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Who am I?
Since I have been regularly signing this column, perhaps it is time that I introduced myself. I am Diogenes the Cynic (Buckhart J. History of Greek Culture, London: Constable, 1963). My father and I originally lived in Sinope but had to leave due to a misunderstanding over us debasing the coinage. I then stayed in a number of places and, while in Athens, found pleasant if rather cramped accommodation in a cask. Although I was a beggar living from hand to mouth, I took great comfort in my misfortunes in that I had no city, no house and no homeland. From my barrel I regaled my audiences by abusing the whole world.

Things changed direction when pirates captured me and sold me to Xenia Des Corinth. My master enjoyed my company and, since the accommodation was an improvement on a cask, I refused my friends’ attempts to ransom me. While I was there, my main job was training Xenia Des Corinth’s children in gymnastics and literature. I am rather a grumpy fellow and this has sometimes got me into trouble. One day a short young man asked if he could do anything to help me. My reply was that he should get out of my light. It was only later that I discovered he was Alexander the Great!

Why did I neglect myself? I am not sure, but modern authors suggest that it was born of Greek pessimism and a means of freeing myself from fortune and fate.

The benefits of laparoscopic surgery
Laparoscopic surgery has been of great benefit to elderly patients whose general health would have precluded them from laparotomy. A review has stated that, amongst other conditions, laparoscopy has been precluded if rather cramped accommodation in a cask. Although I was a beggar living from hand to mouth, I took great comfort in my misfortunes in that I had no city, no house and no homeland. From my barrel I regaled my audiences by abusing the whole world.

There was a much steeper fall on tilting in both the elderly patients admitted to hospital with this problem were compared with a similar group aged 80 years and over, oesophagitis was found to be the cause of bleeding in 3.3% of the younger patients compared with 21.1% of the older ones (Scand J Gastroenterol 1997; 32: 906-9). This was reviewed in its aetiology which has only recently been investigated is the importance of the race of the patient (public Health 1997: 113: 327-9). The increased proportion was independent of other commonly identified risk factors for gastro-intestinal haemorrhage, including gender, smoking, alcohol, non-steroidal anti-inflammatory drugs and liver disease.

Race and leg ulcers
Leg ulceration is particularly common in elderly men and women. It frequently leads to hospital admission and is often the cause of a delay in discharge. One factor in its aetiology which has only recently been investigated is the importance of the race of the patient (Public Health 1997: 113: 327-9). This was reviewed by scanning the records of all patients receiving treatment for leg ulcers in an area of West London. The odds ratio for whites against South Asians having
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Leg ulcers was 4.43. It was impossible to analyse data for Afro-Caribbeans since only one had a leg ulcer. It remains to be seen if this is because whites have a higher morbidity, seek health care more often or find it easier to obtain access to health services.

Dementia: assessing outcome

When organizing a dementia service, it is important to develop adequate methods for evaluating the effectiveness of the outcome for patients. In selecting appropriate instruments, one centre assessed the perceived benefit of six that are widely used by asking 20 members of staff to complete forms (Qual Health Care 1997; 6: 120-4). The outcome instruments included the Cornell scale for depression in dementia, the Alzheimer's deficit scale, the behaviour and mood disturbance scale, the perceived stress scale and Gilleard's problem checklist. The staff considered that each could be completed within 15-30 min, were easy to use and would be useful in routine practice. Before instruments of outcome are introduced to a service, there is merit in seeking the views of the staff who will be using and interpreting the tests.

Factor analysis in deep leg vein thrombosis

One of the most difficult conditions to diagnose or exclude is deep leg vein thrombosis (DVLT). An attempt has been made to improve the accuracy of the clinical diagnosis by developing a system of factor analysis (Respiration 1997; 64: 326-30). Using a positive venogram as the standard for a positive diagnosis, 277 patients with a possible DVLT were reviewed. The odds ratios of features contributing to a diagnosis were age over 65 years—1.75; a prior history of thrombo-embolism—1.68; recent leg surgery or trauma—1.69; malignancy—5.59; and varicose veins—2.56. When these features were used together, the chance of obtaining a correct diagnosis was 64.7%. Given the potentially serious nature of DVLT, however, it is likely that clinicians will continue to over- rather than under-investigate the condition.

Carcinoma of the prostate related to marital status and education

Carcinoma of the prostate is one of the most common forms of malignancy in elderly men, and several epidemiological studies have been or are being conducted into factors associated with the condition. In one of these, attention was focused on family and social status (Prev Med 1997; 26: 623-32). There was a significant excess in the presence of the tumour in men who had ever been married and those with a higher education. Despite this, once men had developed metastases associated with the tumour, those who had ever been married and had had a higher education had a longer survival than the others with secondaries. Quite why being married and having a better education should increase the risk of prostatic cancer is not clear. The longer survival of married and better educated men may relate to them having easier access to treatment, but other factors may be equally important.

A new drug for Parkinson's disease

Tolcapone, a catechol-O-methyltransferase inhibitor, achieves the theoretical benefit in Parkinson's disease of inhibiting the peripheral metabolism of l-dopa. The effect of this is to achieve more stable levels of this agent. Clinical evaluation of tolcapone is under way at a number of centres and a recent report relates to a double blind placebo trial of the agent in patients with Parkinson's disease on l-dopa (Neurology 1997; 49: 665-7). Two different doses of tolcapone were used in the treatment limb of the trial. At the end of 6 months, both doses had produced a significant improvement in signs of Parkinson's disease, activities of daily living and motor function. Further evaluation at 12 months duplicated these results. An additional benefit of treatment with tolcapone is that it was often possible to reduce the dose of l-dopa. The results of further studies are awaited with interest.

The rising incidence of hip fractures

There have been consistent reports that the incidence of the proximal femur is increasing in many countries. In Oxford, there was concern that part of the increase might be due to a lack of precision in coding and a change in the inclusion or exclusion of non-emergency admissions and transfers between wards (J Epidemiol Com Health 1997; 51). This was investigated by reviewing data from the Oxford record linkage study and the hospital inpatient inquiry. By using both data sets, combining relevant coding and restricting analysis to emergency admissions, a real rise in the rate of fractures could be established. Within these data a cohort effect on the incidence of hip fractures was also identified. This could be extremely useful in developing new hypotheses as to the aetiology of the condition.

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