

Sir: I was aghast to discover my wife's impertinent letter in your excellent and informative correspondence column. (*Psychiatric Bulletin*, March 1994, **18**, 175). I regret to say that the letter was sent without my prior knowledge or indeed my consent. I have now rebuked her and have sternly forbidden further illicit self-indulgences of that nature. Kindly regard the correspondence as now closed and please accept my apologies for any inconvenience incurred.

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### Day care in old age psychiatry

Sir: I write to join the debate between Dr Ball (*Psychiatric Bulletin*, 1993; **17**, 427–428) and Drs Bergmann & Levy (*Psychiatric Bulletin*, January 1994, **18**, 53–54).

Sadly, Dr Ball is correct in his assertions; that the various models of service delivery have not been tested with each other or even against their own aspirations. Perhaps we may learn from our geriatric colleagues.

Geriatric day hospitals have been assessed for efficiency and effectiveness (Zeeli & Isaacs, 1988) when it was found that; only one third of medically specified objectives were attained; only one third of patients felt that they had improved, and only one third of carers had experienced any relief from strain.

More worrying is Eagle *et al.*'s (1987) review of the four randomised control studies undertaken of geriatric day care. In only one of these studies was any credible improvement shown in either physical or emotional function in the day hospital group. Moreover, in all studies substantially greater costs were incurred by the day hospital group compared with other forms of therapy, mainly augmented community care.

These findings should come as no surprise to Dr Bergmann as his own research (Bergmann *et al.*, 1978) showed that elderly demented living on their own failed to survive in the community however intensive the community support provided, including intensive day hospital attendance.

The effectiveness and efficiency of psychogeriatric day hospitals remains in question. What is worrisome about his correspondence is the implicit criticism by Drs Bergmann & Levy that Dr Ball should not raise the question. Perhaps it is well that Dr Ball reminds us of the need for this work to be undertaken. The same question will be asked by health economists, purchasers and rival providers in other settings, such as the negotiation of future contracts. We may then find that other providers, such as the voluntary and private sectors, are able to provide answers we cannot.

BERGMANN, K., FOSTER, E.M., JUSTICE, A.W. & MATTHEWS, V. (1978). Management of the demented elderly in the community. *British Journal of Psychiatry*, **132**, 441–449.

EAGLE, D.A., GUYATT, G., PATTERSON, C. & TURPIE, I. (1987). Day hospitals' cost and effectiveness. A summary. *Gerontologist*, **27**, 735–740.

ZEELI, D. & ISAACS, B. (1988). The efficiency and effectiveness of geriatric day hospitals. *Postgraduate Medical Journal*, **64**, 683–686.

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Sir: When a debate goes on simultaneously in two journals it is difficult for those not central to it to follow the arguments. If Dr Philpott consults the survey of day hospital provision for elderly mentally ill directed by one of us (Beats *et al.*, 1993) and quoted in our letter, he will read: "Day hospitals for the elderly mentally ill seem to have grown despite the paucity of research evidence of their efficacy . . . work is urgently needed while diametrically opposed views about the need for NHS day hospitals are held by influential clinicians in the field". This may reassure him that far from implicitly or explicitly criticising anyone for raising these questions, we have done so ourselves. What we are saying is that until hard evidence about old age *psychiatry* day hospitals becomes available (geriatric care is quite different) it would be unwise to adopt entrenched positions or to dismantle services painfully and empirically built up over many years. Indeed, the results of the temporary closure of an old age psychiatry day hospital are described by Dr C. Ball (Rolleston & Ball, 1994) in a more recent issue of the above quoted journal as follows: "Decline in the wellbeing of carers and attenders was seen with a regression to preclosure levels. The results suggest the importance of day hospitals to the patients and their carers". Could this be the same Dr Ball who has been writing to the *Bulletin*? (Ball, 1993).

Perhaps Dr Philpott could use his considerable organisational abilities to determine whether we are dealing with an unusual form of Capgras syndrome with each member of a double Dr Ball arguing a different case while we try to obtain funds to carry out a systematic and comparative study of various forms of care in old age psychiatry.

The citation of Bergmann *et al.* (1978) to cast doubts on psychogeriatric day care is not apposite. The paper only dealt with demented patients and the only outcome measures were survival in the community and mortality. An appropriate enquiry should include functional psychogeriatric disorders and employ a wider range of criteria.

While we have never disagreed with the need for better health service evaluation of day hospitals, community teams, in-patient units and