

# **Keep Taking The Medicine 2**

## The scandal of the over medication of older people in care



by **Paul Burstow MP**  
Shadow Secretary of State for Health

ERRATUM: Please note that the study on prescribing in care homes, referred to on page 4 of this report, was based on data from across the former South East Thames Region, rather than merely south London as stated. Therefore data is representative of city, suburban and rural homes.

## KEEP TAKING THE MEDICINE 2

### - MAIN FINDINGS -

- **Up to 22,233 elderly nursing home residents in England could be under sedation without medical grounds.** The majority of elderly people prescribed antipsychotic drugs in nursing homes are given the drugs inappropriately.
- Ministers have failed to undertake any research to establish the causes and extent of inappropriate prescribing.
- **There has been a 6.2 per cent increase in community prescriptions of antipsychotic drugs between 1999 and 2002.** Up by 129,000 prescriptions in four years. Ministers have admitted that no work has been done to understand the underlying cause of this increase.
- **More than two-thirds of GP practices (6,208 out of England's 8,748 GP practices) have missed the Government's April 2002 milestone of establishing annual and six monthly reviews of medication for people over 75.**
- Medicine reviews have a key part to play in ensuring that elderly people are receiving the right drugs. The Government believes that a person on up to three drugs need only be reviewed once a year. **In the USA the law requires monthly medicine reviews where more than four drugs are being prescribed and quarterly for those in less.**

## **Keep Taking The Medicine 2**

### The scandal of the over medication of older people in care

#### BACKGROUND

1. In 2001, Paul Burstow MP published the report *Keep taking the medicine?* which highlighted the use and abuse of medication in the treatment and management of elderly people in care.
2. The report drew on parliamentary answers and on an extensive review of both domestic and international research evidence. It concluded that antipsychotic medication was being used inappropriately to 'chemically manage' some residents in care homes.
3. The report called for action and set out seven recommendations including more frequent reviews of medication in care homes, better documentation of prescribing, tougher requirements on the number of trained staff, and a change in the law governing informed consent.
4. *Keep Taking The Medicine 2* examines what has happened since the first report was published, it reviews new research evidence, draws on recent parliamentary answers and concludes that the Government remains dangerously complacent.

#### MAIN FINDINGS

5. The majority of elderly people prescribed antipsychotic drugs in nursing homes are given the drugs inappropriately. **As many as 22,233 elderly nursing home residents in England could be under sedation without medical grounds.** Ministers admit that they have not undertaken and have no plans to undertake any research to establish the causes and extent of inappropriate prescribing.
6. **There has been a 6.2 per cent increase in community prescriptions of antipsychotic drugs between 1999 and 2002.** Up by 129,000 prescriptions in four years. Ministers have admitted that no work has been done to understand the underlying cause of this increase.
7. **More than two-thirds of GP practices (6,208 out of England's 8,748 GP practices) have missed the Government's April 2002 milestone of establishing annual and six monthly reviews of medication for people over 75.** Medicine reviews have a key part to play in ensuring that elderly people are receiving the right drugs. The Government believes that a person on up to three drugs need only be reviewed once a year.

## RECENT RESEARCH FINDINGS

8. In *Keep Taking The Medicine?* research into prescribing levels in Glasgow was cited. It found that of the 24% of nursing home residents surveyed 88 per cent of prescriptions were inappropriate and just 3% were found to be appropriate<sup>1</sup>. The researchers found medication being used inappropriately to deal with issues such as wandering, poor self care, restlessness, impaired memory, depression without psychosis, uncooperativeness and agitation that is not dangerous. Similar research in South Manchester<sup>2</sup> found that 30% of nursing home residents were taking at least one antipsychotic medication.
9. Research from Sweden was also reported which found that while around 10% of nursing home residents exhibited conditions that would benefit from antipsychotic medication between 25-30% were being medicated. The study found that up to 60% of prescribing was inappropriate<sup>3</sup>.
10. Over the 18 months since *Keep Taking The Medicine?* was published two further UK studies have been published which echo the Glasgow and Swedish research.
11. **A study undertaken in South London<sup>4</sup> of 22 nursing homes covering 935 residents over 65 found that 24.5% were prescribed antipsychotic medication, 82.2% were found to be inappropriate.** The researchers found that most prescriptions were inappropriate for more than one reason ranging from a lack of any condition that would respond to the medication, a lack of documentation, a failure to attempt dose reduction, to a failure to review medication within the past six months.
12. The South London research concluded:

“The vast majority of neuroleptic (antipsychotic) prescribing in nursing homes is suboptimal. These drugs are used for inappropriate indications, and documentation of reasons for starting therapy is poor. Ongoing need for neuroleptics is inadequately reviewed.”
13. A study undertaken in Bristol<sup>5</sup> of 172 nursing home residents over 65 found that 28% were prescribed antipsychotic medication while documentation was poor. The researchers concluded that:

“Those living in nursing homes receive poorer care than those living at home in terms of underuse of beneficial drugs, poor monitoring of chronic disease, and overuse of inappropriate or unnecessary drugs.”

The researchers recommended education campaigns aimed at medical staff as a way of tackling overuse of medication in nursing homes.
14. The findings in both the South London and Bristol studies are broadly in line with the earlier work in Glasgow and South Manchester. **A pattern is now emerging across the country of inappropriate medication and**

**inadequate record keeping. If the South London study results were the norm for the elderly population in nursing homes it would suggest that as many as 22,233 people are being inappropriately medicated at any one time in England. This is out of a total population of 110,400 people aged 65 or over supported in nursing care<sup>6</sup>. The equivalent figure for Great Britain is 27,475 out of 136,427. What is not clear is how many of the 162,766 people over 65 in residential homes in England are being prescribed antipsychotic drugs. This is an area where further research is needed. If the same pattern of inappropriate prescribing were found it would affect 32,779 people. For Great Britain the figures would be 36,968 out of a total population of 183,569 people.**

## TRENDS IN PRESCRIBING

15. In the original report it was reported that on the available data from the Department of Health that between 1999 and 2000 there had been an overall 5.8 per cent increase in prescribing antipsychotic drugs to people aged 60 and over. Recent parliamentary answers have provided data for 2001 and 2002. The table below gives the full run of data from 1999 to 2000. **What this shows is that between 1999 and 2000 prescribing to the over 60s rose by 6.2 per cent, an increase of 129,000 prescription items.**

<b>Estimated number of prescription items (thousands) dispensed in the community in England for all antipsychotics</b>				
<b>Year</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
Children aged 0-15	21.7	24.8	26	32
Elderly people aged 60 and over	2071	2193.2	2100	2200
Aged 16-59 years	1966.9	2061.6	2560	2670
Items personally administered <sup>7</sup>	432.5	463.1	5.1	5
<b>Total</b>	<b>4689</b>	<b>4939.7</b>	<b>4718</b>	<b>4978.5</b>

Source: DoH, written answers, information supplied by Prescription Pricing Authority from the Prescription Cost Analysis System.

16. Despite Ministerial acknowledgement of the concern about inappropriate prescribing no work has been commissioned to understand the reasons behind the increased level of prescribing (see para 19).
17. While the Department of Health at least has access to information about prescribing levels in the community, it knows even less about what happens inside NHS hospitals. In answer to a recent parliamentary question the then Minister of State simply stated that no information is collected concerning overmedication in NHS hospitals.

## THE GOVERNMENT RESPONSE

18. The original report in 2001 set out seven recommendations for action by Government. A copy of the report was sent to the then Secretary of State for Health, Alan Milburn, in December 2001. The then Minister of State,

Jacqui Smith MP, replied in January 2001 (See Appendix 1). Since that time progress has been unacceptably slow. The table below sets out the recommendations made in the original report and progress on each of these is documented in the following paragraphs.

**Table:** Recommendations from *Keep Taking The Medicine?*

<ol style="list-style-type: none"> <li>1. The Department of Health must commission urgent quantitative and qualitative research into the extent and reasons for the overuse of antipsychotic medication in different care settings.</li> <li>2. The National Institute for Clinical Excellence must prepare and publish guidance on the use of antipsychotic drugs and non-drug alternatives in the care of older people. This would include the development of a model for drug list revisions in care homes, to automatically evaluate drug lists according to a quality indicator, and keep track of the drug lists and changes made to that list. The quality indicator should also serve as guidelines for prescribers.</li> <li>3. Review the National Service Framework and National Minimum Standards for care homes to ensure that the standard on medication, (standard 9), provides for prescribing reviews at least every three months. All prescribing decisions must be clearly documented with the reasons for the use of the medication set out in full. By evaluating the Scottish legislation which gives the power of attorney to make decisions on medical matters, the standard should also be reviewed to include a requirement that protocols are developed to ensure the recipient of the drug, or a person with power of attorney, <i>gives informed consent</i>, and that carers are consulted on the use of drugs in care homes.</li> <li>4. Revise the National Minimum Standards target for training care staff, (standard 28) from 50% to 75% of care workers in residential settings by 2005 and 90% by 2007 to NVQ level II. The Department of Health must urgently commission work to review the level of pay and conditions necessary to encourage recruitment and retention.</li> <li>5. The Department of Health should launch an awareness campaign targeting General Practitioners, healthcare staff, psycho-geriatricians, community pharmacists and care staff to alert them to the potential risks and effects of antipsychotic medication. This should also include a review of the information provided to all care staff concerning the use of antipsychotic medication and their side effects and benefits.</li> <li>6. The Department of Health should provide the appropriate training and guidance to enable an increased role for community pharmacists and specialist nurses in the review of medication for older people.</li> <li>7. The Department of Health must urgently examine the adequacy of current care home fee levels of state funded residents to ensure that care homes can provide appropriate levels of care staff.</li> </ol>
---

19. **Recommendation 1.** Since the publication of *Keep taking the medicine?* the Government has failed to commission its own research into the incidence and causes of excessive and inappropriate medication. In a written parliamentary answer in March 2003, the then Minister of State confirmed that "*the Department has not recently, and is not currently, funding any research on overmedication in care homes.*"<sup>8</sup>
20. **Recommendation 2.** The Secretary of State announced on 31<sup>st</sup> March 2003 that as part of its eighth work programme, the National Institute for

Clinical Excellence (NICE), would be looking at the use of antipsychotic medication in people with dementia. This goes some way to meeting the recommendation and confirms an undertaking made by the then Minister of State in response to *Keep Taking The Medicine?*<sup>9</sup>

21. **Recommendation 3.** To date the Government has not reviewed either the National Service Framework (NSF) or the National Minimum Standards (NMS) (Standard 9). What is even more disturbing is that even the inadequate standards for medicine review set out in the NSF and NMS have not been delivered.

The NSF for Older People set April 2002 as the milestone by which the NHS should have put in place reviews of medication for people over 75 on an annual basis where between one and three medications were involved and every six months where four or more medications have been prescribed. **According to a written answer in July 2003<sup>10</sup>, less than 1 in 3 (29%) GP practices had put in place mechanisms to undertake this monitoring. This would suggest that as many as 6,208 of the 8,748<sup>11</sup> GP practices in England do not have in place a robust system of medication review.**

Responsibility for monitoring this important NSF milestone has now been passed by the Department of Health to Strategic Health Authorities (SHAs). This makes it very difficult for Members of Parliament to ascertain whether progress is being made without surveying SHAs themselves.

The second part of recommendation 3 concerned informed consent. A draft Mental Incapacity Bill is currently subject to pre-legislative scrutiny by a Joint Committee of both Houses of Parliament. **The Bill addresses many of the concerns about informed consent but fails to include a criminal offence of neglect of a vulnerable adult.**

22. **Recommendation 4.** No action taken.
23. **Recommendation 5.** No action taken.
24. **Recommendation 6.** No action taken.
25. **Recommendation 7.** The Department Health did commission research into the reasons for care home closures, the findings confirmed that inadequate fees were the most often cited reason for care home owners closing their homes. Subsequent research by Market Analyst William Laing of Laing and Buisson for the Joseph Rowntree Trust has found a £1 billion gap between the rates paid by local authorities and the income needed to continue in business. The Government have refused to commission any work to independently assess the adequacy of current fee levels.

#### ACTION SINCE THE LAST REPORT

26. Since the publication of *Keep taking the medicine?* the issues raised by the report have been raised with Ministers and with practitioners in correspondence, parliamentary debates and questions, and in seminars and talks. Action on Elder Abuse organised a special one day conference on the subject of overmedication.
27. **In February Paul Burstow MP wrote to the National Care Standards Commission asking if its inspections work, especially in respect of the medication standard in the National Minimum Standards, had shed any light on the applicability and validity of the findings of the studies in Glasgow, Bristol, Manchester and South London. A substantive answer is still awaited.**

## CONCLUSIONS

28. Since *Keep taking the medicine?* was published in 2001 the Government has done little to act on its recommendations or react to the mounting evidence of a serious problem. Further studies of nursing homes in UK cities have confirmed the pattern of inappropriate prescribing observed in earlier work.
29. Elderly people in care homes are much more likely to be victims of inappropriate medication than those cared for in their own homes<sup>12</sup>. Medication is being used as a way of managing inconvenient and challenging care home residents and make up for deficiencies in staff numbers and training. The fact that this practice has persisted in the UK is the responsibility of both GPs who have failed to undertake regular reviews, keep adequate records or attempt does reductions and care home owners who have accepted medication as an appropriate tool for managing difficult residents.
30. **Two years on and all the Department of Health has to offer is the prospect of a review by NICE. Medicine review is a reality in less than a third of GP practices and the frequency of reviews at 12 and 6 months remains insufficient to guarantee the safety and quality of life of elderly people. In the USA it is a legal requirement to conduct monthly medicine reviews where more than four drugs are being prescribed and quarterly for those in less.**
31. The conclusion of *Keep taking the medicine?* said:

*“Successive studies have demonstrated the need for a step-change in the way in which medication is use in the care of the elderly. The chemical management of older people is a scandal. It denies older people dignity and robs them of a better quality of life. Pressures on care providers are not an excuse for inappropriate use of medication. GPs, psycho-geriatricians and care home managers should be accountable for safeguarding the interests of the vulnerable elderly people in their care.”*

**The sad fact is two years on and little has changed.**



## **Appendix 1:** **Ministerial Response to *Keep taking the medicine?*, January 2002.**

Dear Paul,

Thank you for your letter of 4 December to Alan Milburn enclosing your report on Overmedication of Older People, "Keep Taking the Medicine." I apologise for the delay in responding.

I recognise that there is concern about the possible over and inappropriate use of antipsychotics medication for older people. Of course I agree that any over or inappropriate use is unacceptable.

Because of recent concern, we have been examining the available data on the changing prescribing rates of typical and atypical antipsychotic drugs. The picture is complex and no single explanation accounts for the changes. The fact that prescription rates for antipsychotic drugs have increased does not in itself, in our view, support the allegation that increased numbers of older people in care homes are being over or inappropriately prescribed these medicines.

For example, as you point out in the Report, changes in the availability of some of the older drugs, and moves to more appropriate prescribing of the newer drugs may be affecting the figures. There is evidence that drugs are being supplied in lower dosages and that scripts are tending to cover shorter periods.

Having said that it is difficult to explain fully the changing prescribing patterns, we are keen to do so. Data from 2001 will be available to us shortly. This should enable us to obtain a better understanding of the situation.

With this further work in mind I will comment on the recommendations in your Report.

1. We are going to look at the possibility for further research and investigation of the issue within the overall Research and Development Strategy being formulated to underpin and take forward the National Service Framework for Older People.
2. We will consider further the scope to ask NICE to produce a guideline on the care and treatment of dementia as well as on antipsychotics medication for dementia.
3. Any form of medication, including antipsychotic drugs, can be given to a person who has mental capacity only with their consent, the only exception being under certain circumstances to a patient detained under the Mental Health Act. If the patient lacks capacity to give or withhold consent, then treatment is given under the doctrine of necessity, in the patient's best interests. Possessing a power of attorney does not give any legal entitlement with regard to health care decisions. However, good practice requires that, in such circumstances, decisions about treatment are taken in the light of due discussion with relatives and members of the care team.
4. The National Minimum Standards for Care Home for Older People have now been finalised. They have been produced following extensive consultation with service users, care providers, carers and service commissioners. As you know, the standards of training represent a considerable improvement on the current position with respect to the workforce. On pay and conditions, the Government is aware that there are problems in recruiting social workers. We are taking this very seriously, as staff shortages do jeopardise our ability to deliver on our policy commitments. That is why the Secretary of State recently launched a national recruitment campaign aimed at informing the public about social work and social care, and encouraging recruitment and retention.
5. As you say, those working with older people in care homes need to be aware of what represents sensible and appropriate prescribing. There are already several initiatives, including the Medicines and Older People Guidance, which address this. Published guidance on antipsychotics already exists, for example that published by Age Concern and the Royal College of Psychiatrists, and by the Scottish Intercollegiate Guidelines Networks. In implementing the NSF for Older People, we will consider what more could be

- done.
6. We welcome developments that are already taking place to enable an increased role for community pharmacists and specialist nurses in the review of medication for older people. Again, this is something we will consider further in implementing the NSF.
  7. The Government is undertaking a study of the supply of residential and nursing home care in England. This study is examining future requirements and looking at the issues of profitability and closures. We expect this study to be published in early part of this year.

I hope this goes some way to reassuring you that we are committed to developing and improving care and support for older people with dementia, and to ensuring that steps are taken to prevent their over or inappropriate medication.

Yours  
Jacqui Smith MP

---

<sup>1</sup> Survey of Neuroleptic Prescribing in Residents of Nursing Homes in Glasgow, Alice M McGrath & Graham A Jackson, *BMJ* 1996; 312:611-612 (9 March)

<sup>2</sup> Furniss L, Burns A, Craig SKL, Scobie S, Cooke J, Farragher B. Effects of a pharmacist's medication review in nursing homes - randomised control trial. *Br J Psych* 2000; 176:563-7

<sup>3</sup> "Quality of Drug Use in Swedish Nursing Homes – A Follow Up Study" Ingrid K. Schmidt and Johan Fastbom PhD, *Clinical Pharmacoeconomics, Clin Drug Investment* 2000 Dec: 20(6) 433-446

<sup>4</sup> An indicator of appropriate neuroleptic prescribing in nursing homes, C. Alice Osborne, Richard Hooper, Ka Chi Li, Cameron G. Swift, Stephen H. D. Jackson, *Age and Ageing* 2002; 31:435-439

<sup>5</sup> Quality of care for elderly residents in nursing homes and elderly people living at home: controlled observational study, Tom Fahey, Alan A Montgomery, James Barnes, Jo Protheroe, *BMJ* 2003, 326 (15 March)

<sup>6</sup> House of Commons Library Note, October 2003

<sup>7</sup> The difference in the figures between 1999-2000 and 2001-2002 is a result of some information being included in difference rows. This does not affect the overall total figures or the figures for the elderly, these are still fully comparable.

<sup>8</sup> Official Report, 2 April 2003, column 775W

<sup>9</sup> See Annex 1

<sup>10</sup> Official Report, 15 July 2003, column 232W

<sup>11</sup> There are a total of 8,748 GP practices in England, source Department of Health, General Medical Services Statistics Series

<sup>12</sup> Quality of care for elderly residents in nursing homes and elderly people living at home: controlled observational study, Tom Fahey, Alan A Montgomery, James Barnes, Jo Protheroe, *BMJ* 2003, 326 (15 March)