Abstracts

Medicine in Society — John Wattis

D. W. O'Connor, P. A. Pollitt, J. B. Hyde, C. P. B. Brook, B. B. Reiss and M. Roth, Do general practitioners miss dementia in elderly patients? *British Medical Journal*, **297** (1988), 1107–1110.

This paper is concerned with the awareness of general practitioners of dementing patients in their charge. The names of all 3,889 patients aged 75 years and over were taken from the age–sex registers of six group practices in Cambridge. Patients were asked through their doctors to take part in a screening interview which included the Mini-mental State Examination (MMSE), and 2,616 agreed. Those scoring below 24 (out of 30) and a one-in-three sample of those scoring 24–25 were assessed by a psychiatrist using a standardised interview schedule (CAMDEX). Dementia was diagnosed according to strict criteria. Independently of these assessments, doctors and community nurses were asked to identify patients from their lists whom they considered definitely, possibly or definitely not demented. Patients with an operational diagnosis of minimal dementia and those in long-stay hospital facilities were excluded.

Of the 657 patients identified for further study on the basis of the MMSE, 532 (81%) were assessed by the research psychiatrist. After various exclusions, data on 444 patients were available for analysis, 208 of whom satisfied the CAMDEX criteria for dementia. General practitioners identified as possibly or definitely demented half of the patients with mild dementia, 61% of those with moderate dementia and 78% of those with severe dementia. Not surprisingly, they more commonly recognised dementia in the patients they had seen most often in the preceding year. Community nurses correctly identified two-thirds of their mildly demented and virtually all of their moderately and severely demented patients. Whereas general practitioners rated only 23% of patients without CAMDEX dementia as possibly (17%) or definitely (5%) demented, the nurses had a higher false-positive rate (46% overall, 32% possibly and 14% definitely). The authors comment that their methodology probably results in an underestimate of doctors' and nurses' diagnostic accuracy.

They comment that early diagnosis could be facilitated by the general practitioner (GP) applying brief cognitive tests, and that this is important in the successful treatment of the small proportion of cases due to reversible causes. Surprisingly, they do not comment on the powerful argument that nurses in screening implicitly have a high awareness of dementia in their patients or on the correlation between GPs' knowledge of their patients' condition and frequency of consultation. They do not make the obvious comment that their sample of GPs may be atypical in having age–sex registers and an interest in research.

The Royal College of Physicians of London and the Royal College of Psychiatrists, *Care of Elderly People with Mental Illness: Specialist Services and Medical Training*, The Royal Colleges, London, 1989.

This important report is the result of a joint working party of the two Royal Colleges. Its appearance was overshadowed by the publication of the Government's White Paper on the Health Service, but *The Guardian* was quick to point out in its leader columns (24 February 1989) that the government's 'health market' philosophy was in conflict with the way in which the Colleges recommended old-age psychiatry should develop. The joint report has five chapters, dealing with the general background, recent developments in psychiatric services for old people, the pattern of district services for old people, education and training, and a mention of further research commissioned by the working party. This is a detailed study of ten varied services by Alison Norman.

The report concludes with fourteen recommendations. The first of these is concerned with the need for speciality status, now accepted by the Royal College of Psychiatrists and the Department of Health. The next five recommendations concern the pattern of services to be established. These should be district-based and adequately resourced, and should involve close collaboration with geriatric physicians and support for staff providing domiciliary and residential care. All this implies services working at a local level, to a defined catchment area. It is a Co-operative rather than a Competitive philosophy, and this cannot easily be reconciled with the White Paper. The remaining recommendations concern education and training, including the need for some cross-training between the psychiatry and medicine of old age. This report deserves far more attention than it has received. It is fortuitous that its recommendations are so hard to reconcile with the

White Paper, and this is a marker for the struggle that lies ahead to preserve and develop successful patterns of service against the reforms of the White Paper.

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Demography — Paul Plant

Jane Falkingham, Dependency and ageing in Britain: a re-examination of the evidence, *Journal of Social Policy*, **18**, 2 (1989), 211–233.

There has been growing concern amongst policy makers as to the consequences for public expenditure of the ageing of the British population. Falkingham addresses this concern by looking at the use of indicators of economic dependency by those arguing for the need to reduce the cost of state pension provision in Britain. Her major contribution to the debate is in disentangling whether it was economic or population change that was most influential in determining the overall level of dependency between 1951 and 1981.

The first part of the paper deals with the changing age composition of the British population. Changes in fertility over time are the main determinant of the age structure in populations with low mortality rates, although improvements in mortality at older ages can contribute significantly to the ageing of the elderly population itself. This is illustrated by the use of British data which show the ageing of the population since the turn of the century. During this time the size of the elderly population has risen both relatively – from around 6% of the population in 1900 to 18% this decade, and absolutely – from 2.2 m in 1901 to 9.7 m in 1981. Britain is also shown to be currently experiencing an ageing of the elderly population itself, with a decrease in the number of young-elderly (60/65–70), combined with an increase in the old-elderly (75 years plus). The proportion of old-elderly is expected to increase until 2030.

The concept of dependency refers to the supposed burden that those not in employment exert on the rest of the economy. An indication of this burden is usually shown by the calculation of dependency ratios. If derived by simply adding the number of people aged 0–19 years and 60/65 years plus and then dividing this by the number of people aged 20–59/64 years, an increase in the proportion of elderly dependent is simply the direct consequence of the population ageing. Gerontic