Middle Articles

CONTEMPORARY THEMES

Drugs Left at Home by Psychiatric Inpatients

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Robin, Brooke, and Freeman-Browne (1968) reported that during the years 1952-64 an increasing proportion of suicides in the county borough of Southend were known to have had contact with the psychiatric services of the town at some time in their lives, often within three months of suicide. Of 92 patients who later committed suicide 72 (78%) were diagnosed as suffering from affective disorders when first psychiatrically examined, and the great majority (79%) of those with a psychiatric contact) were at some time treated as inpatients. Patients committing suicide had a history of an earlier suicidal attempt more often than other psychiatric patients. Approximately 40% of suicides by patients were from poisoning with drugs, the majority using barbiturates. In view of the fact that psychiatric contacts and particularly admissions were involved, and that drugs were a common method of suicide, it was decided to study the frequency with which patients admitted to psychiatric beds from Southend left drugs at home, the characteristics of such patients, and the general indications of the drugs involved.

Method

Patients under the age of 70 who were consecutive first admissions to a general hospital psychiatric unit and to a large mental hospital were investigated. Each patient's previous residence was visited by one of us (D. L. F.-B.) within a week of admission to obtain a standardized social history, to ascertain the number of bottles of medicine or tablets left at home by the patient, and to note whether these were for day or night consumption.

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Results

Quantity of Medicines.—The records of 200 first admissions have been analysed ; 71 patients were admitted to the general hospital and 129 to the psychiatric hospital. No information was available for 13 patients, and a further 101 (50.5%) left no medication at home. The remaining 86 (43%) left a total of 163 bottles—122 for day consumption and 41 prescribed to be taken at night: 28 (14%) patients left two bottles, 9 (4.5%) three bottles, and 7 (3.5%) more than three. The largest collections consisted of eight bottles of medication.

Source of Medicines.—Six out of 21 (29%) patients who had recent psychiatric outpatient treatment as against 60 out of 111 (54%) treated by general practitioners left drugs at home.

Age.—A direct association was found with age for both day and night medication, and roughly twice as many patients over the age of 65 left medicines as those under 25.

Sex and Civil State.—The same proportion of each sex were found to have left drugs at home. There was a tendency for women to leave more day medication than men, and for men to leave more night sedation than women, but the differences were not statistically significant. A higher proportion of the men as compared with the women were single, and a lower proportion widowers than widows. There were no differences between the single men and women, but a higher proportion of married men than married women were found to have left drugs at home. On the other hand, the individuals with large numbers of bottles were predominantly housewives (five of the seven who left more than three bottles were in this category).

Premorbid Personality.—So far as their premorbid personality was concerned, those who were ingenuous or trusting left drugs more often than those who were described as suspicious (Table I) ; very sociable individuals were found to have left

TABLE I.—Medicines Left at Home : Premorbid Personality

No. of Bottles		No. of Patients	Personality Characteristics															
			Ingenuous, Trusting	In Between	Suspicious	Not Known	Very Sociable	Likes Company but Reserved	Solitary	Not Known	Energetic	In Between	Lazy	Not Known	Helpful, Friendly	In Between	Aggressive, Irritable	Not Known
None	..	101	48	30	21	2	3	64	32	2	48	39	12	2	43	18	38	2
1 or more	..	86	60	17	8	1	9	60	17	0	54	24	7	1	51	9	25	1
Not known	..	13	7	1	4	1	1	5	5	2	8	2	2	1	5	1	5	2
Total patients	..	200	115	48	33	4	13	129	54	4	110	65	21	4	99	28	68	5

drugs more frequently than those who were solitary; energetic individuals left drugs more often than those who were lazy; helpful and friendly individuals left drugs more often than those who were aggressive or irritable.

Diagnosis.—Patients with affective disorders left medicines more often than any other functional group (Table II), and, as might be expected, a high proportion (59.5%) of 62 patients with recent physical illness or surgical operations left drugs.

TABLE II.—*Medicines Left at Home: Diagnosis*

No. of Bottles	Affective Disorders	Psycho-neuroses and Personality	Schizo-phrenia	Organic States	Total
0	35 (44%)	31 (54%)	26 (60%)	9 (45%)	101
1	14	11	11	6	42
2	18 (48%)	6 (41%)	1 (31%)	3 (55%)	28
3	1	0	0	1	9
3+	6	3 (5%)	4 (9%)	0 (0%)	7
Not known	6 (8%)				13
	80	57	43	20	200
Bottles for: Day use	63	31	14	14	122
Night use	24	10	2	5	41
Total	87	41	16	19	163

Suicidal Tendencies.—Twenty-eight patients were described as threatening suicide and a further 31 as having committed an act of self-injury before admission. Of these 14 and 15 patients respectively—that is, 49% of actively suicidal patients—left drugs at home. Of eight patients known to have made a suicidal attempt with drugs at any time before admission, five left drugs at home—one of them left more than three bottles.

Relatives' Attitude.—The attitude of the patients' relatives was assessed by the psychiatric social worker: 11 out of 14 (79%) regarded as overanxious and overprotective were in possession of the drugs left at home, as against 76 out of 186 (41%) in other categories.

Comparison of Hospitals.—The policy of the general hospital psychiatric unit differed from that of the psychiatric hospital in that patients and their relatives admitted to the former received an information leaflet before or at admission. This leaflet specifically asked that all medicines should be brought to the hospital and handed to the nursing staff. Within the 200 first admissions it was found possible to match 60 pairs for age, sex, and diagnosis—the first member of each pair admitted to the psychiatric unit and the second to the psychiatric hospital. No difference was found in the proportion of patients admitted to each unit who left drugs at home.

Discussion

Wilson, Banks, Mapes, and Korte (1963) indicated that 9–10% of items prescribed by general practitioners are for the treatment of neuroses and psychoses, and that such prescriptions rank next after those for bronchitis and coryza in order of frequency. Nicolson (1967) collected unwanted drugs from 500 out of 30,000 households in a northern town and obtained a total of 44,428 items, over 16,000 of which appear to be normally prescribed for their action on the central nervous system. The largest number of tablets handed in of any single drug was 1,336 chlorpromazine tablets. Over 1,000 barbiturate tablets were also collected.

Poisoning as a method of attempting or committing suicide has become increasingly more common during the last 25 years. Brooke and Glatt (1964) showed that the number of suicides attributable to barbiturate poisoning rose from 104 during 1941–50 to 735 during 1958–62. Hershon (1968) showed a

200% increase in attempted suicides between 1958 and 1965, almost entirely by self-poisoning. Barbiturates were the drugs most commonly used during the whole period, but by 1965 almost as many patients took psychotropic drugs as barbiturates. Matthew (1966) reported that acute poisoning accounted for approximately 10% of medical admissions in adults. Kessel (1965), in his studies of self-poisoning, concluded that "it is inescapable that dangerous substances are prescribed unnecessarily often and in excessive quantities." Kessel did not feel that "cut off from a supply of drugs . . . patients [would] resort to dangerous and more violent action."

It appears from our study that the patients who leave drugs at home on admission to psychiatric beds are in many cases precisely those with a potentially high suicidal risk. The incidence of suicide rises with age (Dublin, 1963). Suicide is associated with affective disorders (Pokorny, 1964); with physical illness (Parnell and Skottowe, 1957; Stewart, 1960; Seager and Flood, 1965), and highly associated with a combination of psychiatric and physical illness (Jones, 1965). The incidence of drug leavers rises with age; drugs are left most often by those with affective disorders and those with physical complaints. It appears that patients who have been regarded as actively suicidal—this indeed being the reason for admission—may return home to drugs as often as other psychiatric patients, while overprotective relatives, who may have secured more attention for the patient, have also collected a potential late danger for the patient more often than others.

Our evidence is that a simple appeal to patients and their relatives is insufficient to remove this particular danger, and it would appear to be desirable as a matter of policy for general practitioners, who are the main source of patients' drugs, to instruct patients to take their drugs with them as routinely as an introductory letter on admission to hospital. Mental welfare officers, who are involved in a proportion of admissions, should also be aware of the need to dispose of drugs, and psychiatric hospitals have a responsibility to make a specific check concerning the disposal of drugs at home.

Summary

The types of psychiatric patient who leave drugs at home on admission are examined as well as the quantities, broad types, and sources of the drugs involved. Patients with high suicidal potential were often found to leave drugs, and, as drugs represent a potential danger in cases of relapse after discharge, arrangements for their disposal should be made.

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