Editor's comment

Ageing gracefully

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A recent article in the *British Medical Journal* (*BMJ* 2009; 338: b873) highlights what the author calls the 'medicalisation of health'. Older people in the UK are called by their GPs for an annual check-up – which was introduced some years ago, amid controversy – and is now one of the ways that GPs make up their income. My mother (who lives in Scotland) calls it her MOT after the annual roadworthy test that older cars have to have in the UK!

The author of this article, Michael Oliver, himself an emeritus profes

sor of cardiology, so probably in the age group that are called each year, remarks that most elderly people feel perfectly well – until they have their annual check-up. Many will be told that they have hypertension, high cholesterol, insulin resistance, take too little exercise, drink too much and are obese. The way that the NHS works means that the GPs are given points, with related payments, for each documentation. The elderly person may be sent for investigations and many land up on medication. Having arrived at their doctors feeling well, they return home as a 'patient' – possibly also scared and confused by what they have been told. Oliver suggests that many Western governments regard anyone over the age of 75 as patients – quite a problem with most European countries' ageing populations.

We know that the elderly are often on multiple medications for long-standing chronic conditions. We also know that in terms of health care costs, far more is spent in the final few years of life than in the preceding ones – on medications and interventions. Few of these do anything other than delay the inevitable outcome – we all have to die of something, sometime.

Oliver points out that the actual benefit of treating any risk factor in someone over the age of 75 needs to be very carefully considered. He also points out that few understand the difference between absolute and relative risk. The fact that risk reduction is usually derived from comparison of the treatment in question with no treatment, placebo, or another pill (relative risk) is overlooked. The same treatment may have reduced the absolute risk by only 1% or 2%. This is not taken into account and is particularly relevant in old age, when longevity is limited. And the fact that the numbers necessary to treat in order to reduce either relative or absolute risk may be very high seems not to be widely understood. For example, about 75 mildly hypertensive elderly people may have to be treated to prevent 1 from having a stroke. Therefore, the other 74 will be committed to treatment for life.

There are also side-effects associated with treatment, which are often worse in the elderly. The rigidity of the cardiovascular system that is found in old age means that treating mild hypertension can lead to vertigo, with the added risk of falls. Beta-blockers not only lower blood pressure but they slow mental and physical activity. My 87-year-old father-in-law was put on beta-blockers recently and is struggling with the side-effects, and has also fallen since starting the drugs, fortunately without injury. He was put on them for what I understand to be end-stage cardiac failure, with an aortic root aneurysm. I must admit that I can see little point in adding yet another medication in his case, but it seems to be common practice to simply add according to guidelines without thinking too hard about the individual concerned, and neither his GP nor his cardiologist have considered stopping the drug – although the dose has been reduced. And my father-in-law has spent his life assuming that there is a pill for every ill (well-trained by numerous doctors!), that he is not going to refuse treatment himself.

Then there is another study from the USA that shows that there is no benefit to be derived from the drugs that are commonly used to treat cardiac failure in patients over the age of 80 who have a preserved left ventricular ejection fraction. Just how many more studies taking place in ageing populations are going to find that actually we don't need the massive amounts of medications that many elderly people find they are taking in the last few years of their lives?

My grandmother died at the age of 91, from a massive heart attack. She was well literally until the day she died. My mother found a suitcase under her bed when she was clearing out her room – it contained every drug she had been prescribed in the previous 10 years. Perhaps there is a lesson in this anecdote.

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