Factors influencing advance planning in patients with dementia

One of the many problems demented patients have is making and implementing plans for the future. Interviews with 30 families of patients in North America established that 72% of patients had written an advanced directive, 53% had written about health care preferences, 52% had provided preferences for future housing or placement options and 57% had planned the future use of their finances and estate (Alzheimer Dis Assoc Disord 2008; 22: 293–8). Though these figures indicate a remarkable degree of forward planning, some defects were defined. One is that 63% of the cases were adjudged to be too late to make their plans. Another is that in 53% of cases, relatives noted that patients had purposefully gone out of their way to avoid discussion of the issues. It would be interesting to see the results of a similar study in the United Kingdom.

Cognitive impairment in type II diabetes

Little attention has been given to the association of type II diabetes and cognitive function. This has now been reviewed in 1,917 men and women with an average age of 76 years (Am J Epidemiol 2008; 168: 1132–9). Mental function was tested with a group of tests including memory processing speed (PS) and executive function (EF). Patients with diabetes compared with controls had a slower PS ($P < 0.05$) while those with diabetes present for 15 years or longer had an even slower PS. Those with undiagnosed diabetes had a reduced EF. It is clear that this is a field that requires a lot more attention in the evaluation of cognitive impairment.

Does eating fish help the prostate?

There is conflicting evidence that an increased intake of fish and $\omega-3$ fatty acids may prevent or delay the onset of a cancer of the prostate. Further evidence was sought by performing a longitudinal survey of 2,161 men (Am J Clin Nutr 2008; 88: 1297–303).

Those with an intake of more than five meals of fish per week and an increased intake of $\omega$-fatty acids had a reduced mortality from cancer of the prostate. There was no evidence that the dietary factors affected the onset of the cancer or its subsequent progression. Given these somewhat conflicting results, the issue should remain sub judice.

Screening for disease in older women

There is a concern that older individuals are less likely to receive the benefits of modern screening programmes. It was with this issue in mind that the proportion of 4,683 women subjected to screening was investigated (Am J Med 2008; 121: 974–89). Of these, 25.9% were over the age of 80 years. Of women over 80, 49% had not received mammography compared with 19% of those aged 65–79 years. Similar figures were received for older women not screened for cancer of the colon. Whether not screening very old women would put them at a disadvantage would depend on a careful cost-benefit analysis. Just being over 80 years of age carries a pretty high mortality.

Seeing the world through a telescope

An interesting new development has been that the insertion of a small telescope into the eye has been used to improve vision in patients with age-related macular degeneration (AMD) (Am J Ophthalmol 2008; 146: 664–73). The procedure has been reviewed in a collaborative study of 28 centres. Two years after intervention, there was a substantial improvement in visual acuity in 59.3% of patients. In the future, it will be important to establish whether this intervention is more effective than trying to prevent or arrest progress in the underlying disorder.

Does your neighbourhood affect your weight?

A question I have not heard asked before is whether our neighbourhood affects our body weight. Researchers in North America have attempted to answer this by relating body weight to eight scales of neighbourhood (Am J Public Health 2008; 98: 2065). Scales included economic advantage, economic disadvantage, air pollution, crime and segregation, street connectivity, diversity, immigrant concentration and residential stability. It emerged that obesity was less common in men and women in areas of economic advantage. It was more common in men living in an area with a large immigrant population and in women where there was high street connectivity (interaction). Though this is interesting, it contributes little to planning an intervention until the maze of causes and effects can be sorted out.
Leg ulcers treated with activated protein C

In the past, most ward sisters and community nurses had their favourite topical remedies for leg ulcers ranging from honey to chocolate beverages. The search for an ideal continues. More recently attention has been attracted by topical activated protein C (Arch Dermatol 2008; 144: 1479–83). The rationale for its use is its anticoagulant, angiogenic and antiinflammatory properties. In a mini-trial, four patients with resistant leg ulcers were treated with the agent for 4 months. The ulcers in all four patients improved and there were no side-effects. The study tells us little. A more effective approach would be to conduct a controlled trial of a larger number of patients also treated with compression bandaging.

Homocysteine levels in older people with depression

I find that browsing through journals occasionally turns up a concept entirely new to me. An example is the observation in older people that high total homocysteine levels may be associated with depression (Arch Gen Psychiatry 2008; 65: 1286–94). Evidence for this is that in the Health of Men Study involving 7,752 men aged 70 years and over, the odds ratio for the prevalence of depression increased by 4% for each increase in total homocysteine by 1 µmol/l. Work now needs to proceed on which of the two variables is cause and which effect.

Vision and driving competence

In 2004, in America more rigorous standards were adopted for visual status in older drivers. What effect did this have on fatalities in road traffic accidents? It emerged that between 2001 and 2006 there was a marginal increase in fatalities for drivers of all ages whereas there was a marginal fall in those over 80 (Arch Ophthalmol 2008; 126: 1544–7). Between 2001 and 2003 before the introduction of new standards, fatalities associated with older drivers increased by 6%, but after their introduction between 2004 and 2006, there was a 17% fall. Though some older people might consider the measures to be draconian, they certainly seem to have been effective in saving lives.

The long-term outcome of hysterectomy in post-menopausal women

There has been little information on the long-term benefits and side-effects of hysterectomy in post-menopausal women. This has partially been corrected by a 5-year follow-up of 135 women after a hysterectomy and another 157 who did not have the procedure (Aust N Z J Obstet Gynaecol; 2008; 48: 510–6). Compared with their previous experience, women after hysterectomy were less likely to have abdominal pain, pelvic pain, urinary frequency or depression. Those who did not have a hysterectomy were more likely to describe their health as good. The latter is likely to be due to women receiving a hysterectomy being in poorer health even before surgery.

Age and causes of injury in Auckland

The causes of severe injury and death are of particular interest to clinicians working in an accident and emergency service. The pattern in Auckland was reviewed in 2004 for patients falling into this category (Aust N Z J Surg 2008; 78: 995–8). These consisted of 448 patients with severe injury of whom 192 died. The two categories were particularly those aged 15–29 and those aged 75 years and over. Injury rates were lowest in patients aged 0–14 years. Causes were car accidents (50%), falls (19%), burning (15%), assault (11%), boating accidents (5%) and penetrating injuries. This information should be useful in directing preventative measures to particular subgroups. It is disappointing that there were no exotic causes of injury such as being bitten by kiwis or being run over by packs of rugby players shouting terrifying war cries.

Myeloma in old age

A review of myeloma in old age states that the condition can be particularly virulent and that it can be refractory to treatment (Blood Rev 2008; 22; 311–20). Treatment with high doses of multiple drugs is more likely to control plasma cell proliferation but often causes severe side-effects and even increases mortality in an older patient. A low-dose regimen reduces the risk of this but is often completely ineffective. Pharmaceutical companies continue to produce new chemotherapeutic drugs but these have not done much to improve the prognosis of older patients with myeloma. Treatment with gemtuzumab ozogamicin has interesting effects, but is not yet of proven value in myeloma. Since treatment of myeloma is complex and involves experience in a wide range of chemotherapeutic agents, it should probably be left in the hands of a specialist rather than a general physician.

DIOGENES

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