LETTERS

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Audit of prescribing habits in a sheltered housing development

Sir,

It has been shown that the elderly need supervision while receiving long term medication.[1] Of those aged over 65 years 92% take some form of medication[2] and more than half of them take it inaccurately.[3]

I have carried out an audit of drug taking habits in the elderly in a sheltered housing development with the additional aim of practising tertiary prevention, since it has already been shown that reliance on self-referral by this group is unsatisfactory.[4]

In total, 30 persons were visited in 24 flats. The age range was 62–93 years with a mean age of 76 years. Each person completed a questionnaire in my presence and permitted a search of their medicine cupboards. Details of all prescribed, old and new, and 'over the counter' drugs were noted. To improve compliance a card with instructions on how to take long term prescribed drugs was left with the patient.[5]

On average there were nine different drugs in each flat and seven per person. Only two people were taking no prescribed drugs while 16 had no over the counter preparations. The smallest number of drugs found in any flat was three, the largest 26 while the mode was five. Over the counter drugs made up 24% of all drugs found (Table 1) and previous studies have shown that these drugs have a negative effect on compliance.[6] None of the patients had told their general practitioner that they were taking over the counter preparations.

An attempt was made to simplify the drug regimens of these patients since multiplicity and frequency of drug taking has shown a negative effect on compliance.[7] Any old and unnecessary drugs were removed from the flats; these made up 18% of all drugs found (Table 1). Following the audit eight people had the number of prescribed drugs they were taking reduced while four had the number increased, although none of these were then taking more than three drugs daily.

Table 1. Drugs found in the audit.

Drug types	Prescribed	Over the counter	Old[a]
Gastrointestinal	13	17	13
Cardiovascular	46	1	4
Respiratory	15	7	4
Central nervous system	18	2	3
Infection	4	0	3
Endocrine	3	0	0
Blood/nutrition	2	7	0
Musculoskeletal	17	13	5
Eye	0	1	4
Ear, nose and throat	0	0	0
Skin	3	3	3
Total	121	51	39

[a]Old drugs are those originally prescribed by the general practitioner but no longer intended to be used.

The survey showed that it may be helpful for a member of the primary health care team to collect old drugs on routine visits. Forty per cent of the patients in this survey had their prescriptions altered thus reiterating the need for adequate supervision of drug taking in an elderly community.

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Homeless families

Sir,

I would like to point out some of the strategies employed by South Manchester health authority in response to the increase in homelessness. Since 1980 the number of homeless families has risen from less than 100 to over 600 across the city. Initially, most of the families were located in south Manchester and most of the single homeless in central and north Manchester, and a specialist health visitor was allocated to homeless families in south Manchester. There were a large number of children and a clinical medical officer was allocated to spend one half day visiting the hostels used, to ensure that immunization and developmental follow ups were completed. The hostels were also visited by local general practitioners.

In the years since, the staffing allocation has been increased and later this year will consist of three full-time and one part-time health visitor, a visiting family planning nurse and four senior clinical medical officer/clinical medical officer sessions serviced by part-time clerical help. For several years all the agencies involved, including health, social services, housing and education departments, women's aid and Shelter, have met regularly to formulate ways of providing adequate provision for these families. One result of these meetings has been a great improvement in the standards of accommodation offered and its provision across