Editor’s view

The improvement in medical management and resulting survival of young people with severe disability or potentially life-threatening illness provides new challenges for geriatric medicine. This issue includes review articles on human immunodeficiency virus (HIV) infection in older people and the psychosocial issues of ageing with cerebral palsy. The first of these papers highlights that the incidence and prevalence of HIV infection in older people is increasing (pp. 289–294). In the USA, 15% of new HIV diagnoses and 24% of the population with HIV is made up of people aged ≥50 years, with the prevalence in this age group increasing by 8% in just 4 years. In their own cohort of 660 people with HIV in Sheffield, the authors report that 3% were above the age of 60 years. The increasing prevalence of HIV in older people reflects in part the introduction of highly active anti-retroviral therapy (HAART). The authors also point out that older people may be at risk of HIV infection because of high risk sexual activity, vaginal atrophy in women and lack of awareness of the risk of HIV. Clinicians dealing with older people need to be more aware of the potential diagnosis of HIV infection, as early treatment improves prognosis. Although HAART improves survival, it is associated with an increased risk of side effects, such as cardiovascular disease and osteoporosis.

A number of studies have examined the medical aspects of ageing in adults with cerebral palsy, including health, fatigue, musculoskeletal pain, immobility and functional decline. Although the psychosocial aspects of advancing age in cerebral palsy have been relatively neglected, a review article has examined studies that have addressed the need for social support, morale, health attitudes and employment (pp. 294–299). These studies suggest that psychosocial issues associated with ageing in adults with cerebral palsy include the need for social support, self-acceptance and acceptance by others. The authors highlight the decrease in employment rates between the fifth and seventh decade of life, which is more marked in those with disabilities. They suggest that modification of the workplace may be needed to enable continued employment of adults with cerebral palsy. They conclude that people with cerebral palsy need greater knowledge and understanding to enable them to make appropriate decisions about their health. Healthcare and social service providers who care for adults with cerebral palsy should also be more aware of how psychosocial health can be preserved during the ageing process.

Although benzodiazepines are commonly used in older people, they are an important risk factor for falls and fractures. As long-term use may also lead to increased tolerance and dependency, it is recommended that benzodiazepines should only be used for short periods of time in the management of severe anxiety or insomnia. It is also advocated that withdrawal of a benzodiazepine should be gradual, as abrupt discontinuation may cause serious problems such as confusion or psychosis. A research paper reports the results of a randomised controlled trial of patient education on the withdrawal of benzodiazepines and related drugs that increase the risk of falls (pp. 313–319). The authors recruited 591 older people living in the community who were randomised to the intervention or control group. The patients in the intervention group attended an interview with a geriatrician, where their medication was reviewed, and were provided with verbal and written advice about the gradual withdrawal of benzodiazepines and other drugs that increase the risk of falls. They also subsequently attended a lecture about the adverse effects of these drugs. The patients in the control group attended a counselling session about general measures to prevent falls, but no advice was provided about change in medication. The authors report a 35% reduction in the regular use of benzodiazepines and related drugs 1 year after the intervention, with an increase of 4% in the control group. No change was found in the use of other psychotropic drugs in the intervention group. The authors acknowledge the limitations of their study in the discussion, including the fact that this was part of a multifactorial falls prevention package, which may have attracted more motivated participants. The patients in the intervention group were also able to attend exercise and other group activities, which may have made drug withdrawal easier. Nevertheless, although this may be a limitation in study design, it highlights that psychosocial support may help patients follow medical advice about benzodiazepine withdrawal.

In a commentary in this journal 2 years ago, David Oliver highlighted the limitations of falls risk prediction tools for hospital in-patients (Age Ageing 2008; 37: 248–250). The current issue contains a research paper evaluating the Functional Independence Measure (FIM®) in the prediction of falls in older hospital in-patients (pp. 326–331). The authors show that there was a statistically significant relationship between FIM® score and the risk of falls, but the sensitivity, specificity, and positive and negative predictive values were insufficient to enable the tool to be used in falls prediction. Although the results of this study are disappointing, I am reminded of David Oliver’s final conclusion that ‘If we look after all older people in hospital better, it is likely that they will fall less’.

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