Epidemiology and Community Medicine

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There are both costs and benefits of being an abstractor for *Ageing and Society*. On the one hand are the rewards which result from the discipline of having to scan, if not read, the relevant journals to one's basic discipline and areas of interest. This obligation has been most useful in the way it has broadened my knowledge over the last year. On the other hand it can be a frustrating task when suitable material is unavailable. The frustration level has risen in the last six months because I have found few articles under the heading of epidemiology and community medicine worth reviewing. I have therefore taken this opportunity to review two reports appearing in the medical journals concerning psychiatric morbidity in the community. The first of these is more general and includes all age groups, the second is specific and is concerned with dementia.

Royal College of General Practitioners, *Prevention of Psychiatric Disorders in General Practice. Report of a sub-committee of the Royal College of General Practitioners' Working Party on Prevention*. Report from General Practice 20. Royal College of General Practitioners, London, 1981.

This report is concerned with the management of 'psychological problems' in general practice attenders of all ages and, as its title suggests, it emphasizes prevention. The report is divided into six chapters.

Chapter 1 describes a framework for prevention in 'psychosocial transitions'[1] focusing on such life changes as pregnancy, childbirth, early parenthood, the loss of a close relative, the occurrence of a serious physical illness in a close relative, and retirement. Preventive action at the time of life changes is considered under four headings: anticipatory guidance before the event, supportive intervention during and after the event, early treatment if pathological reactions appear and appropriate referral when indicated.

Chapter 2 considers the application of a preventive approach to child rearing and child care, which gives special attention to ensuring continuity in parental care and to children's individual characteristics.

In chapter 3 the report looks at disorders of adult life and argues that: 'Many depressive states might be prevented if earlier attention were given to the possibility that physical symptoms are a sign of reaction to stressful life circumstances, and if there was more reluctance to use psychotrophic agents before establishing the possible psychological meanings of the

symptoms.' (p. 1) The report recommends that more action should be taken to prevent parasuicide by 'controlled prescribing of drugs to those at risk and arranging availability of access to help when a crisis occurs'. (p. 1) As far as drinking problems are concerned three approaches are emphasized: early identification of individuals at risk, recognition of early signs of problem drinking and improved record keeping. In discussing senile dementia the report once again emphasizes the controlled use of psychotropic drugs.

Chapter 4 is concerned with the organization of general practice. The authors argue that a fresh examination of the purpose of the consultation is required and an examination of the way time is used. They emphasize the need for wider consultation with specialist professionals – psychiatrists, social workers and psychologists and greater utilization of the skills of other members of the primary care team.

Chapter 5 discusses in general terms the educational implications of the recommendations put forward in the report and chapter 6 outlines a number of research priorities.

COMMENT

It was refreshing to read a report sponsored by the medical profession which emphasized the social and environmental aspects of psychiatric illness. This, no doubt, reflects the membership of the working party which included both George Brown and Colin Murray Parkes whose pioneering work on the social and psycho-social influences on the prevalence and management of psychiatric illness[2] is widely acclaimed by many members of the medical profession. However, I was disappointed to note that little was said by them about psychiatric illness in the elderly, excepting a small section in chapter 3 about senile dementia. Of course, much of what the report recommends in relation to psychiatric disorders of adult life is of great value in dealing with the elderly. But since it has recently been estimated that up to a third of people aged sixty-five or over will be experiencing some form of psychiatric illness[3] more emphasis on the elderly in this report would have been applauded.

NOTES

1 Parkes, C. M., 'Psychosocial transitions: a field for study', *Social Science and Medicine*, 5, 1971, 101–15.

2 Brown, G. W. and Harris, T. O., *The Social Origins of Depression*, Tavistock, London, 1978; Parkes, C. M., *op. cit.*

3 Bond, J. and Carstairs, V., *Services for the elderly: a survey of the characteristics and needs of a population of 5000 old people.* Scottish Health Service Study. Scottish Home and Health Department, Edinburgh. In Press.

A Report of the Royal College of Physicians by the College Committee on Geriatrics. 'Organic Mental Impairment in the Elderly: Implications for Research, Education and the Provision of Services. *Journal of the Royal College of Physicians of London*, 15, 1981, 141–67.

This report consists of three main sections. The first describes the disease processes, pathology, assessment and therapy of organic mental impairment. The second section considers the provision of health care for organically impaired elderly people and the third section discusses the educational aspects.

At the beginning of this report the following definition appears: 'Dementia is the global impairment of higher cortical function including memory, the capacity to solve the problems of day-to-day living, the performance of learned perceptuomotor skills, the correct use of social skills and control of emotional reactions, in the absence of gross clouding of consciousness. The condition is often irreversible and progressive, (p. 142) This operational definition was used in order to overcome a number of nosological problems which are described.

The report presents prevalence data from a number of cross sectional surveys which suggest that 5–7 per cent of the population over the age of sixty-five have dementia; these data show that prevalence rises from about two per cent for the age group 65–69 to around twenty per cent for those aged eighty or over.

The report emphasizes the need for both clinical diagnostic procedures to distinguish between different categories of dementia and for psychological assessment techniques to differentiate between dementia and other conditions producing changes in mental state, to measure change in demented patients and in order to make decisions in relation to management. At present, the report says, such measurement techniques are not sufficiently reliable or accurate to use with individual patients.

The second section on the provision of health care looks at the present organization and the requirements for a comprehensive psychogeriatric service. At present general practice is the focal point for the mobilization of resources for patients with organic mental impairment but the report argues that its emphasis on patient-initiated services is not best suited for the care of elderly demented patients. A comprehensive psychiatric service

for old people should, it is argued, be able to provide continued care for old people referred to it, wherever they require it.

A comprehensive psychiatric service for the elderly would need at least one consultant psychiatrist in each health district taking responsibility for providing a service for the elderly. Essential to the service, the report argues, it is the establishment of a Psychogeriatric Unit (with approximately 15 beds per 250,000 total population). For successful operation the Unit would require close collaboration between medical staff serving the Unit, nursing care provided by psychiatrically trained nurses and day hospital facilities.

Section three emphasizes the increasing importance of educational activities in preparing the public and health professionals for their roles in meeting the needs of the organically mentally impaired elderly. At present, the report argues, many elderly patients with psychiatric disorders are inappropriately managed. This is due to a lack of knowledge concerning the effective management of such disorders. The report sees a special responsibility for psychiatrists to provide a wider diagnosis, prognosis and treatment service to medical and nursing staff and to social service departments. An important aspect of this service would be the education of health professionals to recognize organic mental impairment and the needs of patients identified. The report concludes that the lack of established posts for teaching inhibits the implementation of both health education programs for the general public and for professional educational programs.

COMMENT

I applauded the multi-disciplinary membership of RCGP working party on the prevention of psychiatric disorders in general practice. In contrast, the working party which prepared this report consisted almost entirely of members of the Royal College of Physicians, with the exception of one general practitioner, four psychiatrists, and the Committee Secretary. The clinical make-up of the committee is reflected in the emphasis on the clinical aspects rather than the management or educational aspects of organic mental impairment. Moreover, insight into this problem from the perspective of the general practitioners, other health professionals and other disciplines was glaringly absent. On the positive side the report does provide a comprehensive review of the results of and needs for basic research. I am only disappointed that the other two areas were not dealt with more fully.

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