Letters to the Editor

Aspartame Pharmacokinetics: The Effect of Ageing

Sir—I read with interest the recent paper by Puthrasingam et al. [1] showing that there is little difference in aspartame pharmacokinetics between young and old volunteers. Knowledge of all aspects of the pharmacology of aspartame is likely to become increasingly important as aspartame consumption continues to rise across the age range [2]. It is now often found as an adjunct to sugar in non-diet products as well as in sugar-free drinks, foods and medicines. The use of artificial sweeteners has been advocated by health professionals, for example to reduce dental caries [3]. The safety of aspartame has been evaluated by the FAO/WHO Expert Committee on Food Additives (JECFA) and the EEC Scientific Committee for Food (SCF), which have determined the acceptable daily intake (ADI) [4]. However, experience of the population use of aspartame in a rapidly increasing range of products is still only limited. Perhaps caution about encouraging indiscriminate use should be exercised until the obvious immediate benefits of artificial sweeteners such as aspartame have been demonstrated to be free of long-term unwanted effects in people of all ages.

A. P. Ahie Sayer
MRC Environmental Epidemiology Unit,
Southampton General Hospital,
Southampton SO16 6YD


Functional Status after Cardiac Surgery in Elderly People

Sir—We read with great interest the paper by Chocron et al. [1] on quality of life after open heart surgery in elderly patients. In their retrospective study, the authors found that after prospective cardiac surgery most of the patients were physically autonomous and well to the outside world.

We are also performing a prospective study on patients over 75 undergoing cardiac heart surgery in order to analyse its efficacy. Biological, psychological and social parameters are measured pre-operatively, 3 months and 1 year later by self-reported and objective measures. From March 1994 to January 1996 80 patients over 75 years old [mean age 78.1 (SE 2.8); men = 37, women = 43] have undergone elective or urgent operation for myocardial revascularization (35.6%), valvular (41.1%) or combined surgery (23.3%). To date, 58 patients have been evaluated after 3 months and 30 1 year after the surgical procedure.

Our preliminary conclusions are similar to those of Chocron et al. but we would like to give more emphasis to the change of functional status assessed by the Physical Performance Test (PPT) [2] and by the Advanced Activities of Daily Living (AADL) subscale of the SELF scale [3]. The PPT assesses physical function by observing the performance of timed tasks that simulate activities of daily living of different degree of difficulty (scores range from 0, worst performance, to 28, best performance), while AADL assesses levels of relationship with friends and relatives, telephone-calling frequencies, hobbies, attending meetings or associations (scores range from 0, best level of activity to 18, worst level).

Thirty-day mortality (n = 5/80, 6.2%) is within the acceptable range. None of the patients died during the follow-up period. At the first follow-up, 71.7% of the patients showed an improvement of physical performance [overall a significant increase was detected; mean pre-operatively PPT 17.1 (SE 7.3) vs. post-operatively 20.5 (4.1), p < 0.001]; at 12-month follow-up mean PPT score is 21.7 (4.2). A significant improvement was also detected in AADL [mean pre-operatively AADL score 8.1 (3.7) vs. 7.1 (3.6) post-operatively, p < 0.001; at 12-month follow-up mean AADL score is 6.4 (3.4)]. No difference in functional status and AADL was found with different types of pathology or different surgical procedures.

Our preliminary data based on self-reported and objective measures confirm that not only were most of the patients physically autonomous and related to their exterior world after cardiac surgery, but also that functional status improved in more than 70% of the subjects. In selected elderly patients cardiac surgery is an effective therapeutic option which positively influences their quality of life.

Renzo Rozzini, Bruno Bertozzi, Piera Barbisoni
Geriatric Evaluation Rehabilitation Unit and
Geriatric Research Group,
P. Richiedei Hospital,
25064 Gusago (Brescia), Italy

Ottavio Alfieri
Cardiac Surgery Ward, Spedali Civili,
Piazzale Spedali Civili, Brescia, Italy


More about Similarities between Geriatric Depression and Well-being Scales

Sir—Coleman, Philp and Mullee conducted an interesting