Editor’s view

A Cochrane review of interventions for the prevention of falls in community-dwelling older people concluded that exercise programmes, which address two or more components of strength, balance, flexibility or endurance, reduce the incidence of falls and the number of people falling. The Otago Exercise Programme (OEP) combines strength and balance-retraining exercises and decreases the number of falls by up to 35%. This issue includes a systematic review and a meta-analysis of clinical trials of OEP in older people living in the community (pp. 681–687). The main outcomes were compliance with OEP, the number of falls, the number of injurious falls and mortality. Long-term compliance with the exercise programme was relatively poor, but, although OEP significantly decreased the incidence of falls by 32%, there was no reduction in moderate or serious injurious falls. Nevertheless, OEP significantly reduced the risk of death over 12 months. Although the reason for the improvement in mortality warrants further investigation, the results of this meta-analysis suggest that the benefits of the OEP extend well beyond the prevention of falls.

Clinicians are aware of the importance of weight loss in their patients, but there is less interest in the implications of loss of height. A study examines the relationship between height loss, change in bone density, fracture incidence and mortality in 3,145 community-dwelling men and women aged 65 and above investigated over a 4-year period (pp. 699–704). Height loss >2 cm was associated with a more rapid bone loss and an increase in all fractures and hip fractures in women, whereas in men loss of height was only associated with an increase in hip fractures. All-cause mortality and mortality due to respiratory disease were higher in men with a rapid height loss, but this was not seen in women. The authors acknowledge that further research is needed to establish the clinical value of height measurements, but their results should alert clinicians to the possible significance of height loss in older people.

A research paper (pp. 716–722) examines the effects of age on the provision of specialist palliative-care services in older people living in the community. Using a GP network in the Netherlands, the authors identified 990 people aged 65 and older, who died between 2005 and 2008, where death was not sudden. They then compared end-of-life care in those aged between 65 and 84 with those aged 85 and above. In the older group, there were more patients with heart failure, fewer with cancer and more deaths in residential homes than in the younger group. Older patients were less likely to receive specialist palliative-care services than younger patients, despite GPs’ awareness that their patients were approaching the end of life. Reassuringly, the GPs were aware of patients’ preferred choice of place of death in over half the cases in both age groups. In the younger group, 78% had expressed a preference for dying at home compared with 47% in the older group, but home was the actual place of death in 40% and 26%, respectively. Although specialist palliative-care services may not be necessary in all terminally ill older people, clinicians need to be aware of patients’ preferences about their end-of-life care.

We are all becoming more aware of malnutrition in older people, especially in those admitted to hospital. Nutritional support may improve outcome in such patients, but compliance with the use of oral nutritional supplements is relatively poor, which may be due in part to the sweetness of these preparations. A study reported in this issue examines whether age affects the perception of sweetness of nutritional supplements (pp. 733–738). The investigators studied 36 young adults aged between 18 and 33 and 48 healthy older subjects aged between 63 and 85, who were asked to taste sucrose solutions at different concentrations and three nutritional supplements of different flavours, to determine sweetness detection and taste recognition thresholds, respectively. The thresholds for both detection and recognition were higher in the older subject. Despite the decline in sweetness sensitivity in the older subjects, there were no significant differences found in the perceived sweetness intensity of the supplements, when compared with the young adults. In both age groups, sweetness intensity was related to the dislike of the supplements in all three flavours. The authors suggest that the manufacturers should reconsider the formulations of these products to make them more palatable.

This issue contains the final News and Reviews article written by Professor Bill MacLennan, under his pseudonym Diogenes (pp. 668–669). He has written these popular articles since 1997, providing valuable insights into interesting papers from a diverse range of journals that most of us do not read on a regular basis. In the age of the superspecialist, Bill is one of a small number of polymaths, whose interest spans across Geriatric Medicine and Gerontology and beyond. I would therefore like to thank him for his immense contribution to the success of the journal and wish him well for the future.

Professor R.M. Francis
Editor, Age and Ageing