News and reviews

Testing humour appreciation
There is extensive information on neuro-psychological function in old people, but less on their sense of humour. Assessment of patients with focal brain damage has identified a ‘humour’ centre in the right frontal lobe (Brain 1999; 122: 657–66). A difficulty is that there may be regional differences in applying the appropriate tests. Some Calvinistic Scotsmen, rather than laugh, might be horrified at the suggestion that “Guests are invited to take advantage of their chambermaid”.

Polypharmacy in general practice
The effects of polypharmacy on ill health in old age are well recognized. In Denmark there was a sixfold variation in the problem in different general practices (Br J Gen Pract 1999; 49: 195–8). Related factors were the number of patients per doctor, the rate of surgery consultations, the rate of telephone consultations, the rate of hospital admissions, the rate of prescriptions per patient and the total number of drugs prescribed over the past quarter.

Surgery for stress incontinence
Advances in operative procedures have increased the proportion of elderly patients successfully treated with surgery. An example is that a prolapsed uterus can now be treated by inserting a prolene tape through a small incision in the vagina and positioning it on either side of the uterus in the anterior abdominal wall (Br J Obstet Gynaecol 1999; 106: 345–50). A review of 50 cases established a 86% cure rate, with most being operated on under local anaesthetic and 90% being able to micturate within 24 h.

Depression in old age around Europe
A recent review reveals that there is variation in the prevalence of depression in different countries of Europe (Br J Psychiatry 1999; 174: 312–7). Examples are 18% in Iceland, 21% in Dublin, 32% in Berlin and 38% in London. It is unlikely that variation is due to differences of selection or assessment. The topic is wide open for investigation of genetic, environmental, medical and social factors.

Reducing visits to the wee room
For an elderly patient with poor eyesight and wobbly legs, a visit to the lavatory during the night can be a major adventure. One way of reducing the problem is to control polyuria. This can be done by suppressing arginine vasopressin levels with desmopressin (Br J Urol 1999; 83: 591–5). There is a report that the drug achieved a clinically important reduction in diuresis, but further assessment in elderly patients is needed before recommending it for general use.

Measuring bone density on the cheap?
One of the more accurate methods of measuring bone density is dual X-ray absorptiometry (DXA). Use is limited by its expense and the long waiting lists for access in many places. An alternative might be to use ultrasound to measure the density of the calcaneus. A recent comparison with DXA, however, revealed that ultrasound measurements were grossly inaccurate (Calcif Tissue Int 1999; 64: 200–4). Despite its cost, DXA remains the investigation of choice.

Ageing and bronchial responsiveness
Bronchial responsiveness to a methacholine challenge is useful for identifying people at increased risk of bronchial asthma. When 208 individuals of 45 years and over were given the test, 34% had a positive reaction (Chest 1999; 115: 660–5). There was also a weak positive correlation between bronchial responsiveness and increasing age.

Stroke patients who ‘could do better’
Some stroke patients underachieve in terms of their medical and physical potential and may be labelled as lazy or uncooperative. The problem may relate to specific psychometric problems in that there is a good correlation between the score for a test of abnormal illness behaviour, and performance and functional competence (Clin Rehab 1999; 13: 129–40). Depression had a negative effect on outcome, whereas greater stroke knowledge, a positive attitude to rehabilitation and family support improved the prognosis.

Watch out for superwoman!
Hormone replacement therapy is mainly used for post-menopausal symptoms and the prevention of bone loss. A recent randomized trial of hormone replacement therapy established that it also increases muscle power (Clin Sci 1999; 96: 357–64). Men over 50 had better watch out!

Is hip replacement worth the risk?
Doctors often have to advise elderly patients on the merits of having a hip replacement. They might do well to read a recent review on the subject (Curr Orthop 1999; 12: 229–31). The evidence is that, if the operation is successful, 95% of individuals should be pain free for at least 15 years. There is a post-operative mortality of about 1%, which usually follows deep vein
thrombosis in the leg. Local complications are joint infection in 1–2% of cases and dislocation of the prosthesis in 2%. It would appear that a hip prosthesis performs better and lasts longer than a new car.

**Obesity and osteoarthritis in women**

Anecdotal evidence of an association between obesity and osteoarthritis has been confirmed by several epidemiological studies. One of these established that in women aged 20–89 years, the odds ratios for those with excess weight and osteoarthritis of the hands, hips or knees ranged between 3.0 and 10.5. There was a similar relationship for body mass index and joint disease (Epidemiology 1999; 10: 161–6).

**Is an increased risk of fractures inherited?**

Genetic abnormalities play an important part in the pathogenesis of some diseases in old age. An assessment of 185 women aged 54.3 (standard deviation 4.6) years for bone mineral density and the presence of type 1 collagen α1 (Col1A1) genotype (Arthritis Rheum 1999; 42:285–90) indicated that COL1A1 polymorphism was associated with a low bone mineral density and increased risk of fractures. The full clinical implications have not been evaluated, but it may be that genetic evaluation will eventually enable clinicians to identify and treat women at high risk of fractures.

**Crohn’s disease in older patients**

Although Crohn’s disease has its major impact on young and middle-aged patients, it also occurs in older individuals. A review of 156 patients over 55 revealed that the main differences between Crohn’s disease in them and in younger patients was that they were more likely to have colonic disease and less likely to have an ileocaecal resection, and had a higher risk of cardio-pulmonary complications during surgery. Despite these problems, older and younger patients had a similar mortality and risk of anastomotic leaks (Aust N Z J Med 1999; 3: 199–204).

**Things ain’t what they used to be**

It is a common misconception that there has been a steady improvement in the nutritional status of individuals over the last 10,000 years. Hunter-gatherers of the mesolithic period ate a rich diet of fish, deer and boar, and a wide range of vitamin C-rich fruit and vegetables which they collected during their journeys. They only ran into trouble when they decided to settle down. Their sheep and cattle had much more fat than game, so atherosclerosis became much more of a problem. As cultivation of grain was a pretty uncertain business, deficiency of many vitamins became increasingly common. Finally, as they were less mobile than their ancestors, and grain reduced calcium absorption, women tended to develop osteoporosis. Before we sell our houses and live in tents, however, we should recognize that diet is not everything. Our mean life expectancy is around 70 years, whereas that of ancient hunter-gatherers was nearer 25 (N Engl J Med 1985; 312: 285–9).

**Does a blackcurrant a day keep the doctor away?**

One approach to the adverse effects of poor nutrition on immune function is to give elderly people blackcurrant seed oil, a substance with high levels of γ-lanolenic and α-lanolenic acids (Am J Clin Nutr 1999; 70: 536–43). These suppress the production of prostaglandin E2, a substance found in increased concentrations in old age which suppresses immune function. In a double-blind trial blackcurrant seed oil increased cutaneous delayed type sensitivity but had no effect on in vitro tests of immunity. The results, therefore, are equivocal. If progress is to be made in this field we need to organize large-scale trials.

**He hasn’t got long to go!**

Some old men enjoy going to funerals to chat to friends and indulge in prognostication, in which they assess the opposition. They may comment “He’s not got long to go”, or ‘He’ll not last the winter’. Clinicians have begun to adopt the same approach. In a study of men and women over 75, risk factors for functional decline were evaluated (Am J Epidemiol 1999; 150: 501–10). Functional decline was inversely proportional to the number of days of regular activity and the number of hot meals per day. Factors associated with improvement were weight loss, living alone and a declining disability score. Work in this area may improve our ability to target patients in need.

**Will obesity spoil your retirement?**

Health promotion can do much to improve quality of life in old age. A group has looked at data from major epidemiological studies to establish whether a 10% weight loss between the ages of 35 and 64 years would have any long-term benefits (Am J Publ Health 1999; 89: 1536–42). Not only would this have reduced the number of years with hypertension, it would also have reduced the incidences of coronary heart disease from 12 to 1 per 1000 and of stroke from 38 to 13 per 1000. It was also associated with an increase in life expectancy of 2–7 months. Perhaps we could start by reducing the amount of food and drink at British Geriatrics Society dinners!

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**DIOGENES**