Epidemiology and Community Medicine

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Clarke, M. G., Williams, A. G. and Jones, P. A., A psychogeriatric survey of old people's homes, *British Medical Journal*, 283, 1981, 1307–10.

An increasing number of articles have described the medical and social characteristics of residents in old people's homes. This article is the first of three which have appeared in the journals in recent months.

The objectives of this study were first to screen the residents of six homes for cognitive and behavioural disturbances; and second to examine their management and seek to identify ways of improving this and the psychogeriatric support provided to the homes. Data were collected concerning 289 residents using the information-orientation test of the Clifton assessment schedule[1] and a shortened version of the Stockton Geriatric Rating Scale.[2] The medication taken by residents was noted. These data provided a broad profile of the residents of the homes studied. In addition the research team collected other data for a sub-group of residents identified as having dementia.

The authors found that about half the residents in the six homes were probably demented, that just over half required considerable help in daily living and that about three-quarters were taking prescribed medication. There was wide variation between homes in the proportions of residents requiring help with daily living and taking prescribed medication. The follow up of the sub-group of demented patients showed that few had remediable psychiatric disorders or were experiencing psychotoxic drug effects.

From these and other findings the authors suggest a number of changes in the management of residents in old people's homes. First they suggest that the residents require medical supervision because of the high proportion taking prescribed medication. Second they suggest that care staff and particularly matrons should hold nursing qualifications because 'Staff lacking nursing qualifications are likely to lack the confidence or expertise to draw attention to the need for psychotropic medication in some residents or to the possibility of psychotoxic reaction in others'. (p. 1309.) Third they argue that there is a need for external professionals to provide advice, help, and training for staff in old people's homes.

COMMENT

Like so many potentially useful articles published in the medical weekly press this article suffers for lack of space. As a result many important

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features of the methods of measurement and data collection methods are not clearly described. Only people familiar with the application of the Clifton Assessment Procedures and the shortened version of the Stockton Geriatric Rating Scale will be able to interpret much of the summary data presented. There is no discussion, however brief, of the limitations of the measures used. Lacking this first hand knowledge or at least some information about their use it is difficult to relate the findings of the study to some of the suggestions outlined above. These data do not necessarily imply a change to more expensive forms of care. They do perhaps suggest a need for proper evaluation of the current management practices in old people's homes.

NOTES

1 Pattie, A. H. and Gilleard, C. J., *Manual of the Clifton Assessment Procedures for the elderly*, Hodder and Stoughton, Sevenoaks, 1979.
2 Gilleard, C. J., Pattie, A. H., Stockton Geriatric Rating Scale: a shortened version with British normative data, *British Journal of Psychiatry*, 131, 1977, 90–4.

Twining, T. C. and Allen, D. G., Disability factors among residents of old people's homes, *Journal of Epidemiology and Community Health*, 35, 1981, 205–7.

This article also describes the use of the shortened version of the Stockton Geriatric Rating Scale to assess disability factors among residents of old people's homes. It deals with some of the limitations of the measure.

The study examined levels of disability among 903 residents in twenty-seven local authority homes in South Glamorgan. Ratings were made by the caring staff. In an attempt to validate the four sub-scales suggested by the authors of the published scale these data were subjected to principal components analysis with iteration rotated to a 'varimax' solution on two separate random sub-samples. The four sub-scales were labelled physical disability, apathy, communications failure, and socially irritating behaviour.

The factor analysis reported in this article fails to support the dimensions of disability suggested in the published scale. A factor corresponding to the apathy scale failed to appear; its items were distributed among the other factors. A factor corresponding to the physical disability scale did

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appear. A second factor labelled as 'mental impairment' included headings on confusion, disordered appearance, language difficulties and general social problems. A third factor was identified but received low eigenvalues. It was composed of items relating to objectionable behaviour and most closely resembles the socially irritating behaviour scale of the original analysis.

In conclusion the authors stress the importance of developing measurement methods on the subject population. They argue that the data reported in this article give no information about different dimensions of disability in other populations. The authors emphasize the importance of not assuming transferable factorial structure.

COMMENT

I do not claim to understand the intricies of factor analysis and therefore include this article in my selection with some hesitation. In a short precise article it illustrates the fallacy of using measuring instruments without describing their limitations to the readers so that they might assess authors' interpretations of results.

Ovenstone, I. M. K., and Bean, P. T., A Medical Social Assessment of Admissions to Old People's Homes in Nottingham, *British Journal of Psychiatry*, 139, 1981, 226–9.

This study was undertaken by the authors in response to a leading article in the *British Medical Journal* which suggested that a substantial number of elderly residents are likely to benefit from hospital treatment.[1] The purpose of the study was to investigate this suggestion by surveying residents admitted consecutively to local authority residential care in Nottingham. The article reports data about the nature and extent of the disabilities of residents, the nature of general practitioner support before and after admission, the staffing structure in residential homes, the nature and extent of social service provision prior to admission, and the extent to which residents were perceived to be inappropriately placed. This is the famous notion of 'misplacement'.

Data were collected relating to 272 residents admitted in the year ending 31 January 1978. It included a full physical examination, a full psychiatric assessment and a behavioural assessment. Residents were also interviewed where possible to determine their social arrangements prior to

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admission. Supplementary data were also collected from general practitioners, the matrons of the homes and from out-patient and in-patient records.

The authors report that a high level of medical and psychiatric pathology was discovered. They estimate that half the residents surveyed had dementia, while only a quarter were not mentally ill. Behavioural assessment suggested that only eighteen per cent were independent, seventy-seven per cent were moderately disabled and six per cent severely disabled. In the opinion of the authors few of the staff in the homes were sufficiently qualified to deal with the medical and psychiatric conditions of the residents. They appear critical of general practitioner examination of residents because only one-third of the population had been examined by a GP in the month following admission. The authors also suggest that social service provision to residents admitted from the community was uneven and often inappropriate to the clients' needs. In conclusion they judge that only just over half were appropriately placed and a further third should have been in the care of the hospital services.

COMMENT

I found this article most remarkable. At first glance it looks quite good. It appeared that the objective of the study was to describe the characteristics of the residents in old people's homes in Nottingham and to relate these to the current concept of residential care. The study used reliable methods of assessing residents and cannot be faulted on standard methodological criteria. However on closer reading I decided that this article really was not that good. In the first place its style deviated markedly from the normal rigorous epidemiological paper, which would commonly consist of an introduction including a literature review, a section containing a description of the methods used, a section detailing results and a discussion of these results in relation to previous research. This article does have this kind of structure and throughout the authors' opinions impose upon the data. For example: 'Contact with the general practitioner prior to admission was relatively high: approximately half had consulted at least once in the previous six months, and about one-third on at least five occasions. Half had seen their general practitioner within the previous month. Bearing in mind the high level of discovered medical conditions among the community group [residents admitted from the community], these findings are somewhat surprising. Nor did the situation change once the residents had been admitted to Homes. Only a third of the population had been examined by a doctor in the month following admission, a similar number had been seen but not examined, and the remainder had not seen

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a doctor at all. The staff of the homes must bear some responsibility for this, but so too must the general practitioners, for many of the residents continued to be looked after by their own general practitioner.' (p. 228.)

However, my major criticism of the paper concerns the blaming of care groups – nursing home staff and general practitioners – without full consideration of evidence. From the GP's point of view it might be that there are insufficient hospital beds to take elderly residents with medical and psychiatric conditions. It might be justifiably argued that these residents do not require specialized medical treatment since, without wanting to write off the very old, specialized hospital services probably have little influence on the course of most medical and psychiatric conditions in people aged over eighty. It might be argued that what the very old want is a place where they can live their last years with dignity. I might hypothesize, and not arrogantly assert, that residential homes rather than hospitals, although far from ideal, are a most appropriate institution for such an objective. Data for this alternative explanation are not available from this study and we can only speculate. At the same time no data is presented in this article to suggest that general practitioners or nursing home staff were at fault, yet they are 'convicted' by the authors.

If, as I have suggested, the structure of this paper is unsound and the tone, in some places, insulting, why has a journal usually renowned for its scientific and objective refereeing of articles published it? I think the answer could be that the authors have made some important recommendations. First it makes sense that care staff in residential homes should receive nursing training of some kind in the same way as more trained nurses ought to be employed in long stay geriatric and psychogeriatric hospital wards. Second, like Brocklehurst and his colleagues[2] Ovenstone and Bean, recognize that potential residents to residential homes should be adequately screened before admission. For this purpose they suggest the setting up of assessment homes jointly funded by the health service and the local authority. The authors report that such a home has recently been introduced in Nottingham on an experimental basis. I hope that this will be properly evaluated and not subjected to a personal subjective evaluation by the present authors.

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1 British Medical Journal, Planning for the old and very old, *British Medical Journal*, ii, 1979, 952.
2 Brocklehurst, J. C., Carty, M. H., Leeming, J. T. and Robinson, J. M., Medical screening of old people accepted for residential care, *Lancet*, ii, 1978, 141–3.

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