News and Reviews

How large is a cancer of the prostate?
The size of a prostatic cancer has an important influence on its prognosis and treatment. This can be measured after surgery by serial sectioning and planimetric evaluation but this is time consuming and obviously can only be undertaken after surgery. An alternative is to predict the size of the cancer by prostate-specific antigen levels, digital examination and screening and grading of biopsy cores (Urology Int 2005; 75: 354–7). Each of these are individual predictors of cancer volume and are of sufficient accuracy to provide a preoperative estimate of this and prediction of long-term outcome.

Laparoscopy-assisted gastrectomy in younger and older patients with cancer of the stomach
Laparoscopic techniques have been of great benefit in reducing both morbidity and mortality in elderly patients with gastro-intestinal lesions. The technique has now reached the stage that it can be used along with small laparotomy wounds to resect cancer of the body of the stomach (World J Surg 2005; 29: 1585–91). The approach was recently reviewed in patients with early stomach cancer, 73 of whom were aged <70 years and 30 aged ≥70 years. Elderly patients had less blood loss and, in each group, the blood loss was less than that of a comparable group of 54 patients treated with a standard laparotomy and distal gastrectomy. The 5-year survival rate was similar in younger and older patients. The technique clearly has advantages in the elderly though consideration should be given to the likely medium term prognosis in treated and untreated individuals before recommending it.

A low atmospheric pressure and rupture of the abdominal aorta
Druids in ancient Britain and Ireland used the weather to predict important events. It is tempting, though unfair, to suggest that their medical successors in Northern Ireland have adopted a similar approach to predicting the outcome of aortic aneurysms (Ulster J Med 2005; 74: 113–21). Using more advanced technology but less magic than the druids, they established that in days with a low atmospheric pressure there was an increased hospital admission rate of ruptured aortic aneurysms. The precise mechanism for this relationship has yet to be defined.

What factors influence femoral bone status in women
Though there has been a superfluity of papers relating to factors influencing bone mass, there has been continued research in honing down the relative importance of these in different parts of the skeleton. One particular paper from the United States has reviewed the topic in 7,534 women >20 years (Southern Med J 2006; 99: 115–20). Factors associated with a reduced bone mineral density of the proximal femur were an increased age, a low body weight, a reduced energy expenditure and smoking. Contrary to some other studies, bone density was not affected by calcium intake. Review of the positive risk factors suggests that most could be tackled by more vigorous public health measures.

Regional variation in hip and knee joint replacement
There has been much in the press about variation in health care in different parts of England and Wales. This has recently been investigated in terms of the rates of surgery for patients referred with osteoarthrits of the hips or knee in different regions in England and Wales (Public Health 2006; 120: 83–90). Rates varied between 25 and 30%, the highest being in the South West and Midlands regions and lowest in the North West, South East and London regions. Regions with the highest rates of surgery were those with the highest proportion of old people so that it would appear that the disparity in operations relates to demography rather than efficiency.

Sex and the middle-aged or elderly woman
At one time, the suggestion that an elderly woman might be involved in sexual activity was a source of mirth or disgust. The social climate has changed over the last century. Amongst several pieces of evidence is a review of 2,109 women aged 40–69 years (Obstet Gynecol 2006; 107: 755–64). Sixty per cent participated in sexual activity at least once a month, and though one-third experienced some problems with the activity, two-thirds were completely content. More frequent activity was associated with a younger age, a higher income, involvement in a significant relationship, a moderate alcohol intake and a lower body mass index. Women most enjoying sex were Afro-Caribbean and those with a low body mass index. Dissatisfaction with sex was associated with an academic background, poor health, having a significant relationship and having a low mental health score.

High levels of libido amongst older women are not new. Catherine the Great of Russia continued to have lovers well into her sixties.

Preventing hearing loss in noisy occupations
Given carefully drafted regulations in the United States, occupational deafness should be a thing of the past. Review
of preventative measures in several companies has produced a less-sanguine picture (Occup Environ Med 2006; 63: 343–51). Seventy four per cent of companies emitted sounds with decibels above the statutory maximum, and although most companies recorded decibel levels, few filed these. Management was partly to blame for the limited attention paid to this aspect of environmental pollution, but a salutary finding is that decibels of noise were highest in companies with unions. Even individuals took little interest in the problem in that only 62% of employees wore hearing protectors provided for them.

Mental illness and admission to nursing homes

Given the high prevalence of dementia in older people, it is not surprising that it is an important reason for admission to nursing homes. This has been reiterated yet again by the Department of Veteran Affairs in the United States in whom 15% of their 4 million clients suffer from mental illness, 4.6% of whom receive care in a nursing home (Med Care 2006; 44: 297–9). Individuals most likely to be admitted were those previously receiving inpatient treatment (OR = 2.28) and those attending an outpatient facility (OR = 1.98). Conditions likely to result in admission included dementia (58% more likely), bipolar disorders (OR = 1.28), schizophrenia (OR = 1.15), other psychiatric illnesses (OR = 1.15) and personality disorders (OR = 1.14). Such data should be useful in planning resources for the future. It is clear, however, that differences in demography and health care systems mean that such material is only likely to be of value in the country and facilities under review.

Vaccination for influenza in nursing homes

The paper reviews the implementation of an influenza vaccination campaign for the Sefton area of Merseyside for 2002/2003 (J Public Health 2006; 28: 56–60). Data were obtained by asking all nursing home managers in the area to complete a questionnaire on the topic. Amongst 43 nursing homes from which data were provided, there was wide variation in the efficiency with which vaccination was organised and in the final outcome of this. Residents were much more likely to be provided with prophylaxis in some homes than in others. Large homes and those with a high proportion of unqualified staff experienced particular difficulty in providing vaccinations. Some homes had staff with concerns about obtaining informed consent, the danger of anaphylaxis and the system for obtaining prescriptions. The study would appear to show that in future campaigns there should be more effort to educate all levels of staff and more detailed planning of the enterprise to take account of problems already identified.

Falls in women with inflammatory polyarthritis

An important subgroup of women who experience recurrent falls is those with inflammatory arthritis. Review of 316 of the latter with a mean age of 59 years established that 34% had experienced a fall within the previous year (J Rheumatol 2006; 33: 690–4). Falls were most common in those over the age of 75 years. Other associated factors were a large number of swollen joints, a high pain score, a poor health assessment score, low levels of outdoor activity and impaired general health. Though the findings are of some interest it is not clear whether giving particular weight to such items would contribute more to the welfare of a patient than a commonsense medical and nursing assessment followed by the determination of overall needs.

Walking along long distance corridors and outcome

In deciding whether a patient is ready for discharge home, particular attention should be given to physical function and mobility. One way of assessing these is to test the ability of a patient to walk down a long corridor. A team in the United States reported on their attempt to validate this approach (JAMA 2006; 295: 2018–26). There were 3,075 individuals aged 70–79 years with 1,584 women and 1,281 blacks. Those unable to complete the walk were more likely to develop ischaemic heart disease and suffer from deterioration in mobility. In the remainder, the longer individuals took to complete the course, the more likely were they to develop the problems outlined. Though the findings are applicable to groups, it is uncertain whether they would have sufficient definition to provide an accurate prediction of the outcome in an individual discharged home.

Use of medications by housebound elderly patients

One of the earliest research interests in British Geriatric Units over a half century ago was the administration of drugs and the problems associated with this. It is interesting that things have come full circle and there still is concern about the issue (J Gerontol Med Sci 2006; 61A: 411–5). The recent study group consisted of housebound individuals living in New York with a mean age of 83 years. Sixty five per cent were female, 63% non-white and 28% were Spanish speakers. They took a mean of 8.2 (range 1–27) different medications each month. Polypharmacy was associated with a high comorbidity score but not with reduced activities of daily living or high levels of dependency. Patients who were uninsured had an average monthly drugs bill of $323 ($1–$1,512). This obviously poses a major problem for patients on a low income. The problem has also been stressed in Great Britain where younger patients with chronic ill health spend a large proportion of their income on medication.

What is not emphasised is the large number of medications many patients are on and whether patients actually needed them. Things have indeed turned full circle.

Of Maughan, a Holy Virgin, daughter of Daimen

Though St. Columba lived on a small remote island 1,400 years ago, he often met illnesses and injuries that are familiar
to us today. One account of his miraculous cures relates to Maughan, described as a holy virgin who fell and fractured a hip when returning from mass (Marsden J. Illustrated Life of Columba, Edinburgh, Floris, 1995, 136–7). Even without the advantages of radiology, it was clear that this was a complete break. Because he was on another island, Columba sent one of his monks by boat to provide emergency care. His principle piece of equipment was a box of pine. When he reached the patient, the monk soaked the box and then applied the fluid from it to her hip. The hip healed almost immediately and she was soon fully mobile. If only our modern orthopaedic units could achieve such results!

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