EFFECT OF AGEING ON HUMAN SECRETORY IMMUNITY

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The aim of the study was to determine whether there is immunosenesence of the secretary immune system or the common mucosal immune system (CMIS) of which the gastrointestinal tract forms a large component. Urinary and salivary IgA were assayed in addition to gastric IgA as the former are representative of other parts of the CMIS.

Patients of all ages undergoing upper gastrointestinal endoscopy were approached to participate. The results below are those of patients who were subsequently noted to have a normal examination. Gastric fluid was collected during endoscopy using a Wallace mucus specimen collector and specimens were taken prior to any biopsies to avoid contamination. Pure parotid saliva was obtained using a Carlssen-Crittenden cup, this was a stimulated sample collected over a two minute period. Urine was collected as a mid-stream specimen together with a blood sample. Saliva was simply stored at -70°C whilst urine and gastric fluid were processed with a previously described regime of preservatives by Gaspari et al prior to storage at -70°C. IgA levels were assayed using ELISA. Urinary IgA was expressed as a ratio of IgA to creatinine.

The r value for salivary IgA and age was -0.1103, p = 0.285. (mean salivary 293.4 and 128.4 with sd of 580 4 and 87.2 in below 65 and above 65 age groups) Correlation coefficient for urinary IgA/creatinine was 0.4275, p value of 0.018 (mean values 0.018 and 0.65 with sd of 0.94 and 0.68 respectively in the same age groups as above.) Gastric IgA r was -0.0094, p = 0.941 (means were 50.3 and 98.9, sd of 96.6 and 237.3). Patient numbers were 96, 87 and 64 for salivary, urinary and gastric IgA assays respectively. Age range was from 16 to 92.

There does not appear to be a quantitative change in secretory IgA with age in gastric juice, saliva or urine.

MANAGEMENT OF HYPERTENSION IN OLDER PEOPLE IN NORTHERN REGION

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Treatment of hypertension in older people is now increasingly advocated to reduce the incidence of stroke and myocardial infarction. The current detection, treatment and control of hypertension in the Northern Region of the UK was determined by a notes review of 6,986 notes of 65-80 yr olds in a 1 in 7 notes review from 51 primary care practices in the Northern Region (11% sample). Blood pressure status was defined as hypertensive, normotensive or undefined based on the following information recorded in the last 6 years (last 3 BP readings, BP lowering therapy, other comorbidities, diagnosis of hypertension) using a validated instrument. Mean BP reading of ≥160 systolic and/or ≥90 diastolic mm Hg was used as threshold for definition and also control.
with syncope/presyncope than in younger addition are asymptomatic during the patients do not complete a diary or in pacemaker implantation for high grade elderly patients with similar symptoms. PAF is commoner in octogenarians and in 40% vs 27% of those with octogenarians vs 30% were referred with palpitations. In symptomatic arrhythmia yield is 16% as commonest indication for Holter monitoring is frequently requested in elderly patients. We investigated the ability of octogenarians to satisfactorily complete a 24 hour ECG recording and assessed the request indications and diagnostic usefulness in this age group. Methods: The request indications and results of 24 hour Holter monitoring were prospectively analysed in 80 consecutive octogenarians over one year. 67 patients (age 65-75) referred over the same period were controls. 60% of octogenarians and 39% of controls were referred for investigation of syncope/presyncope and 18% vs 30% were referred with palpitations. In 12% the test was used to monitor antiarrhythmic treatment. The recorded symptom diary was incomplete in 70% of patients. Arrhythmias [paroxysmal atrial fibrillation (PAF), or non-sustained ventricular tachycardia] were present on 83% of referrals for palpitations but correlated with recorded symptoms in 16%. PAF was present in 44% of octogenarians and in 40% vs 27% of those with syncope/presyncope compared to the control group. Three patients underwent permanent pacemaker implantation for high grade atrioventricular block. Conclusions: The commonest indication for Holter monitoring is syncope/presyncope and it is associated with a significant pacemaker implantation rate. Symptomatic arrhythmia yield is 16% as patients do not complete a diary or in addition are asymptomatic during the recording. PAF is commoner in octogenarians with syncope/presyncope than in younger elderly patients with similar symptoms.

**HOlTER MONITORING IN OCTOGENARIANS**

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Holter monitoring is frequently requested in elderly patients. We investigated the ability of octogenarians to satisfactorily complete a 24 hour ECG recording and assessed the request indications and diagnostic usefulness in this age group. Methods: The request indications and results of 24 hour Holter monitoring were prospectively analysed in 80 consecutive octogenarians over one year. 67 patients (age 65-75) referred over the same period were controls. 60% of octogenarians and 39% of controls were referred for investigation of syncope/presyncope and 18% vs 30% were referred with palpitations. In 12% the test was used to monitor antiarrhythmic treatment. The recorded symptom diary was incomplete in 70% of patients. Arrhythmias [paroxysmal atrial fibrillation (PAF), or non-sustained ventricular tachycardia] were present on 83% of referrals for palpitations but correlated with recorded symptoms in 16%. PAF was present in 44% of octogenarians and in 40% vs 27% of those with syncope/presyncope compared to the control group. Three patients underwent permanent pacemaker implantation for high grade atrioventricular block. Conclusions: The commonest indication for Holter monitoring is syncope/presyncope and it is associated with a significant pacemaker implantation rate. Symptomatic arrhythmia yield is 16% as patients do not complete a diary or in addition are asymptomatic during the recording. PAF is commoner in octogenarians with syncope/presyncope than in younger elderly patients with similar symptoms.

**THE ASSESSMENT OF LEFT VENTRICULAR SYSTOLIC FUNCTION BY PORTABLE ECHOCARDIOGRAPHY AT THE DAY HOSPITAL**


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Echocardiography is an essential investigation in the management of patients with suspected left ventricular systolic dysfunction. Many patients, particularly the elderly, are denied access to this investigation in the U.K. This study evaluated the role of a portable echocardiographic service at a day hospital in a cohort of elderly patients. Forty patients (mean age of 76.6 ± 8.6) were studied. Each patient underwent full clinical assessment,