Letters to the Editor

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References

3. Steen E, Terry BM, Rivera EJ, Cannon JL, Neely TR. Non-steroidal anti-inflammatory drugs (NSAIDs) and SSRIs were the three most commonly ingested by those >50 years of age (see table).

Self-poisoning in older patients

SIR—We note with great interest the article on self-poisoning in older adults by Doak et al. (Age and Ageing 2009; 38: 407–11). We have recently reported a large-scale study of 1,598 episodes of self-poisoning presenting to the Queens Medical Centre, a large teaching hospital in Nottingham, between April 2006 and March 2007 (Prescott K et al., BJCP, 2009). In keeping with the results of Doak et al., our study demonstrated a very similar age/sex distribution with 10.3% of cases (n = 166) being >50 years of age, of which 55.4% (n = 92) were women and a greater likelihood of admission for further treatment and assessment in older patients (72.3% >50 years were admitted vs 59.2% for the entire study population).

However, there were some significant differences between the studies in the type and frequency of drug ingested by those >50 years of age (see table).

<table>
<thead>
<tr>
<th>Drug category</th>
<th>Edinburgh (%)</th>
<th>Nottingham (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol</td>
<td>42.2</td>
<td>45.8</td>
</tr>
<tr>
<td>Opioids</td>
<td>25.7</td>
<td>16.3</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>Non-steroidal anti-inflammatory drugs (NSAIDs)</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>Tricyclic antidepressants (TCAs)</td>
<td>7.8</td>
<td>13.3</td>
</tr>
<tr>
<td>Serotonin selective reuptake inhibitors (SSRIs)</td>
<td>7.8</td>
<td>16.3</td>
</tr>
</tbody>
</table>

This is in contrast to those ≤50 years for whom paracetamol, NSAIDs and SSRIs were the three most commonly ingested drugs.

Thus, the Nottingham cohort appear to ingest paracetamol in similar frequency but opioids and benzodiazepines less frequently and antidepressants (TCAs and SSRIs) more frequently than the Edinburgh cohort. Both studies found that the use of TCAs in self-poisoning increased with age (13.3% ≥50 years vs 6.7% ≤50 years in Nottingham’s cohort and 7.8% ≥50 years vs 6.3% ≤50 years for Edinburgh). The Edinburgh group reported a fall in frequency of ingestion of SSRIs with increasing age (7.8% ≥50 years vs. 12.3% ≤50 years). In contrast, in the Nottingham cohort there was little change with age (16.5% ≥50 years and 18% ≤50 years). Although we seem to have more frequent overall usage of antidepressants in overdose, the increased proportion using SSRIs rather than TCAs is in line with the conclusions of Doak et al. that prescription of potentially toxic drugs should be minimised in this age group where the risk of morbidity and mortality from self-poisoning is greater. The reasons for the differences in the frequency of opioids, benzodiazepines, TCAs and SSRIs as agents of self-poisoning in older age groups between the Edinburgh and Nottingham studies are not apparent but may well reflect local prescribing practice. The differences highlight the fact that there are regional variations in the patterns of drugs used in overdose. Similar up-to-date studies of self-poisoning in older subjects in other parts of the UK would be helpful in further understanding a hitherto relatively neglected subject.

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Letter

SIR—Dr Saka’s response to my earlier letter (Age Ageing 2009; 38: 631) is somewhat misleading. Following an initial approach about the model in December 2005, one of the authors indicated the questions I had raised about the earlier analyses were valid. I never received any further reply or details of the assumptions made in the model despite further requests to the authors in January and February 2006. It is not, therefore, strictly correct as implied that I was ‘given access to the model, the full details of the data and assumptions used to populate the model’. I approached the National Audit Office about the England model’s assumptions and calculations ‘numerous times’ only after repeated enquiries had elicited no response from the authors about their analyses. I would still be grateful to be provided with the details.