Editor's view

The close interaction between health care of older people with social care has long been recognised. A holistic approach that includes the consideration of social support is a key component of good geriatric medical care. This is particularly important for older people with complex care needs and multiple long-term conditions, a subject well addressed in the England and Wales National Institute for Health and Care Excellence (NICE) Guideline 22. Establishing effective systems of integrated health and social care is a major challenge for purchasers and providers. The hope is that this will allow for more effective use of scarce resources.

In this context, the systematic review by Spiers et al. on social care supply and health care utilisation is very welcome. They identified 12 relevant studies, mostly from the UK. Greater spend on social care (including availability of care home places) was associated with reduced spend in health care, with shorter length of hospital stay and decrease in readmissions. So there is an obvious balancing act when allocating resources to health and social care, strengthening the argument for close coordination. These data also reinforce the need for available care home places to allow effective running of health care services—a major issue when in many societies the reality is that the number of care home beds is falling.

In addition to the above, this issue of Age and Ageing contains a wide range of informative articles, including:

Hepatitis B and C in older adults

In a new horizons article, Dillon et al. give a state of the art overview of Hepatitis B and C virus in older people. These pathogens are important causes of morbidity and mortality in later life, causing cirrhosis, hepatocellular carcinoma and death. This is a rapidly evolving area of contemporary medicine, with new approaches to treatment that can have a major beneficial impact. Drug categories include the nucleoside analogues which suppress hepatitis B virus replication and reduce the risks of progressive liver disease. The protease inhibitors offer the promise of cure of hepatitis C. However, the decision whom to treat is a complex business. The authors emphasise that the use of these agents in older patients requires a holistic approach considering major co-morbidities and likely life expectancy, as well as careful consideration of possible drug interactions.

Prevalence of malnutrition in older adults around the world

Malnutrition in later life is a major international problem. Marshall et al. have performed a systematic review collating published data on the worldwide prevalence of malnutrition in older people. The prevalence ranges from <1% in parts of Northern Europe, up to one-quarter of the over-65s in regions of south-east Asia. Malnutrition has doubled the rates in rural versus urban areas and is more common in older women than men. While some regions of the world were under-represented (including Africa and Eastern Europe), it is obvious that there are major geographical variations in the prevalence of malnutrition in later life. What is new from this paper is the quantification of these variations, which provide a stark reminder of the challenges of improving the health well-being of older people around the world.

Decision support tools in care of patients with advanced dementia

Decisions on use (or with-holding) of antibiotics and artificial hydration in patients with advanced dementia can be difficult. Loizeau et al. report a randomised controlled trial of a decision aid to guide their use. The aid was trialled in a mixed group of physicians, relatives and professional guardians. The intervention comprised a brochure (containing what authors call ‘fact boxes’), which provided simple information on the pros and cons of antibiotics and artificial hydration in advanced dementia. Vignette cases were used to explore decision making. The intervention reduced perceived uncertainty (decisional conflict) and increased knowledge. Those receiving the fact boxes were more likely to forego antibiotics; however there was no impact on the wish to use artificial hydration, although this was not a popular choice even before the intervention. It should be noted that large numbers of potential participants were approached to obtain the final study cohort, and those that participated might have different views and skills from those that refused. However, this approach clearly has potential to inform difficult decisions on care of those with advanced dementia.

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