evidence in other fields particularly with fractured neck of femur. Bastow et al. [2] showed that supplemental nasogastric feeding following fractured neck of femur improved functional outcome. The length of time required for rehabilitation was shortened as was the length of stay. More recently it has been shown by Smithard et al. [3] that all patients following stroke have a deterioration in their nutritional status over the first few weeks to one month, but this is particularly marked in those with dysphagia. I feel the evidence is there to show that stroke patients will need earlier feeding to improve their functional outcome, and certainly within our own unit nasogastric tubes are passed within the first few days and percutaneous endoscopic gastrostomy feeding within the first two weeks.

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Lower Urinary Tract Dysfunction in Parkinson’s Disease: Changes relate to Age not Disease

Sir—Whilst agreeing with the findings of Malone-Lee et al. [1] readers could be misled on their conclusions by the emphasis on changes related to age and not disease in the title and summary.

The authors clearly admit in the discussion that the changes they see may well be age associated and not represent age effects. This needs to be emphasized more as it is not possible, from the study design, to draw any conclusions of the effect of ageing on bladder function. The authors had no ‘controls’ in their study, but only patients who presented to an incontinence clinic with symptoms of lower urinary tract dysfunction. Many were found to have a bladder abnormality which normal subjects do not have. Even though they did not have neurological disease it is premature to suggest that any changes in this group of abnormal people were due to age and not due to the disease causing their condition.

They also open the discussion with a statement that is unsupported by their data. They did not show that patients with Parkinson’s disease have a high prevalence of detrusor instability. Again, all their patients were referred to their incontinence clinic with symptoms. They have not therefore looked at the prevalence of detrusor instability in Parkinson’s disease but the prevalence of detrusor instability in patients presenting to their clinic. It would have been more correct to say that the commonest associated urodynamic finding in parkinsonian patients referred to their clinic was detrusor instability.

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Sir—We are entirely in agreement with the comments of Professor Castleden and Dr Parker. Our description of methods and samples and the discussion of the paper are clear evidence that we would concur. Professor Castleden and Dr Parker rightly point to ambiguity in the title and the opening sentence of the discussion, which should have mirrored the methods section with the phrase ‘Patients with lower urinary tract symptoms’.

We are grateful to Professor Castleden and Dr Parker for bringing this rhetorical error to the attention of the wider community.

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