potential 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 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 indentified: 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 final 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 practices for these vulnerable patients.

P27 OLDER ADULTS WITH CANCER—ARE THOSE WHO LIVE ALONE AT THE END OF LIFE A DISADVANTAGED GROUP? A QUALITATIVE STUDY
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Health status will help to determine where an older adult can live, but it is also possible that living arrangements may themselves have consequences for the health experience of older adults towards the end of life. This study will explore the relevance to cancer patients.

Objective To describe dietary supplement use in the Hertfordshire Cohort Study (HCS), to determine patterns of supplement use, and to investigate the extent to which supplement user groups differ in terms of their characteristics, diets and morbidity.

Methods 3 217 HCS participants, aged 59 to 73, were interviewed. Diet over the preceding 3 months was assessed by FFQ; compliance with “healthy” eating recommendations was defined using individual scores for a “prudent” dietary pattern, identified using principal components analysis. Details of the brand and dose of all dietary supplements taken in the preceding 3 months were recorded. Individual supplements were allocated to one of 10 groups based on their nutrient composition, and cluster analysis was used to define groups of supplement users. The demographic and lifestyle characteristics, and morbidity of the supplement user groups was examined.

Results 45.4% of men and 57.5% of women reported taking at least one dietary supplement in the previous 3-month period; the most commonly taken type of supplement was oils (45% of total supplement products taken), particularly fish liver oil. There were five distinct clusters of supplement users; these were common to men and women. They were labelled according to the principal supplement taken; oils, glucosamine, single vitamins, vitamins and minerals, and herbal products. For men, there were differences between the groups for BMI (p = 0.050), “prudent” diet score (p = 0.002), Hospital Anxiety and Depression score (p = 0.013) and social class (p = 0.012). For women, there were differences between the groups for age (p = 0.030), “prudent” diet score (p = 0.014) and social class (p = 0.005). There was no significant difference between the groups for Hospital Anxiety and Depression score among the women. With the exception of a difference in diagnosis of diabetes among the women (p = 0.021), there were no differences in morbidity between the supplement groups in either men or women.

Conclusion There were distinct patterns of supplement use in the HCS. Supplement user groups differed in their characteristics, but there were few differences in morbidity.