News and Reviews

Joint pain and the weather

There are many anecdotes of old people providing an accurate weather forecast by assessing the severity of joint pain. This was put to the test by selecting 200 subjects with knee pain and relating this to temperature, barometric pressure and humidity (Am J Med 2007; 120: 429–34). There was a consistent relationship between changes in knee pain and modifications in temperature and barometric pressure. Old wives’ tales are not always wrong.

Familial age-related macular degeneration

Attention was recently directed to patients aged over 75 years with a family history of macular degeneration (Am J Ophthalmol 2007; 143: 889–90). The condition was advanced in 54% of those aged 75–84, 64% of those aged 85–94, 74% of those aged 95–99 and all eight of those aged 100 years and over. The practical issue is whether prevention, screening or treatment would be justified in patients of such advanced years.

Body mass index and mortality in elderly women

Given the increased prevalence of obesity in ‘civilised’ countries, more attention has been directed to the relevance of this in old age. This was recently assessed in 8,828 white women aged 65 years and over who were participating in an osteoporotic fracture study (Am J Pub Health 2007; 97: 713–8). Over 8 years there were 945 deaths with the lowest mortality in subjects with a body mass index within the middle range (24.6–29.8 kg/m²). It is unclear why there should be this pattern of mortality.

Antipsychotic drugs in old people with dementia

One of the least satisfactory approaches to behavioural problems in dementia is to use anti-psychotic drugs to suppress all activity. Newer ‘atypical’ anti-psychotic agents may cause even more problems in this respect. A review of 27,259 demented patients matched as pairs established that the use of ‘atypical’ drugs was associated with an increased mortality to a level of 1.3 (CI 1.02–1.77), and that the difference persisted for at least 150 days after the start of treatment (Ann In Med 2007; 46: 776–86). The paper reiterates that symptomatic treatment of dementia with anti-psychotic agents is a bad idea.

Vitamin D deficiency in southeast China

Having survived a wet spring I would not be surprised if my vitamin D level was low. What is more interesting is that the condition is common in tropical south China (Ann Nutr Metab 2007; 51: 59–64). In 382 subjects aged over 50 years, 62.8% had calcidiol levels less than 30 ng/l, and 6.8% had elevated parathyroid hormone (PTH) levels. Concentrations of the two substances bore an inverse relationship to each other. Subjects with a high PTH level had an increased risk of falls and hip fractures. The unanswered question is why this should be a problem at all in the tropics.

Treating an old skin with retinol

Television adverts suggest that one of the major problems faced by ageing women is keeping their skin soft and blemish free. One way of doing this is to apply retinol (Arch Derm 2007; 143: 606–12). In a controlled trial the vitamin was tested in 36 women with a mean age of 87 years. The treatment group was treated with a retinol cream on one arm up to three times per week for 24 weeks. At the end of treatment the group had a reduction in fine wrinkles of −1.64 (CI −2.06 to −1.22) compared with one of −0.8 (CI −0.97 to 0.00) in the placebo group. Men in old folks’ homes had better watch out!

Osteoarthritis in old rabbits

I have rarely seen an old rabbit. It may be that in the wild they never reach this stage. Despite this problem, researchers have recently compared the genesis of osteoarthritis in six middle aged and six elderly rabbits (Arth Rheum 2007; 56: 529–36). The procedure involved cutting their cruciate ligament and then killing them 4 or 6 weeks later when their joints were compared with those from a group in which the ligaments had not been damaged.

In elderly rabbits with cruciate ligament damage the cartilage had an increase in the Fa genotype regulator compared with that in middle aged rabbits with the same lesion. This change in genetic activity may mean that older members of a species are more likely to develop osteoarthritis as a result of an increase in the release of joint damaging genes than younger ones.

Oestrogen and bone density in men

Much importance has been attributed to oestrogen and bone density in women but it has become clear that the hormone also plays an important part in bone metabolism in men (Calc Tissue Int 2007; 80: 277–32). This is illustrated by a study
on 61 men with an average age of 66.6 years. The oestrogen metabolites 6-hydroxyoestrone and oestradiol had a close correlation to bone density of the proximal femur but not to the density of the lumbar vertebrae. The evidence then is that oestrogen metabolites may modulate changes in bone mass in men.

**Diagnosis of heart failure in old age**

The diagnosis of heart failure in old age can be problematic. The issues were reviewed in a study based in a primary care unit in Sweden (Cardiol 2007; 107: 225–32). The group under review consisted of 21 elderly men and 49 elderly women suspected of having cardiac failure. Eighty per cent of them complained of breathlessness but only 45% were confirmed as having heart failure. Heart failure was confirmed in 75% of men and 22% of women aged over 80 years, but under this age there was no difference in the prevalence of the diagnosis in the two genders. The message would appear to be that the diagnosis of cardiac failure is a particular problem in women over the age of 80 years.

**Quality of life after treatment of a stroke**

One of the most important outcomes after a stroke is quality of life. There has been considerable debate as to the relative merits of treatment in a stroke unit or general medical wards. This was reviewed in 550 stroke patients equal to or over the age of 60 who received treatment in one or other of the two types of facilities (Cardiovascular Diseases 2007; 23: 417–39). A number of patients were excluded from the study leaving 158 in the stroke unit and 167 in general medical wards. A variety of scales measuring quality of life were used but there was no significant difference between the two types of management. Local factors may have affected the outcome so that similar studies should be conducted elsewhere to confirm or refute the results.

**Physical exercise in elderly inpatients**

When old people recover from an acute illness should they be encouraged to go on an exercise programme or take it easy? This was investigated by review of 3,139 papers on the relevant topic (Clin Rehab 2007; 21: 3–11). Most papers had serious defects leaving seven randomised controlled trials and two pseudo-randomised controlled trials. It was found that inclusion of an exercise programme shortened length of stay and increased the proportion of discharges. The evidence then is that exercise programmes work.