COMMON BILE DUCT DISEASE IN THE ELDERLY

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Introduction
The presentation, investigations and treatment outcome of common bile duct (CBD) disease in elderly patients were studied.

Methodology
The results of sequential ERCPs in 101 patients (59F, 42M; aged 75-100 yrs: mean 83) together with the clinical presentation, liver function tests (LFTs), full blood count (FBC) and abdominal ultrasound were assessed retrospectively.

Results
Fifty-nine patients had CBD stones, 35 had malignant biliary obstruction (13 with coexistent stones) and 7 had other outcomes.

Nearly 1 in 5 (18%) CBD stone patients had pancreatic/biliary malignancy.

In 43% of stones-only patients the presentations were atypical (19% non-specific, 24% painless jaundice).

LFTs and FBCs of gallstone and malignant patients overlapped markedly. Ultrasound agreed with ERCP in 60% of patients and its sensitivity for detecting biliary obstruction was 88%. ERCP cleared CBD stones in 53 of 54 attempts (98%). Palliative ERCP was successful in 22 (73%) of malignant obstructions; in 4 (13%) others an endoprothesis was inserted. Thus 86% of malignant biliary obstructions were treated without considering open surgery. ERCP complications occurred in 6% with no deaths.

Of malignant patients, 22 died during follow up (mean survival: 11.3 weeks); 3 with ampullary carcinoma were well at 18 months.

Conclusion
In elderly patients CBD stones often present atypically and coexistence with malignancy is not unusual, ampullary carcinoma has a relatively good prognosis, and ERCP is a safe and effective procedure in the management of biliary obstruction.

LOWER GASTROINTESTINAL SYMPTOM PREVALENCE IN AN ELDERLY COMMUNITY POPULATION

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Introduction
The incidence of organic lower gastrointestinal (GI) disease increases with age. The prevalence of lower GI symptoms in the elderly is unclear, with epidemiological studies of such symptoms previously focusing on younger populations. We report the prevalence of lower GI symptoms found during the interview stage of a validity study.

Methodology
An age and sex stratified random sample aged 65 years and over were drawn from a General Practice register. 842 subjects were sent a postal self-completion questionnaire. All were subsequently asked to participate in a semi-structured physician interview to assess lower GI symptomatology. Non-participation bias and service use were assessed from GP records.

Results
596 (71%) participated in the physician interview. 76% of all participants had at least one symptom. Overall major symptom prevalence in the preceding year, adjusted to the Practice population, is outlined below.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Prevalence (%)</th>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>25.2</td>
<td>23.0 to 27.5</td>
</tr>
<tr>
<td>Change in bowel habit</td>
<td>8.5</td>
<td>7.0 to 9.9</td>
</tr>
<tr>
<td>Constipation</td>
<td>13.9</td>
<td>12.1 to 15.7</td>
</tr>
<tr>
<td>Faecal Incontinence</td>
<td>5.6</td>
<td>4.5 to 6.8</td>
</tr>
<tr>
<td>Rectal Bleeding</td>
<td>14.5</td>
<td>12.7 to 16.3</td>
</tr>
</tbody>
</table>

21.5% of all subjects had consulted their GP for GI symptoms in the previous year. Non participants were significantly older than participants and more likely to be female. There were no significant differences in overall consultation rate or GI consultation rate.

Conclusion
Lower GI symptoms are common in the elderly and an important reason for GP consultation. They indicate an important area for further research to assess prognostic significance.

EVALUATION OF COLONOSCOPY IN THE VERY ELDERLY: EFFECTIVENESS, SAFETY AND DIAGNOSTIC YIELD

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Introduction
Colonoscopy is a useful investigation but there is little published evidence of its efficacy in the very elderly. We have analysed the effectiveness, safety and diagnostic yield of colonoscopy in 104 patients over the age of 80 years.

Methodology
217 patients over the age of 80 underwent colonoscopies and flexible sigmoidoscopies between January 1994 and May 1996. Of these, 104 case notes and colonoscopy reports could be retrieved and these patients were reviewed. In each case indications for the procedure, the diagnostic yield, successful intubation and visualisation of the whole colon and recorded complications were noted.

Results
74 female and 30 males with a mean age of 84 years (range 80-94) were studied. Rectal bleeding (25%), changed bowel habit (30%) and anaemia (28%) were the most common indications for colonoscopy. In 67 patients, the whole colon was visualised. In another 10 patients a diagnosis was made before completion of colonoscopy and the procedure was halted. Of the 27% where the procedure was unsatisfactory,