Neuroleptic prescribing in residents of nursing homes

Geographical differences make extrapolation difficult

EDITOR,—Alice McGrath and Graham Jackson report high neuroleptic prescribing (24%) in Glasgow nursing homes¹ and say that these drugs were indicated in only 12% of cases.²

We studied the use of medication in all patients over 65 years in residential (248) and nursing homes (347), elderly care (260) and psychogeriatric units (112), and a random home sample (127) in north and west Belfast.³ The influence of age, sex, mental score, functional ability, and place of residence was analysed by using multiple logistic regression. Overall, neuroleptics were the fourth commonest drug class (28%, n=237). The patients receiving neuroleptics were: home, 1 (1%); elderly care, 53 (20%); residential home, 50 (20%); nursing home, 66 (19%); and psychogeriatric unit, 65 (58%).

After paracetamol and lactulose, thioridazine was the third most commonly used drug (n=172) and was prescribed "prn" for 12% (21 patients). Average doses were: home 30 mg, elderly care 39 mg, residential home 45 mg, nursing home 54 mg, and psychogeriatric unit 39 mg. Only three patients received more than one neuroleptic. Male sex, institutional care, and hospital care independently predicted neuroleptic receipt. Lower mental score was associated with a lower likelihood of receipt.

We recently compared elderly populations in north and west Belfast with "another area" in Northern Ireland (unpublished data). Neuroleptics

were received by 28% (595 patients), due to higher prescribing in the other district where, after all other factors were controlled for, elderly people were 1.46 times more likely to receive neuroleptics than in north and west Belfast.

Our results and the Glasgow study emphasise geographical differences, even in adjacent health boards, and difficulties in extrapolation within the same healthcare system. Average thioridazine doses were higher in residential and nursing homes than in psychogeriatric units, which may be accounted for by the influence of the psychiatrist of old age, staff attitudes, or environmental management in psychogeriatric facilities. In our initial study, neuroleptic prescribing was no different in residential and nursing homes or elderly care units,³ suggesting that movement of patients from long stay geriatric units into community institutions may not increase neuroleptic prescribing rates.

We agree with McGrath and Jackson that neuroleptic agents may be inappropriately prescribed, particularly as there are reports of successful withdrawal.⁴ The geographical differences within Northern Ireland suggest that inappropriate prescribing is an important factor. We are currently analysing trends in drug utilisation following the ongoing movement of long stay hospital care to community care in Northern Ireland. This should improve knowledge and highlight the need for further education in this area.

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1 McGrath AM, Jackson GA. Survey of neuroleptic prescribing in residents of nursing homes in Glasgow. *BMJ* 1996;312:611-2. (9 March.)

Access to psychiatrists should be improved

EDITOR,—Inappropriate prescribing for elderly people remains a problem, and Alice McGrath and Graham Jackson have been successful in focusing media attention on the use of neuroleptic agents in nursing homes.¹ The American legislation to which the authors refer has been criticised for penalising "incorrect" drug use while offering little guidance on alternative management.² The American Geriatrics Society is concerned that the legislation may compromise the right to effective treatment for patients with serious mental disorders and dementia in nursing homes.³

Although the legislation has reduced prescribing of neuroleptics, these reductions often

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Dangerous to extrapolate local audit findings

EDITOR,—Alice McGrath and Graham Jackson's survey of neuroleptic prescribing to residents of nursing homes in Glasgow¹ has been given extensive coverage by the BBC. It was reported that the survey showed an alarmingly high level of neuroleptic prescribing, that 88% of patients

1 McGrath AM, Jackson GA. Survey of neuroleptic prescribing in residents of nursing homes in Glasgow. *BMJ* 1996;312:611-2. (9 March.)

2 Jencks SF, Clauser SB. Managing behaviour problems in nursing homes. *JAMA* 1991;265:502-3.

3 Passmore AP, Crawford VLS, Beringer TRO, Gilmore DH, Montgomery A. Determinants of drug utilisation in an elderly population in north and west Belfast. *Pharmacology and Drug Safety* 1995;4:147-60.

4 Senla TP, Palla K, Poddig B, Brauner D. Effect of the Omnibus Reconciliation Act 1987 on antipsychotic prescribing in nursing home residents. *J Am Geriatr Soc* 1994;42:648-52.