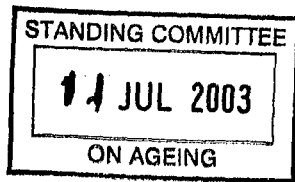


Submission 166



55/4 Macleay St
Potts Point

NSW 2011

07/07/03

The Secretary
House of Representatives
Committee on Ageing
Parliament House
Canberra ACT 2600

Dear Alyson,
I would like to thank the
Chairman, Dr Southcott, and other members
of the Committee for inviting me to take
part in last week's public hearing in Sydney.
It was really interesting to listen to the
other witnesses and to gain new perspectives
on the Committee's work.

I would appreciate it if you
could draw some additional comments I
have made in the attached addendum
to the Committee's attention. They refer to
matters raised during my session and seek
to clarify comments I made. Apologies for the writing.

Thank you also for your
assistance in explaining the Committee's processes

Yours sincerely
Patti Warr

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Addendum to Submission
to House of Representatives Committee on Ageing.

During my session, Ms Hall asked me to comment further on my concerns about medication being prescribed without the benefit of accurate medical histories being taken, before clinical trials were completed and without proper recording and reporting of side effects.

I would like to record that my friend was prescribed Olanzapine by a visiting psychiatrist in his first week in the nursing home in May 2000 and the medication was not stopped until the last week of his life in December 2001, clearly long after it was required, given his enfeebled condition. His treating G.P. at the nursing home had admitted he was not familiar with the medication and since he was also not familiar with his new patient and his medical history, it was hardly an ideal clinical situation. It seemed to me that the effects of this medication were never properly monitored.

At the same time, in Melbourne, the husband of the registered nurse whose case I mentioned in my oral evidence, was showing signs of significant deterioration which appeared inexplicable according to the drug charts she inspected. Only after extensive inquiries did she establish that her husband, who had early onset Alzheimer's, had been enrolled, without her knowledge, in a clinical trial of Olanzapine. As next of kin, she had not been consulted and no consent had been given for his participation in the trial, for which separate records were being kept. This was in 2000, the year my friend was prescribed the same drug.

Research published in the British journal Age and Ageing in February 2003 and reported in The Guardian Weekly of 13-19 February 2003 stated

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That over 80 per cent of elderly people in a sample of British nursing homes had been prescribed strong tranquillisers with no proper medical justification. The neuroleptic drugs - administered to quieten patients with what staff called 'behavioural problems' - were likely to make their dementias worse and risked them breaking hips or other limbs, according to the five doctors in London teaching hospitals doing the research. The study of nearly 1000 patients over 65 found that medical notes showed the prescriptions were not appropriate therapy for 82.8 per cent of those who received them and more than half had not been reviewed for six months. Community activists lamented the use of medication as a weapon, claiming patients were victims of 'a chemical cost'. The Alzheimer's Society said that the finding was true of old people in homes across Britain and could apply to up to 100,000 of the 500,000 in residential care.

Given the comments made by Professor Le Couteur in his oral evidence about the hospital admissions ^{here}, resulting from inappropriate medication, adverse drug reactions and polypharmacy, it may be time to recommend a similar study on inappropriate medication of elderly people in Australia. This would ultimately benefit all nursing home residents and could relieve the huge financial burden on the P.B.S. and the public hospital system.

I would also like to comment further on the tyranny of distance affecting the location of nursing homes which exacerbates the loneliness of old age.

An elderly neighbour of mine moved from Mudgee to Potts Point to be closer to her daughter after her husband died a few years ago. Severely arthritic, she rarely ventured outside her fifth floor unit. Following a change to her blood pressure medication a year ago, she had several falls and

moved to live next door to her daughter in Elizabeth Bay. (3)
Away from more familiar surroundings, she became confused,
fell again and was admitted to St Vincent's Hospital. Assessed as
needing nursing home care she was discharged to a nursing home
where, less than 24 hours later, she fell and broke her hip.
This time she was taken to Royal Prince Alfred Hospital, where
her hip was set and she remained some ten days before being
transferred to Balmain Hospital for rehabilitation. Her daughter
visited many more nursing homes before finding one she considered of
an acceptable standard at Dulwich Hill, some ten suburbs away.
Settled there, eventually my old neighbour regained some of her
confidence and attained some contentment. A month ago, this
nursing home was put on the market. She is now trying to come
to terms with another move, this time to Marrickville and, like
all the other places, a long way away from Mudgee, where she was
part of a caring, familiar community and which she regrets
having ever left. The reason for her move to Sydney had been
to be closer to her daughter; now she sees her twice a week. The last
year has been very difficult for both of them, but at least they
are within the same city and public transport is adequate.

It is much more difficult for relatives and friends stranded, by
circumstance, illness and age, across the country. I am able
to visit the elderly aunt of a Tasmanian friend who frets about
her beloved aunt's isolation in a Sydney nursing home. My friend
is prepared to visit my own elderly aunt, an old teacher, who
lives in Hobart in her own home. Maybe we need a national
scheme encouraging people to 'Adopt an Aunt', especially those
often unmarried old teachers and nurses who so often finish
up in nursing homes because there is no immediate family to help.
Perhaps the nursing and teaching unions could consider asking
local nursing homes whether there are any unvisited residents
who might welcome some ongoing companionship from their old peers.

In relation to the need for an ongoing public education
campaign on ageing and dementia, as attempted by Alzheimer's
Australia and urged by Professor Le Couteur in his oral evidence,
I believe that there should be some emphasis on the fact that
a diagnosis of dementia is not an immediate death sentence. Too
many people believe that once a nursing home door shuts on a
dementia patient that there is no point in any further contact.
Families and friends need to be encouraged to make the most
of the time left for real connections of body, mind and spirit.
Adult children and grand children need to hang onto real,
positive and loving memories through affectionate interaction
before it is too late. Sadly, some medication makes this
connection harder by transforming relatives into sadly stooped,
shuffling, drooling strangers and more sensitive and accurate
prescribing should be an urgent priority for treating doctors.

Finally, courses in basic first aid and personal care should
be freely available through TAFE and community groups to give
everyone more confidence in coping with the challenge and opportunity
of caring for relatives, friends & neighbours in their old age.