minimal supervision technique that could realistically replace the standard BE.

Method: 118 elderly patients admitted with symptoms referable to the large bowel had an unenhanced CT following oral contrast commenced the previous evening, followed at an interval by a BE performed to a standard technique.

Results: Both techniques congruently gave negative reports in 66(68.8%) individuals. Ten tumours were confidently diagnosed on CT. One annular tumour of the sigmoid colon and one case of colitis were diagnosed on BE only and the severity of a diverticular stricture was underestimated. CT raised the possibility of lesions in 3(3.1%) cases where the BE was negative. 10(8.5%) patients had significant abnormalities identified outside the colon using CT. 7(7.3%) BEs were abandoned or severely limited.

Conclusion Minimal preparation, minimal supervision CT is a practical alternative to BE in the frail elderly patient. Radiologists and referring clinicians should be aware that occasionally lesions will not be identified on CT but CT has the advantage that other significant pathology unrelated to the colon may be detected.

IS THERE LIFE AFTER CLOSTRIDIUM DIFFICILE DIARRHOEA? 41


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Introduction

Clostridium difficile toxin positive diarrhoea (CDD) is associated with increased morbidity and mortality. We observed morbidity and mortality associated with CDD in an elderly population and compared this to controls on an in-patient basis and six months after discharge. We also studied clinical parameters which may have contributed to the disease.

Methodology

A retrospective review of 74 out of 75 case notes of patients who developed Clostridium difficile toxin positive diarrhoea on acute or rehabilitation wards for the elderly in a major teaching hospital from 1st January 1996 to 30th April 1997. These patients were randomly matched to seventy four controls of similar age, sex and primary diagnosis admitted within this time period. Patients were followed up six months post discharge. Statistics were carried out using Mc Nemar’s and Chi Squared (χ²) tests.

Results

In-hospital mortality among patients with CDD was over three times higher than controls (31/74(42%) v 10/74(14%)). Mc Nemar’s odds ratio was 6.25, 95% C.I. [2.5, 15.5]. Of the survivors, only 19(26%) of cases versus 45(61%) of controls were discharged home. Six months after discharge there was no difference in mortality among survivors of CDD compared to controls. The Norton scale on admission was 14.2/20 for cases compared to 15.7/20 for controls. The average number of courses of antibiotics was twice as high among cases (p< 0.0001). Enteral feeding was over seven times higher compared to controls (p< 0.0001) and the use of H2 antagonists was higher (p< 0.05) among cases. There was no difference in the use of other gastrointestinal drugs.

Conclusion

In-hospital mortality among patients who develop CDD is extremely high being over three times greater than controls. There was no difference among survivors six months after discharge. Antibiotic usage, enteral feeding and use of H2 antagonists were significantly higher among cases.

IS BARIUM ENEMA DISTRESSING FOR THE ELDERLY? 42

- A PROSPECTIVE SURVEY

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Introduction

It is widely held that barium enema (BA) is unpleasant and uncomfortable for the elderly. However, there is little supportive published evidence. Our aims were to study the levels of anxiety, embarrassment and discomfort of the procedure and its side effects in both the young and old.

Methods

We studied consecutive referrals for barium enema for inpatients (IP) and outpatients (OP) of all ages by using before and after questionnaires consisting of YES/NO responses and visual analogue scale ratings. 75 before questionnaires were posted to OP over a 6 week period; after questionnaires were completed in the X-ray Department. For IP, both questionnaires were administered on the wards.

Results

45 patients were studied: 20 OP, 16 IP, 13 aged <65 years, 32 ≥65 years or over (mean age 51.5 and 76 years, respectively). Mean age was 69, IP significantly older than OP (79 years and 64 years respectively). Most patients felt reasonably well informed, but only 47% had the procedure explained by a doctor. Before BA all subgroups reported high levels of anxiety (100% of <65s, 62.5% of ≥65s, mean anxiety scores 7.3/10 and 6/10, respectively). Less embarrassment and discomfort was experienced than anticipated by patients, with no significant differences between >65s and ≥65s. The ≥65s were no more likely to experience bowel prep. side effects. Overall, 75.6% of patients found BA better than anticipated, with no difference between <65s and ≥65s.

Conclusion

This study does not support the premise that barium enema is more unpleasant for the elderly.

COMPARISON OF GASTROINTESTINAL TRANSIT IN MOBILE AND NON-AMBULANT ELDERLY INPATIENTS 43

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Introduction

Constipation is common in hospitalized elderly patients. Its aetiology is largely multifactorial. Community based studies of the epidemiology of constipation in elderly patients attending general practitioners and day hospitals have identified mobility as a major factor (Donaldson et al 1985). We compared the