possibly reflecting its availability as the only combination PI accessible in tablet/liquid form. Current use of PIs was associated (p<0.001) with hypercholesterolaemia in adjusted analyses indicating a long-term consequence of specific ART.

Conclusions The majority of subjects had been managed with ART, with first exposure occurring at an early age. At least a quarter of participants had been treated with multiple individual drugs suggesting cumulative exposure and switching between regimens. The most prevalent treatment approach at recruitment was cART. However, there is evidence of continued use of suboptimal management strategies, and hypercholesterolaemia being associated with PI use.

**P24** A CLUSTER-RANDOMISED CONTROLLED TRIAL TO TEST THE EFFECTIVENESS OF A HAND WASHING INTERVENTION IN REDUCING INFECTION-RELATED ABSENCE IN PRIMARY SCHOOLS: INSIGHTS FROM AN EMBEDDED PROCESS EVALUATION

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Objective To conduct a qualitative process evaluation within a cluster-randomised trial of an educational resource intervention to promote hand washing in primary schools and thus reduce absenteeism by reducing the transmission of respiratory and gastrointestinal infections.

Design Focus groups with pupils including drawings of hand washing facilities, semi-structured interviews with teachers, direct observation of intervention delivery and hand washing facilities.

Setting State primary schools within six local authority areas in the South West of England (n=178) were randomised to receive the “Hands up for Max!” intervention in October 2009 (intervention schools) or in Autumn 2010 after all trial follow-up data are collected (control schools). Four intervention and four control schools were selected for the process evaluation from the 24 schools participating in a sub-study to collect enhanced absenteeism data.

Participants Pupils in years 2 to 6 (n=95), and key stage 1 (n=8) and key stage 2 (n=8) teachers.

Main Outcome Measures The process evaluation examined how the “Hands up for Max!” educational resource was delivered in intervention schools and explored responses to the intervention among pupils and staff. Ideas, attitudes, knowledge and behaviours relating to hand hygiene and hand washing facilities were explored, and hand washing facilities were observed in both intervention and control schools.

Results The “Hands up for Max!” resource was well received by the intervention schools, although some teachers made useful suggestions for improvements. Schools differed in the way they delivered the intervention and the number of elements of the resource package they used. Pupils in intervention schools recalled learning about the importance of hand washing in reducing the spread of infections and were able to describe, in detail, how to wash their hands properly. In the focus groups, pupils provided insight into reasons why they may not wash their hands, and what might help people wash their hands properly. Use of drawings in the focus groups facilitated discussion about what pupils liked and did not like about the facilities where they washed their hands. Results of the process evaluation were also used to inform development of questionnaires to obtain quantitative data from pupils and staff in all 178 schools participating in the trial.

Conclusion Information from the process evaluation will be useful in understanding any observed differences in quantitative outcomes related to absenteeism and knowledge, attitudes and behaviours related to hand washing, between intervention and control schools.
potentially severe consequences. Care home residents are particularly vulnerable to inappropriate prescribing. With a growing ageing population, strategies to improve prescribing are essential. The aim of this systematic review was to collect and interpret the results of controlled trials of interventions to reduce inappropriate prescribing in care homes, to determine the most effective strategies.

**Method** Databases searched were MEDLINE, EMBASE, international pharmaceutical abstracts and The Cochrane Library. Search items included “nursing home”, “residential home”, “inappropriate prescribing”, “education”, “staff education”, “MDT”, “pharmacist”, “computer”. The search strategy retrieved 16 articles that met the inclusion criteria. Two independent reviewers undertook screening and methodological quality assessment, using the Downs and Black scoring rating scale. A meta-analysis could not be done due to heterogeneity of the outcome measures used in the different studies.

**Results** Four intervention strategies were identified: education, multidisciplinary team (MDT), meetings, clinical pharmacist reviews and computerised clinical support systems. Education interventions was the most studied area, with six studies showing an improvement in inappropriate prescribing. Mixed results were found for the pharmacist interventions, possibly due to the inappropriate choice of outcome measures used for assessing prescribing quality. Computerised decision support systems were evaluated in two studies, with one showing a significant increase in the actual appropriate drug orders. Two of the three studies examining MDT meetings found an overall improvement in quality of prescribing.

**Conclusion** Results from various interventional strategies are mixed; a multi-faceted approach, clearer policy guidelines and standardised measurements for measuring inappropriate prescribing are required to improve prescribing practice for these vulnerable patients.

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**P27** OLDER ADULTS WITH CANCER—ARE THOSE WHO LIVE ALONE AT THE END OF LIFE A DISADVANTAGED GROUP? A QUALITATIVE STUDY

**Objective** To determine how many older adults with cancer, living alone with advanced disease, have distinct experiences, needs and preferences for care, which merit attention.

**Design** In-depth qualitative interviews with 30 people, half of whom live alone. Participants were recruited from general practices and day hospices in the North West, aged over 75 years, with a documented diagnosis of cancer and professionally determined prognosis of less than 12 months. Baseline face-to-face interviews were followed by telephone contacts at 3 and 6 months. Data were analysed using Framework, a matrix-based approach.

**Findings** Many of the older adults in this study described substantial networks of intergenerational, spousal and neighbour support, irrespective of living arrangements. Those who lived alone had high levels of functioning and quality of life despite poor health status and practical challenges. The desire to maintain independence in all aspects of their lives was a key theme. Loneliness and social isolation were not common, with few differences observed with living arrangements. Companion animals played an important social role and helped to define the daily routine for some participants who lived alone.

**Conclusion** Living arrangements are easily observed, and a convenient way of defining a population for study. However, the availability of familial and community support may be a more important influence on older people’s end of life experiences. Our findings suggest that the very old living alone with cancer may be a particularly resilient group of people.