Nursing home prescribing indicators

SIR—I would like to congratulate Oborne et al. on their evidenced-based study on assessing the quality of prescribing in nursing homes. However, I would like to highlight the disadvantages of using evidence-based indicators to assess the appropriateness of prescribing in older people. This approach does not take into account the patient’s views and preferences on his or her medications and does not take case mix into account when comparing one unit with another. Although this method may be regarded as more objective, the disadvantage is the relatively limited range of treatments for which a robust evidence base exists [1]. These tools may provide some information on individual and institutional performance but cannot take the place of ‘bespoke’ prescribing for each patient [2]. For this reason these tools should be used with caution when assessing individual clinicians prescribing practices, particularly in the background of clinical governance as suggested by Oborne et al. in their article.

The tools need constant revision as evidence changes as in the case of beta-blockers in congestive cardiac failure [3]. The use of different prescribing tools and practices in different countries means that these findings may not be extrapolated to practice in other countries [3, 4].

JACOB C. TONY
142 Springcreek Drive, Springfield, Illinois, IL 62702, USA
Fax: (+1) 217 545 8039
Email: jctony@doctors.org.uk