

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <ol style="list-style-type: none"> 1. MHRA 2. President, Royal College of Psychiatrists 3. Mr Jeremy Hunt, Department of Health
1	<p>CORONER</p> <p>I am Karen HENDERSON, Assistant Coroner for the coroner area of Surrey</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 9th October 2015 I commenced an investigation into the death of Marjorie Cybil Bassendine, 98 years of age. The investigation concluded at the end of the inquest on 13th October 2016. The medical cause of death given was:</p> <ol style="list-style-type: none"> 1a. Cardiac Arrhythmia 1b. Long QT Syndrome 1c Therapeutic drug use <p>2. -</p> <p>My conclusion was: Died from a recognised complication of necessary therapeutic agents.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>Despite her advanced age, Mrs Bassendine was a relatively fit 98 year old lady who lived independently in a care home. On the 2nd October 2015 Mrs Bassendine was eating breakfast in the dining room of her residence when she was observed by several fellow residents sitting at the same table to suddenly collapse. Despite active and prompt resuscitation by the care home staff and subsequently by the paramedics who attended, Mrs Bassendine did not recover and she was declared dead at the care home shortly thereafter.</p> <p>A Post mortem examination was undertaken and it was thought the cause of death was a consequence of choking by the pathologist finding food in the lungs and airways. However, during the hearing I heard no evidence that there was any choking prior to the collapse. The collapse was sudden and Mrs Bassendine appeared to die immediately. There was no further signs of life despite active and prompt resuscitation by the staff at the care home and subsequently by the paramedics who attended after a 999 call was made. Mrs Bassendine had no history of choking and was able to eat what she wanted, when she wanted.</p> <p>I heard evidence that Mrs Bassendine had been prescribed Olanzapine and Mirtazapine as well as Indapamide and that this combination of drugs can cause long QT syndrome. It was also noted that her dose of Mirtazapine had recently increased.</p> <p>In the absence of any circumstantial evidence and with direct eyewitness accounts of the nature of the collapse I concluded that it was more likely than not Mrs Bassendine's collapse was a consequence of a cardiac arrhythmia rather than by choking and the arrhythmia was more likely than not to have arisen as a consequence of long QT syndrome from the combination of drugs she was taking to control her distressing depression.</p>

	<p>I also heard evidence that there had been no assessment of her cardiac status including an ECG despite this combination of Olanzapine, Mirtazapine and Indapamide medication increasing the risk of developing long QT syndrome.</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise for concern. In my opinion there is a risk that future death will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows:</p> <ol style="list-style-type: none"> 1. To recognise use of multiple psychotropic medication has the potential to prolong the QT interval. 2. To undertake an Electrocardiogram (ECG) prior to commencing such medication. 3. To undertake regular ECG's to ensure long QT syndrome has not developed and to help plan continuing treatment.
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you and your organisation: MHRA and the Royal Colleges of Psychiatrists and General Practitioners have the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of its date; I may extend that period on request.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for such action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons: [REDACTED] (daughter), [REDACTED] (Son), President, Royal College of Physicians who may find it useful or of interest.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>DATE: 30th November 2016 SIGNED: Dr Karen Henderson</p>