Drug	Training practice		Relative risk (95% confidence interval)*
	Yes (n=213)	No (n=365)	
Glyceryl trinitrate	196 (92)	334 (92)	1.04 (0.70 to 1.55)
Paracetamol	120 (56)	239 (66)	0.79 (0.64 to 0.97)
Aspirin	151 (71)	195 (53)	1.63 (1.28 to 2.09)
Penicillin	207 (97)	349 (96)	1.37 (0.68 to 2.72)
Oral steroids	205 (96)	344 (94)	1.35 (0.74 to 2.47)
Antacids	118 (55)	242 (66)	0.75 (0.63 to 0.93)

*Difference between doctors from training and non-training practices.

acute myocardial infarction. This is in line with the British Heart Foundation's guidelines based on the results of several major randomised clinical trials.³ It is therefore worrying that 40% of the general practitioners in our study did not carry aspirin in their doctor's bag.

Few investigations have examined whether the results of clinical trials influence clinical practice. Our study suggests that any influence on general practice is limited. Further investigation is needed into why the results of clinical trials are not applied and how

education can change behaviour. Researchers may have a responsibility to consider the implementation of results when planning their trials, and this could include liaison with postgraduate educators. In this context, further investigation is also needed into why general practitioners in training practices seem to be more aware of the need to carry aspirin, as is suggested by our study. The educational input into training practices may be high: how this may change behaviour needs more understanding.

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Results of standardised interview
of 21 patients who had been stuck
in bath

	No of patients
Age (years):	
<75	4
75-84	12
≥85	5
Sex:	
Men	11
Women	10
Living:	
Alone	11
With spouse or children	7
In sheltered housing	3
No of times stuck:	
1	19
≥2	2
Time stuck in bath:	
<1 hour	15
1-4 hours	3
Overnight	2
Unable to remember	1
Reason for being stuck:	
Physical disability	11
Bath itself	10
Means of escape:	
Unaided	5
With help of:	
Spouse or children	11
Warden	3
Neighbour	1
Ambulance crew	1
Adverse physical effects:	
None	17
Bruises	2
Pressure sores and burns	1
Myocardial infarction	1

Survey of elderly people who get stuck in the bath

C Gooptu, G P Mulley

Many apparently healthy old people are unable to bath without help¹ and some are not able to bath as often as they would like.^{2,3} We met several elderly people who had become stuck in the bath, and we decided to investigate.

Patients, methods, and results

During one week one of us (CG) assessed all inpatients on eight wards for the elderly and all those attending the geriatric day hospital at this hospital. The patients were asked whether they had ever been unable to get out of their bath at home. Those who had were then interviewed using a standard questionnaire.

Of the 233 patients initially assessed, 43 with mental impairment (abbreviated mental test score less than 7 out of 10) and 15 with severe dysphasia were excluded, as were 28 who lived in nursing or residential homes. The remaining 129 inpatients and 18 day patients were interviewed. Twenty one of the 147 patients said that they had been unable to get out of the bath at some time. Their ages ranged from 70 to 89. The table shows the results of the questionnaire.

Most people had had difficulty getting up out of the bath after completing their bathing; one had slipped and fallen and four had lain down in the bath and then been unable to get up. In 11 cases the inability to get out of the bath was related to physical disability—usually poor mobility resulting from a previous stroke (five), osteoarthritis (four), or both (two). One patient had severe rheumatoid arthritis and three were disabled by cardiac failure. Of the 10 other patients (who were in hospital with various impairments, including respiratory infection, myocardial infarction, jaundice, and leg ulcers), six blamed a lack of bath aids—for example, not having any grab rails. Two thought that the bath sides were too high to allow them to get out easily. In two cases alarms had been fitted near the bath but were at the wrong end to be of use.

All but one person had pulled the plug out to allow the water to drain away and several had covered themselves with a towel to reduce the risk of hypothermia. The patient who was admitted to hospital with extensive pressure sores and burns (table) was unable to get out of a zinc bath in front of a fire. Every patient had vivid memories of the event. Nine described it as "a terrible experience"; six others admitted to panicking. Three remembered banging on a wall to attract attention. All had changed their bathing activities since the event. Five had abandoned having a bath and now had a strip wash; four had baths at day centres. Six bathed only with the help of a relative, while three had had showers fitted. Another three were waiting for bath aids to be fitted.

Comment

One in seven elderly people in a geriatric unit had been stuck in the bath at home at least once. Physical complications were few but potentially severe: pressure sores may develop within a few hours and require weeks of hospital care, and hypothermia can be fatal. Plastic surgery was necessary for the burns sustained by one patient. The psychological impact was considerable, one episode being enough to deter many subjects from bathing at home again.

Elderly people should be advised not to have a bath unless someone else is in the house and to leave the bathroom door unlocked. Appropriate aids and walk in showers may also help. We could not identify those at particular risk: half of our subjects had no underlying physical disability. Furthermore, those with the most reduced mobility are not necessarily at greatest risk because they often cannot get into a bath. We suspect that many healthy old people living at home are at risk. Our future community based studies should determine the prevalence of this problem and identify those at particular risk.

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