Editor’s view

Short reports

This issue sees the introduction of short reports, a new category of paper which replaces the research letter. The main difference is that short reports will include an abstract. This will help to avoid any confusion with letters to the editor, which undergo a less rigorous peer review. The addition of an abstract makes it easier for the reader to rapidly discern the subject of the article, study methods, main results, conclusions and implications. It will also mean that when a short report is identified in an electronic literature search, the abstract will be visible so that the reader can then decide if they need to acquire and read a copy of the full paper. This in turn should make it more likely that a short report is cited in other publications, thereby potentially increasing the journal’s impact factor. This change has already been welcomed by authors and we hope that it will prove popular with readers.

Frailty in older surgical patients

Each issue we publish a paper where open access is available without subscription through the journal’s website. This enables us to highlight an important paper, which is likely to be of interest to a wider audience than the subscribers and regular readers. We hope that by identifying this as the ‘Editor’s Choice’ paper we will be able to give it greater prominence. My choice of paper for this issue is a review of frailty in older people undergoing surgery (pp. 142–147). This highlights that a growing number of frail older people are undergoing surgery and that frailty is an independent risk factor for morbidity, mortality, prolonged hospitalisation and discharge to institutional care. This review describes the definition and assessment of frailty, the impact on the older surgical population and explores the potential for modifying the outcome in this situation. This offers the intriguing prospect that assessment and optimisation of frail older patients before surgery might improve outcome.

Poor health in older men

Three papers in this issue examine the identification and impact of poor health in older men. The first paper investigated the self-reported and clinically documented prevalence of chronic disorders and underlying risk factors in 600 Danish men aged 60–74 years, who completed a questionnaire, took part in a telephone interview and underwent physical examination and investigations (pp. 177–183). Physical inactivity, smoking and excessive alcohol consumption was reported by 27, 22 and 17% of the participants, respectively. Although the prevalence of self-reported and clinically documented diabetes mellitus was similar, the diagnosis of hypertension, heart disease, obesity, respiratory diseases and musculoskeletal disorders reported by the participants was significantly lower than that documented by the investigators. The authors conclude that adverse lifestyle factors are common in older Danish men, yet many chronic diseases are under-diagnosed and under-reported, highlighting the need to increase awareness of these health issues in older men.

In the second study from the Danish group, bone mineral density (BMD) measurements and vertebral fracture assessment were performed in the same cohort of 600 men, using dual energy X-ray absorptiometry (pp. 171–177). Although a prior diagnosis of osteoporosis had been made in less than 1% of the participants at recruitment, the authors found that 10.2 and 11.5% of the study population had osteoporosis, defined as a T-Score of −2.5 or less calculated using Danish and US male reference data, respectively. The overall prevalence of vertebral fractures was 6.3%, but although BMD was lower in these men than in those without fractures, only a quarter of them fulfilled the criteria for osteoporosis. The authors suggest that vertebral fracture assessment provides additional information on bone health not captured by BMD measurement alone.

The third paper from the Netherlands investigated self-rated health and physician-rated health as independent predictors of mortality in older men (pp. 165–171). The authors recruited 710 community-dwelling men aged 64–84 years, who were followed for up to 15 years. Self-rated health was assessed by a graded response to a single question, whereas physician-rated health was estimated after obtaining a medical history and performing physical examination. Overall, 49.6% of the men reported feeling healthy, while 31.7% of the subjects were rated as in good health by the investigating physician. During the 15-year follow-up 70.8% of the men died, of whom 45.5% died from cardiovascular disease and 28.6% from cancer. Self-rated and physician-rated health were both independent predictors of all-cause mortality, but although physician-rated health was associated with mortality due to cardiovascular disease, self-rated health independently predicted mortality due to cancer. The results of this study suggest that we should be more aware of our patients’ perception of their health.

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