**Editor’s view**

**New horizons**

This issue sees the introduction of a new series of commissioned articles under the broad heading of ‘New Horizons’. These authoritative reviews will address recent and potential future developments in the management of diseases of old age. The first of these articles deals with the pathogenesis, assessment and management of movement disorders (pp. 2–10). David Burn and his colleagues highlight that many of these conditions are associated with cognitive impairment, neuropsychiatric disturbance and behavioural problems. They then review the advances in our understanding of the pathogenesis of these conditions and developments in neuroimaging. The authors outline potential new therapeutic approaches to the management of Parkinson’s disease, but acknowledge the need to develop effective disease modifying agents. They also emphasise the importance of non-pharmacological interventions and palliative care. Finally, they remind us that Geriatricians are well placed to contribute to research into movement disorders, by recruiting patients to observational studies and interventional trials. Future New Horizons reviews will cover sarcopenia, delirium, frailty and osteoarthritis. I hope that this series of articles will prove to be interesting and informative, but would welcome suggestions for other topics to be covered.

**The economic crisis and older people**

A controversial commentary in this issue suggests that older people in the UK are being financially disadvantaged, as a result of the austerity measures developed in response to the economic crisis, which may in turn adversely affect their health and well being (pp. 11–13). The authors point out that older people face four different threats: the lack of progress in tackling the future funding of social care for older people; changes in public sector pensions and poorly performing pension schemes; freezing of the higher tax allowance for older people and the merging of tax and national insurance and the potential loss of universal benefits such as bus passes and winter fuel payments. Although the authors acknowledge that older people have been relatively protected against the austerity measures, which will particularly affect younger people and those of working age, they highlight the potential for inter-generational conflict. Some readers may feel that this commentary is too political for a medical journal dealing with Geriatric Medicine. Nevertheless, although hard choices have to be made at a time of financial crisis and no section of society can be totally immune from the resulting austerity measures, it is important that we speak up for older people and highlight the impact of these changes on their finances, health and well being.

**Nutritional support after hip fracture**

A research paper reports the results of a randomised controlled trial of oral nutritional support on nutritional status, physical function and clinical outcome in patients with hip fracture (pp. 39–45). The authors randomised 126 patients with a body mass index (BMI) <25 kg/m² to the intervention group, who in addition to the hospital diet received an oral liquid nutritional supplement providing 18–24 g protein and 500 kcal daily for 4 weeks, or to the control group who were given the standard hospital diet alone. Both groups received rehabilitation and oral calcium and vitamin D supplementation. There was significantly less weight loss in the group receiving nutritional support than in the control group. There were also significantly fewer episodes of infection and 3 days’ shorter length of stay in the group randomised to receive nutritional support. Despite these beneficial changes, no significant difference was found in the change in serum albumin, Functional Independence Measure or Elderly Mobility Scale. Nevertheless, because of the potential benefit of nutritional support on weight loss, number of infections and length of stay, nutritional support should be considered in patients with a low BMI who have been admitted to hospital with a hip fracture.

**Inappropriate prescribing in nursing home residents**

Potentially inappropriate prescribing is common in older people, including those living in nursing homes in Europe, but may be underestimated by the use of the Beers’ criteria developed in the USA. A research paper has investigated the prevalence of potentially inappropriate prescribing in nursing home residents in Ireland (pp. 116–120), using the Screening Tool of Older Person’s Prescriptions (STOPP) and Screening Tool to Alert doctors to Right Treatment (START). In a cohort of 313 nursing home residents, the authors report that STOPP identified 329 instances of potentially inappropriate prescribing in 59.8% of patients, while START detected potential prescribing omissions in 42.2% patients. They conclude that inappropriate prescribing is common in this population and suggest that incorporating STOPP and START into clinical practice could reduce this.

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