



Prescribing in elderly people

The review by Anne Spinewine and colleagues on appropriate prescribing in elderly people (July 14, p 173)¹ is a welcome addition to the literature. We wish to add the following comments.

A list of inappropriate medications in elderly people (those aged 75 years and older) has recently been drawn up in France by 15 experts from different backgrounds and geographical origins using the Delphi method;² this list mirrors French general practice. The list contains 34 criteria: 29 on medications or medication classes applicable to all elderly patients and five on medications that should be avoided by elderly patients with specific conditions. The list is a quality indicator of drug prescription in elderly people and should be regarded as a help when prescribing.

In a previous study involving 2018 patients admitted to an acute care geriatric unit, we showed that 66% of the patients were using at least one inappropriate medication according to the 1997 Beers list.³ The prevalence of adverse drug events was 19%; 6% of the patients experienced an adverse drug event attributable to an inappropriate medication. When relating inappropriate medications to the occurrence of adverse drug events, we calculated a 20% sensitivity, a 23% specificity, a 6% positive predictive value, and a 55% negative predictive value.

We do not agree with Spinewine and colleagues when they state that the inappropriateness of drugs is a relatively minor problem compared with inappropriate prescribing. Both points are important and some drugs—usually old drugs—are to be avoided whatever the circumstances. So, although inappropriate medications are only part of inappropriate prescribing, tackling this point is useful and beneficial for patients; fewer medications, fewer adverse drug events, and a smaller economic impact would ensue.

We declare that we have no conflict of interest.

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- 1 Spinewine A, Schmader KE, Barber N, et al. Appropriate prescribing in elderly people: how well can it be measured and optimised? *Lancet* 2007; **370**: 173–84.
- 2 Laroche ML, Charmes JP, Merle L. Potentially inappropriate medications in the elderly: a French consensus panel list. *Eur J Clin Pharmacol* 2007; **63**: 725–31.
- 3 Laroche ML, Charmes JP, Nouaille Y, Picard N, Merle L. Is inappropriate medication use a major cause of adverse drug reactions in the elderly? *Br J Clin Pharmacol* 2007; **63**: 177–86.

Who said that?

Contemporary technology allows frequent citation updates so that it is possible at the click of a mouse for a researcher to ascertain who in the last week has had the good judgment to quote his or her papers. The natural tendency is to admire the perspicacity and good taste of these citing authors. Recently, however, my natural sympathy for these discerning individuals has been tempered by the frequency with which the papers are not quoted, but misquoted, raising the question of whether they were even read in the first place.

Accordingly, I undertook to examine the scientific accuracy with which a selection of my own papers are cited. (I considered that a review of the frequency with which I myself have sinned in this regard is beyond the scope of the present work.) From ISI Web of Knowledge at Aug 29, 2006, I used a citing reference search by date. The first 10 articles cited 10 or more times, excluding self-citations, were included, but clinical guidelines (four) and clinical trials (one) were excluded. For each of these 10 publications, I reviewed the first 10 citing papers for factual accuracy with respect to the article cited (as opposed to scientific disagreement).

The 10 articles were published between 1999 and 2002 and, excluding self-citations, were cited 10–29 times,

	Correct	Partly correct	Incorrect
Paper 1	8	1	1
Paper 2	6	2	2
Paper 3	10	0	0
Paper 4	9	0	1
Paper 5	6	2	2
Paper 6	9	1	0
Paper 7	9	1	0
Paper 8	10	0	0
Paper 9	7	3	0
Paper 10	8	1	1
Totals	82	11	7

Table: Accuracy with which a series of the author's papers were cited by 10 consecutive other publications

median 13. Of the 100 citing papers (10×10) examined, 96 were in English, two German, one Spanish, and one Russian. Results are shown in the table.

18% of citing references, nearly one in five, were either partly or wholly factually incorrect. Only two of my papers were correctly cited by all 10 citing papers, seven were partly incorrectly cited by at least one citing paper, and five were incorrectly cited by one or more citing paper. The German, Spanish, and Russian papers all correctly cited the work in question.

As Oscar Wilde probably said, to misquote once may be regarded as a misfortune, to misquote more often looks like carelessness.

I declare that I have no conflict of interest.

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Department of Error

Asher MI, Montefort S, Björkstén B, et al, for the ISAAC Phase Three Study Group. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys. *Lancet* 2006; **368**: 733–43—In this Article (Aug 26), there were errors in table 1, figures 2–4, and webtables 1 and 2. The corrected Article is available on the website.