Title: Investigating the use of psychotropic medications and any association with increased risk of hospitalisations and mortality in the older population

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Outline: Preventable harm from medication is common in the elderly, and psychotropic drugs are frequently involved. This project will examine the extent of prescribing of psychotropic medications in the older population in Greater Glasgow and evaluate whether it is linked to the frequency of hospitalisations or mortality. Patients will be defined by their place of residence as being at home or in care and any differences in prescribing or subsequent outcomes will be explored. In a sub-group of the study population differences in prescribing and outcomes for patients with diagnosed dementia against those without will be described and explored.

This study will provide improved information on the prescribing of psychotropic medications both in patients with dementia, within the community and in care homes. This will provide an evidence base for developing future service modifications which are relevant and can improve the health of the older population in Scotland.

Study aim: The study would aim to examine the prescribing of psychotropic medications to elderly people and any subsequent association with adverse outcomes in a geographically defined population. Specific comparisons will be made between those patients with a diagnosis of dementia and those without and those patients resident at home and in care homes.

Research methods: By means of record linkage to individuals we will describe the epidemiology of psychotropic prescribing to elderly people particularly those with a diagnosis of dementia, comparing those resident at home with those in care homes, and examine if there are differences in subsequent hospital admissions and mortality for patients receiving these medications.

A series of cohort studies within the population will evaluate the association between psychotropic prescribing and place of residence. The analyses will examine the relationship between psychotropic prescribing and care home residence adjusting for potential confounding variables, specifically age, sex, socio-economic status and co-morbidity defined in terms of the Charlson Index of co-morbidity which will be calculated from routine records. Multilevel models will be fitted to explore how prescribing varies by practice, and for those resident in care homes, by care home, and associations with relevant practice and care home explanatory variables will be examined including listsize, training status, remoteness from specialist services, and care home casemix).

References:
2 McCowan C, Magin P, Clark S, Guthrie B. An observational study of psychotropic drug use in older patients resident in their own home or in care. Age & Ageing in press