Letters to the Editor

may be no history of diarrhoeal illness. Coeliac disease [5] has been diagnosed even in 93-year-old patients.

We believe the above-mentioned study should have excluded possible causes of malabsorption in these patients.

M. Rizeq, S. K. Sinha, M. N. Zaman
Department of Geriatric Medicine,
South Wing,
The Manor Hospital,
Walsall WS2 9PS, UK


Outcome of elderly patients requiring ventilatory support

SIR—We were very interested to read the article by Meinders et al. [1] on the outcome of elderly patients receiving mechanical ventilation. In their retrospective study of 181 patients aged over 70 years receiving mechanical ventilation for at least 3 days, the authors showed that mortality during hospitalization in an intensive care unit was associated with cardiac arrest on admission and shock during hospitalization.

We focused on the same subjects in a retrospective study [2] involving 110 patients aged 70 years and over admitted consecutively to our intensive care unit over a period of 12 months, who received artificial ventilation for the first time for at least 24 h. The aim of our study was to determine predictors of mortality during admission to intensive care and 6, 12 and 18 months after discharge. The mean age was 78 ± 0.5 years (range 70–95 years). Median duration of hospitalization and artificial ventilation were both 12.5 days. Mortality during admission and 6, 12 and 18 months after discharge was 38, 60, 63 and 67%, respectively. Multivariate analysis revealed that the factors predictive of mortality during hospitalization were shock on admission and recourse to invasive therapy during admission (dialysis, pulmonary arterial catheter). The factors predictive of mortality 6 months after discharge were shock on admission, previous impaired health status and being married. The same results held true after 6 months.

Meinders and co-worker’s results [1] are similar to ours in several respects. They also highlight the essential role of the seriousness of the patient’s general state at admission to hospital on outcome during hospitalization. They confirm that age is not an adverse prognostic factor for patients aged over 70 years. The medical history in itself has no predictive role, although its effect on patient performance, as evaluated by the Knaus classification, plays a role in outcome during the first 6 months after discharge [2–4].

We found no adverse influence of cardiac arrest at admission, which involved only five of our patients. Moreover, in contrast to the study of Meinders et al. (in which there were no survivors among their eight patients aged 85 years and over), in our study 50% of the 14 patients in the same age-range were discharged from hospital, and three of them were still alive 18 months later.

The agreement and differences in results emphasize the need for prospective studies. We are currently undertaking such a study in our hospital.

V. Dardaine, T. Constans
Service de Gériatrie,
Hôpital de l’Ermitage,
CHU de Tours,
F-37023 Tours Cedex, France


Early post-stroke parasitic delusions

SIR—In his excellent review [1], Harvey mentions vascular dementia as one of the causes of parasitic delusions. This is encouraging, since these delusions have been described mostly in the psychiatric and dermatological literature but rarely in geriatric journals. We recently encountered this unusual delusional disorder in two cognitively preserved patients following the onset of a right hemispheric stroke, with a rapid and complete clinical response to neuroleptics.

Case 1. A 78-year-old man, with a history of ischaemic heart disease and hypertension, presented with acute onset of left-sided hemiparesis. The patient had no previous psychiatric disorder and had no cognitive deficits (MMSE 29/30). CT showed a right frontal lobe infarction. Three weeks later the patient