Methods
Data for each measure were collected on 100 consecutive evaluable patients over a 9 month period, thought it was not possible to use precisely the same patients for each measure. Data were collected on admission and discharge or after eight weeks’ attendance, whichever was sooner. The NHP was administered by nursing staff, the EMS recorded by physiotherapists, and the BI by the multidisciplinary team.

Results
Mean scores on admission and discharge were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Admission</th>
<th>Discharge</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI</td>
<td>17.1 ± 2.3</td>
<td>17.4 ± 2.2</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>NHP</td>
<td>28.8 ± 19.4</td>
<td>25.5 ± 16.8</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>EMS</td>
<td>13.6 ± 4.8</td>
<td>15.7 ± 4.0</td>
<td>&lt; 0.05</td>
</tr>
</tbody>
</table>

Most of the improvement in the BI was observed in the categories stairs, transfer and mobility. In the NHP, significant improvements were found in the categories energy and emotion but not mobility, pain, sleep or isolation. With the EMS, most change occurred in categories gait, timed walk and functional reach, and patients with admission scores of <14 improved more than those with admission scores of ≥14.

Conclusion
Patients improved significantly in all measures (BI, NHP and EMS). However, the NHP is subjective, was time-consuming for patients and did not facilitate goal setting. Compared to the BI, the EMS had less "ceiling effect" and was more sensitive; its continued use is recommended.

UNDIAGNOSED AND DISCHARGED: A STUDY OF ELDERLY PATIENTS DISCHARGED FROM CASUALTY
PJ PETRIE, Z SADIQ, MA HORAN AND JE CLAGUE
University Dept of Geriatric Medicine, Hope Hospital, Salford

Introduction
Older patients in casualty often present diagnostic problems. To examine this problem we prospectively identified a series of patients (age >65yrs) discharged from casualty over 6 months in whom no clear diagnosis was recorded. Medical presentations over the subsequent 6 months were examined.

Methods
Data were gathered from casualty records, the hospital data system, case note review and liaison with general practitioners

Results
We identified 111 patients (72F, 39M, mean age 77.1yrs)
Principal presenting symptoms were: dizziness/funny turns (n=65), abdominal pain (n=20) and chest pain (n=12) 33% (n=37) of all patients were readmitted during the 6 month follow-up period, 9.9% (n=11) within the first month. The largest proportion of patients readmitted was in the chest pain group (7/12), followed by those with dizziness/funny turns (21/65).

Conclusions
Our findings suggest that there is considerable unrecognised morbidity in these patients. A lower threshold for admission of initially undiagnosed patients might be appropriate. Better training of casualty staff in dealing with such patients or increased involvement of geriatricians are possible solutions.