LETTERS

Patients' awareness of streptokinase treatment after thrombolysis for acute myocardial infarction

Streptokinase, a bacterial enzyme, is the most commonly used thrombolytic agent in the United Kingdom. It is highly antigenic, and current recommendations, based on studies of antibody titres after streptokinase treatment\(^1\)\(^2\) are that it should not be reused within one year. A substantial minority of patients receiving thrombolysis for myocardial infarction will have a further coronary event within one year,\(^3\) and as thrombolysis is usually carried out urgently effective patient education about the need to avoid inappropriate reuse of streptokinase is important.

We conducted an audit on the efficacy of patient education in this hospital. Twenty patients given streptokinase for myocardial infarction were contacted at home by telephone within a week of discharge and questioned about their recent admission (group A, table). Although all had been counselled and given a streptokinase alert card in the casualty department, only one still possessed the card after discharge and no patient was aware that he or she had been given a drug that should not be reused in the following year. Three patients were not aware that they had had an infarct.

In response to these poor results we introduced a leaflet containing information about the dangers of reuse of streptokinase, emphasising that alternative agents likely to be more effective are available if required. The leaflet also contained a description of the “clot dissolving” mechanism of action, which seemed from our earlier audit to be the most memorable aspect to patients. The leaflets were initially intended for use by the hospital staff, but combined audit showed that this was not sufficiently reliable and that patients were still leaving the hospital without a satisfactory level of awareness (data not shown). Involvement of the ward pharmacy staff, who agreed to distribute and explain the leaflets and alert cards to all relevant patients, resulted in an appreciable improvement in patient awareness and possession of an alert card (group B, table).

These results indicate that patient education about streptokinase cannot be assumed to be effective without monitoring. The use of leaflets may help to increase patients’ retention of information, as has been shown in other settings.\(^4\) Our results also suggest that pharmacy staff are a more appropriate source of information, as they are medical staff, and they should become more involved in this important aspect of drug safety in other hospitals.

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Advanced cancer: aiming for the best in care

Irene Higginson\(^1\) should add another item to her list of standards, audits, and checklists for care of patients with advanced cancer. The Association of Chartered Physiotherapists in Oncology and Palliative Care has also produced guidelines for good practice.\(^5\) They cover communication and team work, knowledge and skills, setting, documentation, environment, occupational stress, patients with AIDS, and patients with motor neurone disease, and they cross refer to the Chartered Society of Physiotherapy’s standards of physiotherapy practice\(^6\) and rules of professional conduct. The role of physiotherapy is developing for patients requiring palliative care. Physiotherapy helps to restore function with exercise programmes, gait re-education, assessment for and provision of walking aids, and assessment for and instruction in the use of wheelchairs. It helps patients with transient peripheral neuropathies with re-education of balance and muscle action and advice on drop foot splints. Chest physiotherapy may be required to treat acute infection or to make patients more comfortable in the terminal stages of their disease. Massage, transcutaneous nerve stimulation, acupuncture, hot and cold therapy, and relaxation can be used for palliation of pain. Lymphoedema can be treated with compression bandaging, massage, skin care advice, exercises and compression therapy. Physiotherapists can offer advice to carers and health care professionals on the best method of lifting and transferring a patient. Recognition of this role is increasing, and hospices are now seeking to employ physiotherapists, whom they should ensure are “chartered,” as the title is not yet protected.

When aiming for the best in care a truly multidisciplinary input must be outlined clearly. There are set standards in many clinical areas of physiotherapy. Physiotherapists are contributing equally in aiming for the best in care.

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BOOK REVIEWS


Shirley McVer’s overview of the research on obtaining users’ views and preferences in their dealings with the primary and community health care services will come as a godsend to anyone who has finally had this responsibility thrust upon them and would like to avoid reinventing the wheel. Would be readers that spring to mind include family health services authority staff in their new, more managerial role; health and local authority purchasers, who cannot do their job properly without obtaining information about the health needs and priorities of local people; and frontline staff across the range of nursing, professions allied to medicine, and staff in residential and community care.

Having learnt about the difficulties of obtaining reliable patient feedback the hard way over the past 10 years (during which the College of Health has developed a range of techniques we call “consumer audit”), I would greatly have appreciated such a concise manual of practical guidelines, avoidable pitfalls, and examples of good practice back in 1983 when the notion of asking patients how they perceived services was still novel, even within the acute sector. “The useful address” and reference sections alone would save anyone new to the subject hours of desk research.