(90–120 mm Hg), being individual to the patient (but it should be re-assessed every 1–3 months). The narrower equivalent range of 13–15 kPa—with a critical arithmetic mean of 14 kPa (105 mm Hg)—could, however, be used; only extensive statistical evaluation will determine the most clinically realistic range.

Comment

Nurses and midwives have shown interest in the use of kilopascals; in our practice the nurses have asked for their wall sphygmomanometer in the treatment room to be recalibrated. Insurance societies in my experience have accepted kilopascals in insurance reports. Consultants are amused and say that they always check blood pressure in their own way; but clinicians could give a lead here—and in any case teaching hospitals are starting to teach students kilopascals and their eventual adoption is intended officially.

¹ Baron, D N, *British Medical Journal*, 1974, **1**, 509.

² Hart, J Tudor, *Journal of the Royal College of General Practitioners*, 1975, **25**, 160.

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Drug supply requirements for patients discharged from hospital

A proportion of patients leaving hospital receive a quantity of drugs to ensure continuity of treatment. It is generally agreed that the amount of drugs supplied should be small, since changes may be necessary under general practice conditions.¹ Most studies of this nature have concentrated on drug compliance, but none has measured the time interval between discharge and initial contact with the general practitioner. Our prospective study was designed to measure this factor, since many hospitals arbitrarily dispense a 10-day supply of drugs.

Patients, methods, and results

The study was based in Pilgrim Hospital, a new district general hospital in South Lincs; beforehand the co-operation of all general practitioners, hospital consultants, and nursing staffs was sought. Over two months (February–March 1977) the hospital pharmacy kept a prospective log of all medicines dispensed for discharged patients. A simple form was issued with all such medicines, tabulating the necessary information, which was included in the initial discharge letter to the patient's general practitioner. The general practitioner was asked to return the form on the first contact by the patient after discharge indicating the date and whether the patient already had a supply of similar medicines. After two months the general practitioners of all patients whose forms had not been returned were approached and asked for details of patient contact.

Patients discharged to other hospitals or convalescent homes were excluded from the study. In the period of the study 613 of the 2086 (29.4%) patients took drugs home. The general practitioners of 18 patients could not be identified. Of a possible 595 forms, 455 (76.5%) were returned. Three patients died after discharge and 44 data forms were incomplete. Data on the remaining 408 (67%) patients are shown in the figure. A total of 281 (69%) patients contacted their general practitioner within the seven days of discharge, and 294 (72%) by 10 days. At one month 83 (20%) had made no contact with their general practitioner. 1239 discharge medicines were dispensed, the commonest agents being cardiovascular (242), antibiotics (194), central nervous system (188), mineral and vitamin supplements (157), hormonal preparations (106), and analgesics (85)—these together comprising 78% of all discharge medicines. 148 (24%) patients took home three or more medicines. Statistical analysis showed no correlation among sex, age, number

Numbers of patients who contacted their GPs after discharge.

or types of medicines prescribed, or initial contact time. Nevertheless, of the 132 patients who already had similar medicines, 118 (89%) made contact with their general practitioner within seven days, and only nine (7%) had made no contact by 28 days. A random sample of 144 patients discharged home during this period without medicines showed that 102 (71%) had contacted their general practitioner within 10 days, and 18 (12.5%) had made no contact by one month.

Comment

The results show that initial contact time is unaffected by the number or types of discharge medicines. Similar proportions of patients with and without discharge medicines had contacted their general practitioner within 10 days, suggesting that patient-doctor contact within 10 days of leaving hospital might be independent of the prescribing of medicines. Some 89% of patients who already had similar medicines at home made contact within 10 days of leaving hospital, suggesting that chronic illness is an important factor influencing earlier doctor contact.

A 10-day supply of medicines would seem to be adequate for most patients' needs on leaving hospital. Our figures indicate it may be feasible to reduce discharge drugs to a seven-day supply, although a further study of relative costing of hospital/general practice dispensing would be necessary before implementation.

We should like to thank all the hospital staffs and general practitioners who helped in this study.

¹ Wilson, G M, *Prescribers' Journal*, 1972, **12**, 63.

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Correction

Cardiac arrhythmias in thalassaemia major

In the paper by Drs S B Kaye and Marie Owen (11 February, p 342), under Patients, methods, and results the last sentence should read: "Five of six inadequately chelated patients . . . (P<0.001)." The following should be added to the legend of the figure: "Individual patients are numbered."