Ninety-two patients (47 male) aged 46-90 (mean 73.3) years had AF. The prevalence and haemodynamic complications of atrial fibrillation (AF) were studied.

Methods

The RDR feature has proved an effective treatment for CSS markedly reducing the incidence of syncope, falls, injuries and hospital admissions.

Results

Pre-implant CSM in those patients who were still symptomatic post pacing revealed no significant difference to those who were cured by PM. Those remaining syncopal had greater postural hypotension compared to those cured post PM (29 mmHg vs 5.5 mmHg, p<0.002).

Preimplant and postimplant blood pressures.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Pre-implant</th>
<th>Post-implant</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syncope</td>
<td>55</td>
<td>9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Falls</td>
<td>21</td>
<td>8</td>
<td>0.043</td>
</tr>
<tr>
<td>Dizziness</td>
<td>43</td>
<td>41</td>
<td>NS</td>
</tr>
<tr>
<td>Injuries</td>
<td>17</td>
<td>6</td>
<td>0.012</td>
</tr>
<tr>
<td>Admissions</td>
<td>29</td>
<td>0</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Conclusion

Those patients who felt least improvement in general health had the greatest vasodepressor response to CSM and the greatest postural hypotension at their pre-pacemaker assessment.

The RDR feature has proved an effective treatment for CSS markedly reducing the incidence of syncope, falls, injuries and hospital admissions.

CAUSES AND TREATMENT OF ORTHOSTATIC HYPOTENSION IN OLD ADULTS REFERRED TO A REGIONAL SYNCOPE SERVICE

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INTRODUCTION

Orthostatic hypotension (OH) is defined as a fall in systolic blood pressure of 20 mmHg or greater on standing. The causes and outcome of OH in the elderly have not been rigorously described.

METHODS

We have defined the cause of OH and the presenting features in 63 consecutive patients diagnosed with OH following referral to a dedicated regional syncope service. Cardiovascular assessment included phasic measurement of blood pressure and heart rate during a 2 minute morning stand on at least 2 occasions, carotid sinus massage in both the supine and upright positions and a 70° head-up tilt. Autonomic testing was performed on all OH subjects. Normal autonomic function was assumed when at least 3 out of 5 tests were normal.
normal. Therapeutic options included rationalisation of culprit drugs, general advice, and use of fludrocortisone, midodrine and DDAVP.

RESULTS:
The mean age was 74.4 years (range 55-93) and there were 36 females. They were followed for a mean of 18 months. Of these 63 cases, 60% presented with falls and 65% with postural dizziness. Syncope was present in 15%, and 28% were diagnosed with other cardiovascular diagnoses (14 cases of carotid sinus syndrome and 3 cases of vaso-vagal syncope). The cause of OH was multisystem atrophy in 13% of cases, pure autonomic failure in 24%, autonomic failure due to diabetes in 3%, drug-induced OH in 28%, age-related OH in 20%, Parkinson's disease and autonomic failure in 5%, cardiovascular disease in 5% and 2% could not be classified. 22% of patients were taking fludrocortisone, 13% were taking midodrine, 38% were taking fludrocortisone and midodrine together. OH was abolished in 18% Symptoms were abolished in 26%.

CONCLUSIONS:
Despite assessment in the CVIU, OH could be successfully abolished in only 18% of patients. Autonomic failure is a common cause of OH in the elderly than has been assumed.

THE UNDER-INVESTIGATION OF ELDERLY PATIENTS ADMITTED WITH CARDIAC CHEST PAIN

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Introduction
Ischaemic chest pain is a common admitting diagnosis in all age groups. However, only a small proportion of such patients are subsequently found to have had an acute myocardial infarction (MI).

Methodology
The management of 80 patients admitted with chest pain of cardiac origin but in whom an MI was excluded was studied.

Results
Of the 80 patients, 26% (21) were aged 70 years or above. The older group ranged from 70-86 with a median of 75 years. Only 6.3% of patients entered the Coronary Care Unit (CCU). The mean length of stay was 4.6 days with a range of 1-21 and there was no difference between age groups. Sixty-six percent and 71% of the young and older group respectively were prescribed aspirin. Only 3 patients had angiography and 9 had a treadmill ECG performed. None of these patients was older than 65 years. Although 62% of the patients studied had an elevated serum cholesterol (>5.2 mmol/L), older patients were less likely to have cholesterol checked (33% vs 51%). This was not the case for a random blood sugar which was performed in 83% vs 81%. All patients had cardiac enzymes performed (range 1-6, mean 3) and a mean of 3.6 ECGs were performed per patient.

Conclusion
Ischaemic chest pain in the absence of an MI is common in all age groups. Investigations were very variable according to age, older patients being less likely to have definitive investigation than younger patients.

Gastroenterology

RANDOMISED CONTROLLED TRIAL OF PROTEIN ENERGY SUPPLEMENTATION IN ELDERLY EMERGENCY ADMISSIONS

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Introduction
Undernutrition is common among elderly patients admitted to hospital. Hospital stay is associated with further nutritional depletion. A recent meta-analysis has shown there may be significant benefits from nutritional supplementation (Potter, J.M. Langhorne, P. Age and Ageing, 1996; 25: 17). Further work has shown that the conclusions of the meta-analysis were limited by the methodological quality of the trials considered and further trials are needed. We report a randomised controlled trial of nutritional supplements in elderly patients admitted to a Department of Medicine for the Elderly during hospital stay.

Methodology
Prospective randomised controlled trial, 3 nutritional groups (BMI <5th percentile: Group 1, BMI>5th <25th percentile. Group 2, BMI >25th <75th percentile: Group 3) Randomisation by random number tables with observers blinded. Intervention group prescribed oral sip food three times daily (540Kcals 22.5g protein)

Results
381 patients were randomised. Intervention was associated with:
- In group 1, significant reduction in mortality (5/34 Vs 14/40, p<0.05) and functional recovery (11/28 Vs 17/25, p<0.04)
- In group 3 a significant reduction in length of stay (13.5 Vs 21 days, p<0.05)
- In all groups significant improvements in weight gain
- In all groups positive energy balance

Conclusion
Sip food supplements can be successfully given in addition to hospital diet to improve energy balance. Prescribing nutritional supplements can affect bed utilisation and mortality.

IS MINIMAL PREPARATION COMPUTED TOMOGRAPHY COMPAREABLE WITH BARIUM ENEMA IN ELDERLY PATIENTS WITH COLONIC SYMPTOMS?

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Introduction
The Barium enema (BE) examination in the elderly is an unsatisfactory investigation. Recent papers have proposed computed tomography (CT) as an alternative method of investigation. They have used a variety of preparation techniques prior to the CT study such as bowel preparation, rectal air insufflation, tap water enemas and intravenous contrast. We wished to devise a minimal preparation,