

## The Discharged Patient's Drug Treatment

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### INTRODUCTION

When a doctor sees a patient it is important that he should have an accurate account of that patient's previous drug treatment. An earlier study (Ballinger and Stewart, 1971) showed that there were inconsistencies in the various reports of a patient's drug treatment immediately before admission to a psychiatric hospital. It seemed very likely that this problem was not limited to this one situation, and general practitioners have often criticized the quality of the information received after a patient has been discharged from hospital. The present survey attempted to assess the quality of the information about drug treatment sent to general practitioners at the time of discharge.

Many patients admitted to a psychiatric hospital may be mildly or severely dependent upon psychotropic drugs (Ballinger, 1972), and there is some danger that the continuation of drug treatment when a patient has left hospital may promote or continue a dependence upon a drug. The present survey attempted to estimate the proportion of patients remaining on psychotropic drugs 18 months after their discharge from hospital.

### METHOD

All patients admitted to the beds of the Dundee Psychiatric Service between 1.7.70 and 31.12.70 were included, provided they were discharged from the hospitals before 1.7.71. Ten patients were excluded because no discharge letter was written, as they were not registered with any general practitioner.

Information about drug treatment at the time of admission had been obtained from patients and their general practitioners as part of the earlier study mentioned above. The current drug treatment sheet at the time of discharge was reviewed for each patient and the recommendations about drug treatment in

the discharge letter were noted. Patients are usually given approximately three days supply of any recommended medication on leaving the wards, and the records of this were also available. Non-psychotropic drugs and drugs prescribed on an 'as required' basis for intermittent administration were not included in the present survey.

Eighteen months after the patient's discharge a standard letter was sent to his general practitioner asking for details of any drugs prescribed during the four weeks before receipt of the letter. Patients who were in hospital at the time of this follow-up were excluded ( $N = 26$ ).

A total of 359 patients were included in the present study, consisting of 146 males and 213 females. Of these 128 were re-admitted to a psychiatric hospital at least once during the 18 months after their initial discharge.

The diagnoses of the patients were as follows: Schizophrenia (32); Paranoid state (13); Manic-depressive psychosis (125); Organic state (23); Neurosis (91); Personality disorder (41); Alcoholism and drug dependence (33); Other (1).

The ages of the patients were: 80 and over (4); 70-79 (22); 60-69 (50); 50-59 (67); 40-49 (64); 30-39 (73); 20-29 (59); 10-19 (20).

### RESULTS

#### A. Information about drug treatment at discharge

1. The recommendations for psychotropic drug treatment in the discharge letter were as follows: No drugs were recommended for 190 patients (52.9 per cent); One drug was recommended for 94 patients (26.2 per cent); Two drugs were recommended for 56 patients (15.6 per cent); Three drugs were recommended for 19 patients (5.3 per cent).

2. The psychotropic drugs recommended in the discharge letter were compared with the records of the drugs actually given to the patient on leaving the ward. The two accounts

agreed in 285 (79.4 per cent) of cases. Extra items were recommended in the discharge letter as follows: One item for 37 patients (10.3 per cent); two items for 6 patients (1.7 per cent); three items for 2 patients (0.5 per cent).

Extra items appeared in the ward discharge records as follows: One drug for 23 patients (6.4 per cent) and two drugs for 4 patients (1.2 per cent).

In two cases equal numbers of different drugs were recorded.

The classes of drugs involved in these discrepancies are shown in Table I.

3. A comparison was made between the current treatment sheet at the time of discharge and the record of drugs given to the patients on leaving the ward. In 250 instances (69.6 per cent) there was agreement between the two sets of records. Psychotropic drugs which were not recorded as having been given to the patient on leaving hospital were present on the treatment sheet as follows. One item for 76 patients (21.1 per cent); two drugs for 13 patients (3.6 per cent) and three drugs for 6 patients (1.7 per cent).

Drugs which had not appeared on the treatment sheet during the previous week were recorded as having been given to 5 patients (1.4 per cent) on leaving the ward, and equal numbers of different drugs appeared in the two records of 3 patients. Full information was lacking for 6 other patients. None of these discrepancies could be accounted for by the

discontinuation of drugs given intermittently on an as required basis or by any change from a regular to an 'as required' form of prescription.

The drugs on the current treatment sheet which were not recorded as having been given to the patient on leaving the ward were as follows: Phenothiazines (28 instances); anti-depressants (18); chloral and its derivatives (34); barbiturates (16); benzodiazepines (21) and lithium (3).

Of the 22 patients re-admitted within one month of their initial discharge from hospital 8 appeared to have had psychotropic drugs discontinued on the day of leaving the ward. This is not, however, a statistically significant proportion.

*B. A comparison of drug treatment at the time of admission to hospital, at the time of discharge from hospital and 18 months after the initial discharge*

Full information about drug treatment at all stages was available for 228 patients. Information was not available on admission for 18 patients, and 18 months after discharge information was not available for 113 patients (the reasons for this included: no reply from the general practitioner, a change in general practitioner, the patient having left the district or died, and the patient being in hospital). Of these 228 patients included 74 are known to have spent at least one period as an in-patient in a psychiatric hospital during the 18 months after their initial discharge.

The numbers of patients receiving psychotropic drugs on these various occasions appear in Table II, and the groups of drugs prescribed on each occasion are shown in Table III.

Table IV shows the number of instances in which patients were receiving a psychotropic drug of the same group as recommended in their discharge letter 18 months after their discharge. This does not necessarily mean that they had been receiving this drug for the whole of the 18-month period.

Of 169 patients discharged on psychotropic drugs 79 were readmitted during the 18 months after discharge, as opposed to 49 of the 190 patients discharged on no psychotropic drugs.

TABLE I  
*Drugs involved in discrepancies between discharge letter and ward records*

Drug group	Extra on ward sheet	Extra in discharge letter
Phenothiazine and butyrophenone ..	16	16
Anti-depressant ..	3	10
Choral .. ..	4	11
Barbiturate .. ..	5	5
Nitrazepam .. ..	2	10
Other benzodiazepines ..	1	1
Lithium .. ..	0	2
Total .. ..	31	55

TABLE II  
Psychotropic drugs at the time of admission, discharge and 18 months later

No. of psychotropic drugs	Patients at admission		Patients at discharge		Patients 18 months later	
	No.	%	No.	%	No.	%
0	76	33.3	116	50.9	112	49.1
1	81	35.5	64	28.1	62	27.2
2	49	21.5	35	15.3	43	18.9
3	20	8.8	13	5.7	10	4.4
4	2	0.9	0	0	1	0.4
Total	228		228		228	

TABLE III  
Drugs prescribed before admission, at discharge and 18 months later

Drug group	Instances before admission		Instances at discharge		Instances 18 months later	
	No.	%	No.	%	No.	%
Phenothiazine and butyrophenone ..	73	29.6	68	39.3	49	26.9
Antidepressant	56	22.7	38	22.0	48	26.4
Barbiturate ..	47	19.0	16	9.2	22	12.1
Chloral and derivatives	4	1.6	17	9.8	10	5.5
Nitrazepam	14	5.7	20	11.6	16	8.8
Other benzodiazepines	34	13.8	8	4.6	14	7.7
Mandrax ..	11	4.4	0	0	4	2.2
Lithium ..	3	1.2	6	3.5	13	7.1
Other ..	5	2.0	0	0	6	3.3
Total	247		173		182	

This difference was statistically significant ( $\chi^2 = 17.0$ ;  $p < 0.001$ ), although it should be remembered that these groups of patients were likely to have differed in other ways.

#### DISCUSSION

This study shows that there are many discrepancies between the drug treatment given to the patient as he left the ward and that subsequently recommended in the discharge letter. Discrepancies may sometimes have been deliberate, as it may have been decided to stop a particular drug a few days after discharge, but this was probably not always the case.

Another source of information, which was not kept in duplicate in the hospital records at the time this study was undertaken, was the brief note of drug treatment sent with the patient to

TABLE IV  
Drugs prescribed before admission, at discharge and 18 months later

Drug group	Instances in discharge letter	Instances of prescription of drug from same group 18 months later	% still prescribed 18 months later
Antidepressant	38	13	34.2
Barbiturate ..	16	7	43.7
Chloral and derivatives	17	4	23.5
Nitrazepam	20	6	30.0
Other benzodiazepines	8	4	50.0
Lithium ..	6	4	66.0
Total	173	61	35.3

the general practitioner at the time of discharge. It is assumed that this would probably have corresponded to those drugs handed to the patient on leaving the ward. The retention of a duplicate of this document in the case notes is now recommended in the report 'Control of Medicines in Hospital Wards and Departments' (H.M.S.O., 1972), and this would probably have reduced the number of discrepancies.

The comparison between the current treatment sheet on the day of discharge and the record of drugs given on leaving the ward shows that many drugs were apparently abruptly stopped at the time of leaving hospital. The act of rewriting the prescription may have led to a further review of drug treatment. It is possible that some patients may have obtained supplies immediately from elsewhere, but often this would appear to have been unlikely. The day of discharge may not be the best time to stop a drug such as a hypnotic, since mild withdrawal symptoms may interfere with the patient's adjustment during the first few days at home. It would be preferable to stop these drugs some time before discharge.

The figures obtained for drug use at different stages in the patient's treatment must be interpreted with some caution because many patients were excluded on account of lack of

information. As might be expected, a larger proportion of patients were on psychotropic medication at the time of their admission to hospital than at the time of discharge, as admission would probably have followed a period of crisis.

In many ways it is a little disturbing to find that about half the sample were still receiving psychotropic drugs about 18 months after discharge from hospital. Some of this reflected continued psychiatric morbidity, and in some instances this treatment was a result of definite prophylactic policy, for example phenothiazines in schizophrenics and lithium for patients suffering from manic depressive psychosis.

The patients remaining on psychotropic drugs 18 months after discharge would be likely to include a proportion of individuals at least mildly dependent upon these drugs. Nevertheless the majority of patients were on drugs of different groups from those prescribed at the time of their discharge from hospital, and there was no clear evidence that drugs of any one group were more likely to be continued than any other. At the time of follow-up there were some changes in the proportion of various drugs used, although it should be remembered that information was lacking for about one third of the patients. For example, the proportion of patients receiving phenothiazines had fallen, and these differences may reflect differences in prescribing policy between hospitals and general practitioners.

In conclusion, it is suggested that the information presented here points to the need for greater attention to the problem of communicating information about drug treatment to general practitioners at the time of discharge from hospital. In general it is suggested that drugs should not be discontinued abruptly on the day of discharge, and the drug regime should be critically reviewed some time before the patient leaves hospital, as some patients are likely to

stay on psychotropic medication for a long period after their discharge.

#### SUMMARY

The drug treatment recommended in the discharge letters of 359 psychiatric patients was compared with the records of the supply of drugs given on leaving the hospital, and differences were found in 20.6 per cent of the sample. A comparison of the patients' treatment sheets, and the records of drugs given on leaving the hospital showed that drugs had been discontinued on the day of discharge in 26.4 per cent of the total. It is suggested that the communication of information about drug treatment to general practitioners requires further attention, and that drugs should not be discontinued on the day of discharge.

The drug treatment of the same group of patients was reviewed 18 months later, at which time 49.1 per cent were still receiving psychotropic drugs. Only 35.3 per cent of these prescriptions were for drugs of the same group as those given at the time of discharge from hospital.

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