Editor’s View

Although the extent to which climate change is due to the emission of greenhouse gases is still contentious, global temperatures are predicted to rise by 2–4°C over the next 50 years. The Climate Change Conference held in Copenhagen in December highlighted the devastating impact of such an increase on sea levels, access to fresh water and food production. It is also likely to have a major impact on the health of older people in the developed and developing world. A paper in this issue examined the relationship between maximum daily temperature and mortality in 95,808 nursing home residents in Germany between 2001 and 2005 (pp. 245–252). The authors report that mortality was lowest at maximum temperatures between 16 and 25.9°C, but the risk increased by 26% at temperatures between 32.0 and 33.9°C and by 62% at higher temperatures. During the 2-week heat wave in 2003, there was a marked increase in mortality, particularly in residents aged ≥90 years and in those with higher care needs. Health care professionals need to be aware of the impact of heat waves on the health of older people, but especially those living in nursing and residential homes.

There has been a lot of publicity about the increasing prevalence of obesity in children and younger adults but less awareness that obesity is also becoming more common in older people. A systematic review and meta-analysis examined the effect of weight reduction interventions, which included dietary modification, exercise or a combination of both, in groups of people with a mean age of ≥60 years and a mean baseline body mass index of 30 kg/m² or more (pp. 176–184). Meta-analysis showed a significant weight loss of 3.0 kg at 1 year but no significant changes in the serum lipids. Individual studies reported decreased recurrence of hypertension or cardiovascular events and improved health-related quality of life. The authors conclude that, although modest weight reduction was observed, there is a lack of high-quality evidence to support the efficacy of interventions aimed at weight loss in older people. Further studies may be required to develop effective strategies to address the problem of obesity in older people, but in the meanwhile, clinicians should give appropriate advice to their patients about dietary modification and exercise.

Previous studies have shown that the excess mortality after hip fracture is higher in men than women, but the reasons for this gender difference have remained unclear. A national register-based cohort study from Denmark has examined mortality, co-morbidity and medication in more than 42,000 people who sustained a hip fracture between 1999 and 2002 (pp. 203–209). Although the men were on average 4 years younger than the women, they had a higher mortality. The cumulative mortality 1 year after hip fracture was 37.1% in men compared with 9.9% in the general population, whereas the corresponding figures in women were 26.4% and 9.3%, respectively. In both sexes, the risk of death after hip fracture increased with advancing age, the number of medications and the presence of co-morbid conditions. Long-term survival analysis showed that higher excess mortality in men compared with women persisted, even after adjustment for age, number of medications and co-morbid conditions. The reasons for the gender difference in excess mortality remains unclear, but the authors highlight the need for rigorous postoperative assessment and management of co-morbidity, especially in men with hip fracture.

With the continuing improvements in life expectancy and medical care, a growing number of older people are enjoying active lives and taking up the challenges such as climbing high mountains. A study examined the physiological characteristics and the incidence of acute mountain sickness in 250 young people and 45 older people (mean 55.8 years, range 50–70) attempting to reach the summit of Mount Kilimanjaro (5,895 m) (pp. 262–265). The mean height and weight was similar in the two groups, and there was no difference in heart rate, respiratory rate or mean arterial pressure between the younger and older group at 4,700 m. Arterial haemoglobin oxygen saturation decreased with altitude in both groups, with lower saturations in older participants. Surprisingly, there was no difference in the incidence or severity of acute mountain sickness between the two groups. In the younger group, 62.6% of those who attempted to reach the summit were successful, compared with 46.7% in the older group, but this difference was not statistically significant. Although the authors acknowledge the limitations of their study, it does demonstrate that advancing age alone is not a barrier to high-altitude hiking. Nevertheless, the authors highlight that pre-existing medical conditions should be optimised, an adequate supply of regular medications carried and medical insurance arranged to cover high-altitude activities. Clinicians dealing with older people should also be aware of the implications of their patients’ leisure activities, including participation in ‘extreme sports’, so that they are able to give appropriate advice.

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