Healthcare professionals should be aware of the patient characteristics which predict OTC drug use and recognise its importance in older people with respect to polypharmacy and adverse drug reactions.

DEVELOPMENT OF A RISK ASSESSMENT TOOL TO PREDICT WHICH ELDERLY INPATIENTS FALL. VALIDATION IN A DISTRICT GENERAL HOSPITAL

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Prevention of Inpatient falls requires that patients at high risk of falling can be identified prospectively. This needs a simple, validated risk assessment tool which can be administered by ward nurses. In a previous communication, (D. Oliver, K. Tilling, A. Hopper and F. Martin, Age and Ageing (Abstract supplement 1) 1996), we demonstrated a high admission policy, comprising acute (mean length of stay 6 days) and rehabilitation (21 days) beds on separate sites. In a prospective study, the risk score (0-5) was completed weekly on all patients by ward nurses. Incident books were used to identify falls. In 3 months, 446 risk assessment scores were completed and in 79 of these cases, the patient went on to fall in the following week. The prevalence of risk factors among fallers and non-fallers was compared.

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<thead>
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<th>No. risk factors</th>
<th>No. faller (n=76)</th>
<th>No. non-faller (n=367)</th>
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In correctly identifying those patients who went on to fall in the week following completion of the risk score, a score of ≥2 had sensitivity 92%, specificity 70%, positive predictive value 40% and negative predictive value 98%. For a score of ≥3, the figures were 58%, 97%, 48% and 91% respectively.

This demonstrates the validity of this risk assessment tool in predicting which elderly inpatients fall outside the unit of its original development and suggests wider validity of this tool within NHS elderly care units.

SOCIAL AND CLINICAL CHARACTERISTICS OF PATIENTS WITH COGNITIVE IMPAIRMENT AND DEMENTIA ATTENDING CASUALTY WITH FALLS

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Patients with cognitive impairment and dementia account for a significant proportion of attendances to casualty with a fall. Our aim was to identify their social and clinical characteristics. We conducted a 10 week prospective study of patients aged ≥65 attending casualty. A random sample of 83 patients was studied in more detail. 2009 patients aged ≥65 presented to casualty, 44% (n=892) because of a fall. 24% of fallers (n=213) had cognitive impairment (Mini-mental state examination (MMSE) <24); 88% (n=3641) met the International Classification of Diseases Revision 10 (ICD-10) criteria for dementia. Fallers with cognitive impairment and dementia were significantly older (mean age=84.7 ±7.1 (n=183) vs 76.2 ±7.6 (n=589) p<0.001); 83% (n=69/83) were female. 61% (n=46/75) lived in the community, 39% (n=29/75) were in institutions. 86% (n=71/83) sustained significant injury; 13% (n=11/83) had a fracture neck of femur. 49% (n=41/83) required inpatient admission and 18% (n=15/83) remained in hospital for >1 month. The median length of stay for patients hospitalised for >1 month was 62 days, range 34-183. 80% of these patients (n=12/15) had been resident in their own homes. At 6 months, 2 patients (2%) were still in hospital and of the patients who had agreed to follow-up, 32% (n=15/47) were dead.

In conclusion, patients with cognitive impairment and dementia account for a high proportion of attendances to the casualty department with a fall. They have a poor outcome in terms of injury, hospital admission and mortality.