Letters to the Editor

Table 1. Age at death of prominent European painters, writers, mathematicians and composers

<table>
<thead>
<tr>
<th>Profession</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old master painters</td>
<td>$63.6 \pm 0.9$ (262)</td>
</tr>
<tr>
<td>Writers</td>
<td>$61.9 \pm 1.1$ (199)</td>
</tr>
<tr>
<td>Mathematicians</td>
<td>$63.5 \pm 1.5$ (115)</td>
</tr>
<tr>
<td>Composers</td>
<td>$61.6 \pm 1.6$ (68)</td>
</tr>
</tbody>
</table>

Results represent mean ± S.E.M. The number of individuals is in parentheses. The longevity of old master painters is taken from our article [2].

of death for all writers, mathematicians and composers ($62.3 \pm 0.7$) is nearly identical to that of painters ($63.6 \pm 0.9$). However, the longevity of all four groups is significantly less than the longevity of sculptors ($P<0.05$) [2], a finding that reflects the uniqueness of the art of sculpting. These results also support the contention that the difference between painters and sculptors was not the result of the toxicity of paints.

Another issue raised by Dequeker [1] was that artists like Michelangelo can easily master both painting and sculpting. However, this ability to achieve recognition in both painting and sculpting was accomplished only by very few artists, Andrea del Verrocchio, Antonio and Piero del Pollaiuolo and Gian Lorenzo Bernini being the most prominent. The vast majority of European artists showed great fidelity to a single discipline, either painting or sculpting.

The authors apologise for not citing in their original publication the work of Abastado et al. [9] and Simonton [10]. We thank Drs Abastado and Chemla for publishing their reply in this issue of Age and Aging. Simonton examined 1,632 eminent Japanese who lived between 450 and 1883 A.D. [10]. Among the fourteen major categories of achievement, painters accounted for 12% of the population while sculptors represented 1% of the population. Simonton found that sculptors lived approximately eight years longer than painters. We urge those interested in our work to read these thought-provoking papers.

8. http://music.edu/od/famousmusicians1/

Ageism in stroke management

Sir—The ageing of western world populations is expected to increase the burden of stroke-related disability on healthcare systems [1]. To meet this challenge, acute stroke services and rehabilitation services must provide well organised care which maximises outcomes for the growing numbers of older stroke patients.

The large Danish cohort study recently published by Palnum et al. adds important data to the emerging theme that older stroke patients receive lower quality care than younger patients [2]. This finding reflects our local concerns following a clinical quality audit in an Australian stroke unit, which used quality indicators drawn from the national stroke guidelines [3]. This study found that older stroke survivors received care from allied healthcare staff which was less guideline-compliant than that provided for younger patients in the stroke unit. This lower quality care was not related to functional ability scores on admission or discharge, neither was it related to functional improvements made by older patients.

These actual practice findings are in stark conflict to the evidence that older stroke patients achieve improved clinical outcomes if provided with optimal care [4].

Most would agree that such apparent age-related inequities must be addressed urgently—but how? We are in agreement with Palnum et al. regarding the need for research to understand the extent to which ageism is at play. This research should tease ageism effects out from areas where sound clinical and ethical reasoning is influencing care decisions [2]. Understanding what is happening is an important first step in solving this issue of concern.

However we also propose that there is an equally urgent need for concurrent research aimed at developing
an understanding of why age-related differences exist in stroke management. This will require in-depth qualitative exploration of stroke healthcare professionals’ values, attitudes and beliefs regarding older people and their ability to recover from stroke. Similar qualitative exploration has occurred in the past to understand complex barriers in stroke management, such as tackling prevailing pessimistic staff attitudes to stroke or inequitable decisions regarding access to rehabilitation, and then to develop strategies to overcome these barriers [5].

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Reply

Sir—Thank you for your interest in our recent study and for your very insightful comments. The uncovering of the extent and nature of any differences in diagnostics, treatment and care is a precondition to ensure that evidence-based practice is offered to all stroke patients, including the increasing population of elderly stroke patients. We agree with you that this uncovering with all certainty by itself will not be sufficient to change practice. The findings of ageism in stroke care should be followed up by both qualitative studies for the understanding of the mechanisms behind this problem and interventions in the form of education, information and auditing.

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