

Correspondence

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The Editor, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG

PSYCHOGERIATRIC SERVICES FOR THE ELDERLY

DEAR SIR,

As a psychogeriatrician and a participant in the Conference on the Future of the Psychiatry of Old Age reported in your May 1978 issue (132, 514), I appreciated the largely sympathetic tone of your report; I did not feel, however, that it really did justice to the case for specialization in this field. Although this was underlined by the catalogue of needs and activities described in the morning papers, the afternoon session comprised a debate on the question of specialization. This case was put fully and fluently by Dr Klaus Bergmann, who received only passing mention in your account. This has, I know, caused concern to a number of people working in the old age field, who recognize the huge gap that exists between the sophisticated specialized service and teaching of a centre like Newcastle (and of many other 'specialized' psychiatric services for the elderly) and what passes for a service in most districts where there is no psychogeriatrician.

As an admittedly biased observer, I did not feel that Dr Thompson or the contributors from the floor were able to undermine Dr Bergmann's arguments; it would certainly have been easier for psychiatrists at large to judge, had his paper been reported.

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REVIEW OF A GERIATRIC PSYCHIATRY DAY HOSPITAL

DEAR SIR,

Further to the recent paper by Bergmann *et al* (*Journal*, May 1978, 132, 441-9), may we present some of the findings of a five-year review of a geriatric psychiatry day hospital which we feel complement their findings and conclusions. The day hospital consists of two purpose-built units, the first of which was opened in 1972, the second in 1976. Over the five-year period 210 patients diagnosed as organic

and 80 diagnosed as functional were admitted for day care. Within the five-year period the percentage of admissions diagnosed as organic steadily increased from 46 per cent in the first year to 90 per cent in the fifth year. Organic patients therefore currently comprise the great majority of attenders, 65 per cent of whom are over 75 years of age.

Of the organic patients 63 per cent were discharged within six months and only 6 per cent attended for more than two years. However, a comparison of the number of patients discharged in the second half of 1975, when only one unit was open, with the second half of 1977 when both units were open, showed that despite the doubling of available places the number of patients discharged remained substantially the same. The reason for this was that although the day hospital's capacity had doubled the main outlet, namely the number of long-stay geriatric psychiatry beds in the hospital remained the same. The table shows that the majority of organic patients were admitted from home, that the main precipitating factor was the inability of the family to cope and that they were discharged to a long-stay ward within the hospital because they had deteriorated during their short period of attendance.

Contrary to early and some current views, this day hospital's role has not been that of 'a key to discharge for many patients and avoidance of hospital admission in many more' (*Report on the Psychiatrist's Contribution to the Care of the Elderly*, issued by the Royal College of Psychiatrists—Scottish Division, 1977). Rather, with the increase in the number of demented patients in the over-75 age group and the shortage of beds and other supportive facilities, its role was to offer short-term support to maintain patients in the community and relieve stress on relatives until such time as beds became available in the long-stay wards. Latterly, with the increase in the number of day places available, this role has become extended because of the shortage of such beds. If this is a general finding, and if the maintenance of the demented patient in the community is thought to be a desirable policy, then day hospitals will not only have to be increased in number but they will also have to