

Inappropriate drug prescribing in elderly people is common

Scott Gottlieb *New York*

Prescribing drugs to elderly patients that are known to be associated with side effects in older people seems relatively common, despite warnings about such drugs.

Researchers, led by Lesley Curtis of Duke University Medical Center in Durham, North Carolina, and colleagues, investigated the extent that potentially inappropriate drugs are prescribed for elderly patients who are not in hospital (*Archives of Internal Medicine* 2004;164:1621-5).

Inappropriate medications were identified according to criteria set by physicians and pharmacologists, as defined by a list known as the Beers revised list of drugs. The Beers list is a standard compilation of drugs generally believed to commonly cause side effects in elderly people and hence to be avoided.

The authors conducted a retrospective cohort study using the

outpatient prescription claims database of a pharmaceutical benefit manager, who decides which drugs should be covered by their insurance plan. The data included claims information on the prescriptions of 765 423 people aged over 65 years. The people included in the data were taking drugs that were approved by the benefit manager for cover from the insurance scheme and filed claims for at least one or more prescription drugs during 1999.

In a single year, 162 370 people (21%) filled a prescription for one or more drugs on the Beers list. Amitriptyline and doxepin accounted for 23% of all claims for these medicines, and half of the claims were for drugs with the potential for severe adverse effects.

More than 15% of the patients filled prescriptions for two drugs on the list, and 4% filled prescriptions for three or more drugs.

The most commonly prescribed classes of problematic drugs were psychotropic drugs and neuromuscular drugs.

"Suboptimal prescribing has been an important issue in the elderly population for some time," said Dr Curtis in an interview. "Concerns over the cost of potentially inappropriate medications are warranted, but the potential costs of adverse events related to these medications are of even more concern. This is an area that clearly has not been adequately investigated."

In an accompanying editorial

(pp 1603-4), Knight Steel of Hackensack University Medical Center, New Jersey, wrote that the study is evidence of "a significant failure in the American health care system."

"Although the drugs included on such a list may vary depending on the views of the members of the panel, if even half that number of elderly subjects is taking potentially inappropriate medications, one in ten of all older persons are receiving a drug that is potentially not appropriate," Dr Steel wrote. □



A 77 year old Chicago woman waits for her prescription to be filled

Bush launches controversial mental health plan

Jeanne Lenzer *New York*

President Bush announced on 26 July that his administration has begun implementing the recommendations of the New Freedom Commission on Mental Health to "improve mental health services and support for people of all ages with mental illness" through comprehensive screening.

The plan states that schools are in a "key position" to screen the "52 million students and six million adults who work at the schools" and includes recommendations for screening preschool children (19 June, p 1458).

Mr Bush's announcement comes after new reports showing that increasing numbers of toddlers and children are being prescribed amphetamines, antidepressants, and antipsychotic drugs. Concern that widespread screening will only increase the

number of young people taking drugs has triggered criticism of the plan.

Dr Daniel Fisher, one of the 22 commissioners responsible for writing the final report for the president, said that widespread screening—at a time when medical education was "geared to the biomedical model and teachers want to get kids fixed"—could result in greater numbers of children being given "a label, a diagnosis, and a medication."

"What troubles me a little bit," said Dr Fisher, "is that mental health will continue to be used as a substitute for addressing the social, cultural, and economic needs of children."

Addressing those needs and heeding the recommendation of the plan to transform the system to one based on fostering recovery and resilience could, he said, "solve many behavioural problems." But, he added, widespread screening before systems are transformed could undermine some very positive elements of the plan, including its focus on care that is driven by patients and on housing support, educational rights, and employment.

Concerns about the increasing number of children taking psychotropic drugs were heightened by a study published in this month's issue of the *Archives of Pediatric and Adolescent Medicine* (2004;158:753-9). The study, by Dr William Cooper and colleagues at Vanderbilt University, Tennessee, found that in 2001 nearly one in every 100 adolescents enrolled in TennCare, a programme for families in Tennessee on low to moderate incomes, became new users of antipsychotic drugs. The six year study followed the 313 454 children enrolled in TennCare in 1996, just under 30% of all children in Tennessee.

Dr Cooper said that he and his colleagues are currently studying nationwide data on the use of antipsychotic drugs among children covered by private insurance. He said that they expect they'll see similar findings nationally, given preliminary results from current research at Vanderbilt and reports from doctors at other institutions.

The Tennessee study found that a minority of children who were prescribed antipsychotic

drugs were psychotic. The two main reasons for new prescriptions of antipsychotic drugs were attention deficit hyperactivity disorder (23% of prescriptions) and conduct disorder (20%). Most of the prescriptions were for the newer "atypical" antipsychotics.

"We don't know if these drugs are helpful in conditions like attention deficit hyperactivity disorder," said Dr Cooper. Although the atypical antipsychotics reportedly cause fewer dyskinesias than the older antipsychotic drugs, they are associated with serious problems, including weight gain (one study showed that 11% of children taking the drugs gained 10% of their body weight in six months), diabetes, fatal ketoacidosis, and potentially lethal cardiac dysrhythmias. "You're just trading one set of side effects for another," said Dr Cooper. "We don't know if the benefits of these drugs outweigh their risks." □

President Bush's proclamation on the anniversary of the Americans with Disabilities Act is at www.whitehouse.gov