further management and therefore collaborative studies are required between the Departments of Dentistry and Geriatric Medicine

Travers et al, Age and Ageing, 1997 In Press

DIVERSITY AND ACCEPTABILITY OF MEALS ON WHEELS IN MEN AND WOMEN LIVING ALONE

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Introduction
The majority of elderly Australians (93%) live independently in the community and less than 12% of them use community services such as meals-on-wheels (MOW). MOW aims to provide between 30 - 50% of daily dietary needs. Targeting MOW specifically at those at nutritional risk reflects the interplay of client characteristics, domiciliary support services, and acceptability of MOW (food tolerance and service satisfaction).

Methods
A sample of 100 elderly men and women aged over 60 years was recruited from 10 MOW centres in the Perth Metropolitan area. The 'nutritional risk status' of subjects was measured using the Determine test (Australian Nutrition Screen Initiative) and Body Mass Index (BMI). Client functional impairment was described using Barthel Index (BI) and Information Orientation Scale (IOS).

Results
74% of elderly MOW were nutritionally at risk. Women were more at risk than men, more likely to eat alone, consume more than 3 medicines per day, and were unable to cook or shop for themselves. Men had a higher level of mental impairment while women were more physically impaired. Women were more likely to suffer from arthritis and were receiving more domiciliary support services. Meals were often reheated and a 'split-a-meal-into-two' policy was often advocated leading to increased nutritional risk.

Conclusion
Physical and mental impairments increase the need for domiciliary support services in frail elderly persons increasing the older persons likelihood to being 'nutritional at risk'. Education programs aimed at caregivers within domiciliary support services is required to lessen inappropriate nutritional advice.

MEASUREMENT AND MONITORING OF HOSPITAL INPATIENTS

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Introduction
The present pilot study reports the effects on the quality of life of caregivers of recipients of TCP and 27 controls from Inner City Service. There were no significant differences in Mean Barthel, BRS and IOS scores no difference in dependency levels between cases and controls. The caregivers of controls had significantly higher GHQ (P=0.017) scores than cases. There were trends for caregivers morale to be higher and stress to be lower for those receiving TCP. The BRS Socially Disruptive (SD) behaviour scale scores were significantly higher (p=0.01) in controls (mean 1.55) than cases (mean 0.6) with a significantly greater (p=0.015) proportion of controls having disturbed sleep patterns.

CONCLUSION
The psychiatric morbidity (GHQ) in caregivers of older persons receiving TCP was significantly less than controls with trends for higher morale (PGMS) and less stress (RSS). SD behaviour scores were significantly higher (p=0.01) in controls (mean SD cases 0.6 vs control 1.55) as a result of a higher proportion of controls having sleep disturbance.

DOES THE TRANSITIONAL CARE PROGRAM IMPAIR THE QUALITY OF LIFE OF CAREGIVER. A CASE CONTROL STUDY

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INTRODUCTION
The Transitional Care Program (TCP) has resulted in improvement in clients physical function, utilisation of fewer community services and a reduction in admissions to residential care when compared to controls. The present pilot study reports the effects on the quality of life of caregivers of recipients of TCP.