News and reviews

Pneumococcal vaccination
There is consensus that old people should be vaccinated for influenza annually, but less agreement over prophylaxis against the pneumococcus. In five European countries the cost (in ecus) of using the vaccine has been measured against quality of life (Clin Inf Dis 2000; 31: 444–50). Vaccination proved cost-effective in all centres. It remains to be seen whether this conclusion is dependent on the exchange rate of the ecu.

Age and adenoids
Readers interested in collecting information for information’s sake will be thrilled to learn that there is a reduction in the size of adenoids with increasing age up to the age of 60 years (Clin Otolaryngol 2000; 25: 392). Perhaps money built and supported for the Dome could have been rechanelled to fund an equally useful project on the size of adenoids after 60.

Outcomes of day-hospital attendance
It has been difficult to establish the benefit of day-hospital attendance. Amongst reasons for this are limitations in many of the activity scores. The Barthel index, for example, measures a narrow band of activities and has a low functional ceiling. There might be value in using the London Handicap Scale. This measures a wider range of activities (Clin Rehab 2000; 14: 527–31). Trial in a day hospital revealed that it was no more effective than the Barthel index in monitoring short-stay patients. Back to the drawing board!

Why admit old people to intensive care units?
Some clinicians continue to be horrified with the idea of admitting older people to intensive care units. A study on the outcome of elderly patients admitted to intensive care gives a lie to such an attitude (Crit Care 2000; 28: 3389–95). Their survival rate was 47% and, at final assessment, most were independent. Even though the cost for each survivor was $60 246, the exercise was considered cost-effective. It takes more than this to keep some pop stars in flowers each year!

Fire injuries
A review of individuals in Central London sustaining a fire injury has recently been completed (Inj Prev 2000; 6: 205–14). One high-risk group was individuals over the age of 84 in whom the risk of injury was 90 per 100 000 (compared with one of 36 per 100 000 for the whole population). The particular causes for the disparity have not been defined.

Total hip replacement: a consumer view
Patients from two hospitals in Northern England were asked for their views on their treatment with a hip replacement (Int J Rehab Res 2000; 23: 253–9). Their conclusions were that they should be given information as quickly as possible in a situation allowing continued discussion, that needs for pre-operative care should be defined before admission, and that rehabilitation should continue after discharge.

What effect does bone size have on the risk of fractures?
Little attention has been given to the effect of bone size (as opposed to bone density) on the incidence of fractures. In a control study of men, it emerged that those with a reduced femoral neck or vertebral body width had an increased risk of fractures at these sites (J Bone Joint Surg Br 2001; 16: 120–7). This relates to the effect which size has upon calculating mass.

Environment and mortality
That differences in lifestyle have an important effect in mortality has been confirmed in a review of mortality in West Germany, East Germany and Poland (J Epidemiol Community Health 2000; 54: 899–906). Between 1991/2 and 1996/7, life expectancy has increased by 2.6 years in East Germany and 2.0 years in Poland but only 1.2 years in West Germany. The main factors were a fall in cardiovascular mortality for men aged 40–64 and an overall reduction in mortality for women aged over 64 years.

Pallidectomy and Parkinson’s disease
Around 30 years ago, the introduction of l-dopa almost replaced treatment with pallidectomy. This operation is now making a come-back in patients with particular problems, such as resistance to or side effects from l-dopa. A review of studies on the procedure indicates that it is safe and relatively effective (J Neurosurg 2001; 94: 43–9). More data are required on selection criteria, long-term effects and side effects.
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Hip fractures over the age of 90 years
Many nonagenarians are tough, but how well do they respond to the trauma of a fractured neck of femur? A review of hospital statistics established that they remained in hospital longer than younger people, and they made less of an improvement in mobility and self-care capacity (J Orthop Trauma 2001; 15: 43–7). Despite this, however, the injury did not increase the likelihood of them going into a nursing home.

Old soldiers never die . . .
There has been a dramatic change in reasons for medical discharge from the British Army between 1861 and 1998 (J Roy Army Corps 2000; 146: 204–11). In the 19th and early 20th century major causes were tuberculosis and syphilis. These later were replaced by peptic ulceration and mental disorders such as anxiety and ‘hysteria’. Currently trauma and musculo-skeletal disorders have become the most common causes of discharge.

Cognitive impairment and coronary bypass surgery
Clinicians recently have become aware about the possible effects of cardiac surgery on cognitive function. A review of 12 cohort studies and 11 intervention ones indicates that 22.5% develop this complication after surgery (J Thorac Cardiovasc Surg 2000; 120: 632–9).

α-blockade in bladder outlet obstruction
α-receptor drugs are often used for bladder outlet obstruction in frail elderly men. How effective are they? In an open study, three α-blockers were used in the treatment of the condition (J Urol 2001; 165: 38–41). There was an improvement in bladder symptoms, but no change in urethral resistance or maximum flow rate. The results might have been different had the trial been double-blind or controlled.

End-of-life care in the USA
Clinicians in the USA face similar problems to those in Europe in providing palliative care (Mayo Clin Proc 2000; 75: 1305–10). There have been important innovations over the last 30 years, and the principles of palliative care are now well-defined. They remain under-utilized in practice, however, and more effort must be put into maximizing quality of life using a multidisciplinary approach. The paper has a lot of information and food for thought. It is well worth reading.

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