in enteropathy caused by non-steroidal anti-inflammatory drugs; examination of the small bowel by a barium study may show strictures and skip lesions in both Crohn’s disease and enteropathy caused by non-steroidal anti-inflammatory drugs.

Confirming the diagnosis of enteropathy caused by non-steroidal anti-inflammatory drugs is often difficult. Neoplasia should be excluded; withdrawing the drug may stop the malabsorption and blood loss. If the condition is diagnosed as an adverse reaction this should be reported to the Committee on Safety of Medicines in the usual way. Management of the condition is essentially to treat the symptoms. The subclinical biochemical abnormalities persist for up to 16 months after withdrawing the drug.13 Strictures of the small intestine are best treated by resection. The prognosis of the subclinical enteropathy is good provided that the non-steroidal anti-inflammatory drug is withdrawn; disease associated with strictures may have a more indolent remitting course and is not reversed by withdrawing the drug.

About 30 million patients around the world take non-steroidal anti-inflammatory drugs regularly so the enteropathy caused represents a substantial clinical challenge. Many cases may be masquerading as Crohn’s disease, accounting partly for the recent increase in this condition.1 The problem may be reduced by judicious prescribing of non-steroidal anti-inflammatory drugs but is likely to become even more widespread.

ANJAN K BANERJEE
MRC Training Fellow,
King’s College Hospital Medical School,
London SE5 8RS

The changes to social security payments made in April 1988 were depressing reading for those concerned with maintaining frail and disabled people in the community. In particular, the domestic assistance allowance, which had been used to improve the care of frail elderly people, was abolished.1 In its place the Independent Living Fund was set up, with the objective of helping severely disabled people on low incomes to live independently in their own houses by providing money for them to employ personal carers or domestic help.2 Does it work; how do you claim from the fund; how much can you get; what are the problems? After one year the experience in Bexley can help answer some of these questions.

Broadly the fund will provide whatever money is needed to help a severely disabled person with domestic and personal care, but it is particularly aimed at those less likely to be equipped to organise their own care or with less experience in employing others. Claimants can either live alone or with other people who cannot give all the care needed. They should already be receiving, or entitled to receive, the attendance allowance, and they or their partner should be receiving income support. If they do not get income support they can still claim if their income is less than the cost of the care needed and their capital is less than £6000.

A claim is started by filling in a simple application form (Independent Living Fund, PO Box 183, Nottingham NG8 3RD) and sending it to the fund managers. For elderly people, especially those with dementia, it is helpful to send also a covering letter giving more details and asking that all communication should be through the community care manager, social worker, or next of kin. It can be important to have a case manager both to clarify the exact problems and to help with employing the carers. Within two to three weeks a “voluntary visitor” calls, who will complete a thorough assessment. The visitor forwards this information, together with recommendations on acceptance and urgency, to the fund managers. This stage is crucial as the fund is entirely discretionary. There is often a worrying wait at this time, but in our experience telephone calls elicit a helpful and sympathetic response. Finally, the decision is sent to the client.

Is it all worthwhile? For the right person it can be dramatically effective. Although the fund is discretionary, once it has accepted a claim it will pay fully for necessary care. We have successfully claimed up to £180 a week to employ live in carers for frail elderly people at home, who would otherwise be in nursing homes or long stay hospitals. The fund can also back date its payments to pay for care given while the claim was being made.

Of course there are problems: claims can take some time to be decided, the fund is discretionary, the government publicly earmarked only £5m in the first year, and cheques for very large sums of money may be sent weekly to frail or confused people, leading to the possibility of theft, fraud, or exploitation. Our experience in the fund’s first year, however, suggests that it is a tremendous resource, which for once can be used to make a reality of community care.

DAVID BLACK
Consultant Physician,
Elderly Medical Unit,
Queen Mary’s Hospital,
Sidcup,
Kent DA14 7LT