News and reviews

Amputation and rehabilitation

Although some elderly care units have provided formal care for patients with limb amputations for many years, it is useful to have a reminder of the effectiveness of this arrangement. This has been provided by an account of the development of such a service for lower limb amputees in New Zealand (NZ Med J 1997; 110: 289-90). Since its commencement, the mean length of stay for amputees fell from 50.4 days in the first year, to 37.4 days in the second, to 35.2 in the third. However, two factors contributing to a rapid discharge were that (i) patients awaiting a prosthesis were often discharged in a wheelchair and (ii) if there was a delay in arranging household adaptations, patients were discharged temporarily to an institution until these were available. There was therefore room for improvement in health, social service and housing provision and for communication within and between these services.

Why do menopausal and post-menopausal women take oestrogens?

Emphasis has been placed on the role of oestrogens in preventing osteoporosis, but there is limited information on the proportion of women who take them and whether they do so to prevent osteoporosis. In Denmark, a cross-sectional national study of 1015 women aged 45-65 years investigated these issues (Obstet Gynecol 1997; 90: 269-77). Overall 33.4% had been prescribed oestrogens, of whom 94.1% had started taking them. At the time of the survey 66.3% were still on treatment, giving a current treatment proportion of 18.4%. The most common reason for treatment was climacteric symptomatology [odds ratio (OR) 23.2] and there was only a weak association with osteoporosis (OR 1.74). There needs to be more effective education of doctors and their patients on the benefits of oestrogen therapy for the prevention of osteoporosis and fractures.

Using eye drops

Many patients experience difficulty in self-administration of eye drops. About half of patients on drops have poor compliance (Ophthalm Surg Laser 1997; 28: 687-9). Factors are difficulty in maintaining a steady hand, difficulty in directing and squeezing the bottle and poor vision of the bottle tip. Cognitive function, mood and manual dexterity have a major influence on these. Suggested solutions are thorough instruction and training in the procedure, including advice on occluding the puncta with the eyelid closed at the time of instillation. Compliance is also improved by providing a large-print instruction sheet including times of administration. It remains to be seen whether such measures will be effective in patients over the age of 75 years.

Rehydration in terminal illness

Managing dehydration in terminal illness raises many ethical and legal issues. A comprehensive review reveals that the proportion of doctors willing to rehydrate a comatose patient with metastases had fallen from 73% in 1983 to 44% in 1992 (Postgrad Med J 1997; 73: 476-80). Withdrawal of fluids rarely causes electrolyte imbalance and, in these circumstances, distressing symptoms are rarely the result of dehydration. The patient merely drifts into a coma and dies within a few days. Concern about litigation is ill-founded, in that such withdrawal of fluid has not yet led to litigation here or in the USA. Even if fluid is discontinued, palliative measures should be continued and the mouth kept moist. Relatives should also be kept in touch with developments and involved in decisions.

Death from chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a leading cause of death in the developed world. Figures from the USA suggest that health education may have an impact on the condition, in that there has been a levelling off of mortality from COPD in men aged 45-54 years (Prev Med 1997; 26: 418-21). In women from the same age range there is a continuing rise in the death rate—related perhaps to smaller decline in the prevalence of smoking than in men. Old men continue to have an increasing death rate from COPD, as advice and information on the dangers of smoking got to them too late.

How to keep your pet fruit fly for longer

The short life span of the fruit fly makes it an ideal creature for studying models of ageing. A recent hypothesis is that the reduction of free radicals might increase its life expectancy (Soc Exp Biol Med 1997; 215: 237-42). This was assessed by feeding the insect the antioxidant butylated hydroxy anisole. Low doses increased life expectancy, but larger toxic doses shortened it. Optimal doses also increased the period of development and reduced the rate of egg laying. It remains unclear whether this agent has a direct effect on life span or if it achieves this by prolonging development or reducing egg laying.
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**Polymyalgia rheumatica—a ‘master of disguise’**

Polymyalgia rheumatica frequently goes undiagnosed because it presents with atypical signs and symptoms. Two cases are described in which its first signs in one woman of 77 years and another of 74 were of a carpal tunnel syndrome (Scand J Rheumatol 1997; 26: 222-4). It was only when they developed muscle symptoms several months later that the correct diagnosis was made and they were successfully treated with corticosteroids.

**Health inequalities in old age**

Health inequalities noted in the general population may also apply to old people. A review in Norway of men aged 65 years and over suggested that their current health was related to their previous class and current income (Soc Sci Med 1997; 44: 971-81). In women from the same age group, factors influencing current health were current income, current economic difficulties and a long period of illness in childhood. The main conclusion was that the underlying determinant of current health was childhood circumstances and that a subsequent improvement in social circumstances had little impact on this.

**Is a clinical diagnosis of Alzheimer’s disease accurate?**

There have been a number of studies investigating the relevance of clinical features to the diagnosis of Alzheimer’s disease. The particular characteristic of a recent one was that the autopsy data were collected from a community brain bank programme (South Med J 1997; 90: 720-2). Of 237 patients with a clinical diagnosis of the disease, 77% had this confirmed by autopsy; of 27 clinically diagnosed as not having the condition, 52% did have the disorder. The degree of inaccuracy inherent in the clinical diagnosis emphasizes the importance of an autopsy-confirmed diagnosis for genetic counselling, evaluation of diagnostic techniques, planning drug therapy and epidemiological studies.

**What factors influence the incidence of stroke in different countries?**

The World Health Organisation MONICA project is currently monitoring the incidence and mortality of stroke in 18 centres and 11 countries (Stroke 1997; 28: 1367-74). There is wide variation in the incidence of stroke, it being three times as high in Siberia and Finland as in Italy. In men, 21% of the variation in incidence and in women 42% of the variation was explained by the cardiovascular risk factors of smoking and hypertension. The latter was disproportionate as a risk factor in both sexes in Finland and China and in men in Lithuania. Although the effects of smoking and hypertension have been defined, many factors not measured in this study may also be important in the genesis of stroke.

**Does felodipine improve circulation in peripheral vascular disease?**

Most drugs tried in the treatment of peripheral vascular disease have been found wanting, so it is of interest that yet another agent has recently been investigated in this context (Vasc Med 1997; 2: 13-8). Felodipine, a calcium channel antagonist with a powerful vasodilator effect, was used in a double-blind placebo-controlled trial on patients with peripheral vascular disease. Its two main effects were to reduce the brachial systolic blood pressure and to increase calf blood flow by an average of 35.6% (P < 0.05). These promising results warrant further studies to confirm the findings and measure other variables such as relief of pain, changes in physical function and improvement in quality of life.

**A phase I study in old age**

In dealing with elderly patients, clinical pharmacologists face the dilemma that, if they do not investigate a drug in this group, they are accused of neglecting them, but, if they do organize a study, they are accused of using them as human guinea pigs. These medico-legal issues are gradually being resolved and, for an increasing proportion of drugs, old people are being included in phase I studies. One of several is of the pharmacokinetics of felbamate, a newly developed anti-epileptic agent (Br J Clin Pharmacol 1997; 44: 129-34). When given to healthy elderly subjects the drug had a reduced clearance as well as an increased half-life (although this difference was not statistically significant). Elderly subjects also had greater ‘areas under the curve’ of drug concentrations and higher maximum plasma concentrations. The study has demonstrated that if felbamate is to be used in elderly patients, it should be given in lower doses.

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