

# Survey of remedies held and dispensed in residential homes for the elderly

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**SUMMARY.** From a survey of drug use in 55 residential homes for the elderly it was found that a total of 365 medicines comprising 114 different products were held and dispensed by the homes. Of these 43 (12%) were prescription-only medicines. The most frequently held therapeutic groups were analgesics (23% of all remedies held), laxatives (22%) and antacids (14%). It is recommended that a formulary of remedies held and dispensed in residential homes should be introduced in order to rationalize their use.

## Introduction

IN residential homes for the elderly, the need for a small range of medicines to treat minor conditions, which may be obtained and administered without consulting a general practitioner is recognized by the Department of Health and Social Security.<sup>1</sup> Further, the recent report of a working party of the Pharmaceutical Society of Great Britain on the administration and control of medicines in residential homes recommended that homes should keep a stock of remedies and suggested the therapeutic groups which should be included.<sup>2</sup> However, particular care is necessary in the selection of non-prescribed medicines for use in homes for the elderly because of the recognized risks of multiple drug use in such a population.<sup>3</sup>

The remedies available to the staff of residential homes normally belong to the legal classes pharmacy-only medicines or general sales list medicines. The wide range of such medicines available in the UK has led to a proliferation of different remedies being used in residential homes and considerable variation between homes in the types of medicines being used.<sup>4</sup>

It is therefore surprising that few studies have considered remedies available in residential homes for the elderly. In this study, part of a general survey of drug use in such homes, data on non-prescribed medicines were used to determine the extent to which such remedies are held and dispensed.

## Method

Over a six-month period in 1983–84 55 residential homes for the elderly in two local authorities were visited. Data were obtained from the officers-in-charge, the drug records held in the homes and the current stocks of medicines. Officers-in-charge were also interviewed about the supply, recording, storage and use of medicines within the home. The medicinal treatments for each resident were listed on a form which was sent to the resident's general practitioner who was requested to add informa-

tion on diagnoses and to indicate when treatments were started. An additional form was completed for the remedies held and dispensed in the homes. Data were processed and analysed using the Statistical Package for the Social Sciences.<sup>5</sup>

## Results

Of the 1888 residents in the 55 residential homes 1617 (85.6%) were receiving medicines daily. The term medicine refers to any single proprietary or generic preparation used by an individual, which may have been prescribed by a general practitioner or issued by the home. The number of residents in each home varied from 16 to 53 (median 35). The overall ratio of women to men was 2.5:1 and the median age 83.3 years (range 48.9–109.2 years). A total of 5535 prescribed medicines were issued each day (range 0–13 per patient, median 3) from a total of 615 different preparations.

In addition to these prescribed medicines a total of 365 remedies were held by the residential homes and their distribution is shown in Figure 1. The median number of remedies held was six, but the range was 0–38. Four residential homes did not hold any medicines other than those prescribed for their residents.

The therapeutic groups held most frequently by the residential homes were analgesics (23% of all remedies held), laxatives (22%) and antacids (14%) (Table 1). The 365 remedies held by the homes comprised 114 different medicinal products and the most frequently held analgesic was paracetamol (in the generic form and as Panadol (Winthrop)), the most common laxative Dorbanex (Riker), the most common cough and cold remedy Benylin expectorant (Warner-Lambert), and the most common anti-diarrhoeal treatment kaolin and morphine mixture.

Of the 365 remedies held by the homes 43 (12%) were prescription-only medicines which had not been prescribed

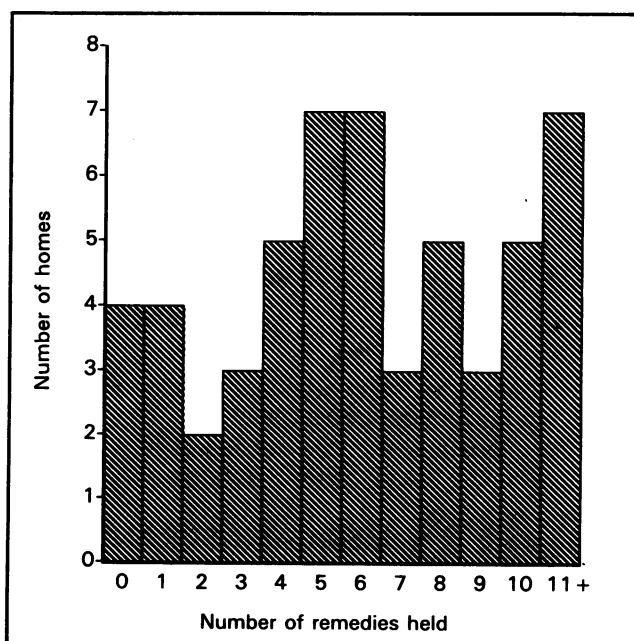


Figure 1. The number of remedies held in the 55 residential homes for the elderly ( $n=365$ ).

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**Table 1.** Therapeutic classes of remedies held by the residential homes.

Therapeutic class	Number (%) of remedies held
Analgesics	84 (23.0)
Laxatives	80 (21.9)
Antacids	51 (14.0)
Cough and cold remedies	50 (13.7)
Antidiarrhoeals	34 (9.3)
Topical preparations	21 (5.8)
Ear/eye preparations	8 (2.2)
Others	37 (10.1)
Total	365 (100.0)

**Table 2.** Prescription-only medicines held by the residential homes.

Prescription-only medicines	Number of remedies held
Distalgesic tablets (Dista)	5
Lomotil tablets (Gold Cross)	4
Maxolon tablets (Beecham)	4
Anugesic-HC ointment (Warner)	2
Mucaine suspension (Wyeth)	2
Timoptol eye drops (MSD)	2
Albucid eye drops (Nicholas)	1
Amoxil capsules (Bencard)	1
Betnovate cream (Glaxo)	1
Bricanyl syrup (Astra)	1
Chendol tablets (CP)	1
Cosalgesic tablets (CP) (withdrawn)	1
Diazepam tablets	1
Euhypos elixir (Farmitalia Carlo Erba)	1
Fucidin ointment (Leo)	1
Heminevrin capsules (Astra)	1
Indocid suppositories (Morson)	1
Largactil tablets (M & B)	1
Lasix tablets (Hoechst)	1
Lederfen tablets (Lederle)	1
Melleril tablets (Sandoz)	1
Mogadon tablets (Roche)	1
Nitrazepam tablets	1
Oxytetracycline tablets	1
Pilocarpine eye drops	1
Polyfax eye ointment (Calmic)	1
Septrin tablets (Wellcome)	1
Trimethoprim tablets	1
Trimovate cream (Glaxo)	1
Ventolin syrup (A & H)	1
Total	43

ed specifically for an individual by a general practitioner (Table 2).

It was apparent from discussions with the staff of the homes that the majority of products held were obtained on prescription as if they were for named patients — some were no longer required by the patient they had been prescribed for and others were added to repeat prescriptions. Furthermore, not all of the officers-in-charge followed the local guidelines regarding the destruction of medicines which were no longer required for a particular resident, and viewed it as good house-keeping to keep these medicines in order to avoid waste. Only a small proportion of the medicines were purchased by the officers-in-charge for use in the home. All the remedies held, including prescription-only medicine, were used when required and not necessarily on the advice of a general practitioner.

## Discussion

The wide range of different medicinal products held and dispensed by the residential homes and the large variation in the numbers held illustrates the lack of formal guidance for the use of such remedies.

It is probable that the methods employed in obtaining the remedies led to the high proportion of prescription-only medicines (12%) held by the homes. Yet if the underlying philosophy of the Medicines Act<sup>6</sup> is accepted, that if a medicine requires medical supervision it is classified as a prescription-only medicine, this high proportion is a matter of some concern. It was clear that many of the staff interviewed were unaware of the legal restriction on the prescribing and use of these medicines.

There are many problems with the use of medicines by untrained staff. Not only could serious harm be caused by using an inappropriate remedy but the treatment of symptoms could lead to a delay in the diagnosis of a more serious underlying disease by the general practitioner and the drugs could interact with prescribed medicines.

Guidelines on the use of medicines held in residential homes should be given to the staff. Guidance on which products to use is particularly important to help staff deal with changes in drug use as a result of restrictions such as the limited list or the discontinuation of products.

In order to rationalize the use of such medicines, a formulary could be prepared at national or county council level by joint consultation between representatives of social services, family practitioner committees and pharmaceutical committees. It should aim at reducing the number of different medicines held and dispensed by homes to no more than 20. Each recommended medicine should be accompanied by a monograph outlining the indications for use, method of administration, dosage, side-effects, drug interactions and disease interactions. In addition, the salient points of the Pharmaceutical Society's report<sup>2</sup> could be included to give guidance on the supply, recording, storage and administration of medicines in residential homes.

While such formularies could provide useful guidance they should always be supported at local level by appropriate professional advice from a community pharmacist or a pharmacist employed by the local social services department or health authority.

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