

Letters to the Editor

Management of heart disease in the elderly in the Plymouth Health District

Sir—We read with interest the above report by Pycock, King and Marshall (January/February 1995, pages 15–19). We have reviewed the use of non-invasive cardiac investigations in our Hastings population for 1992, and the results are shown in the Table below.

In Hastings and Plymouth the percentage of the total population aged over 65 years is 25% but Hastings has a higher proportion of people aged 75 and over (13.1%) than Plymouth (9.89%). At the Conquest Hospital general medicine and geriatric beds are separate but close together and there is a functional area for cardiology for both groups.

We agree with the authors that plans for more active investigation and intervention in the elderly must be included when future cardiological services are being planned.

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The psychological care of medical patients

Sir—The working party on the psychological care of medical patients has produced an interesting and important report. Some parts of this had been quoted out of context in the press and I was pleased therefore to have the opportunity of reading a more complete account in the *College Journal* (May/June 1995, pages 192–3).

All physicians working in general medical clinics, and I suspect specialists as well, will know how many patients have predominantly psychological problems. I would think that as many as 20% in my practice have no organic disease. They are, if you like, 'worried well'. Until the current national pastime of doctor bashing became so popular, it was possible to tell patients that they had psychological problems. To do so now is to invite a complaint. Even the most experienced physicians are bound to carry out investigations, the results of which they know will be normal, just to satisfy the expectations of the patient. It is a brave physician who on first, or even second, acquaintance tells a patient there is nothing wrong and

that their symptoms are of psychological or psychiatric origin. I have tried to do this tactfully and with few exceptions have been abused as a consequence. I therefore now investigate the patients in order to protect myself and invite the general practitioner to give the 'good news' that there is no organic disease. I doubt if I am alone and as things stand, I cannot think of any way that the situation can be changed in the foreseeable future.

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Mega-trials

Sir—There is much I disagree with in Bruce Charlton's idiosyncratic swipe at randomised clinical trials (March/April 1995, pages 96–100), but I shall concentrate on the concept of control and controls. Charlton says that 'Hypothesis testing requires that all relevant variables are held constant (controlled) during an experiment except for the single variable which is the subject of the test'. He implies that the object of a 'proper' scientific experiment is to 'control' or restrain possible sources of variation or uncertainty to the point where they cease to exist, thus allowing a hypothesis to be tested in a 'pure' form. I would argue that this is an excessively rigid and restrictive misconception, perhaps based on a misunderstanding of the meaning of 'control'. In colloquial English this has the usual meaning of guide or restrain: we control dogs, horses, children, our emotions. In German (and also French, Italian, Dutch) 'zu kontrollieren' (controler, controllare, controllieren) has in addition the quite different meaning of investigate, examine, audit or check. On the Continent we are asked to 'control' our luggage labels, lift passes, lottery tickets. The use of 'control' in the context of controlled trials has this second meaning, and simply means that the study contains a ref-

Table 1. Non-invasive cardiological investigation.

	ECG	24-hour ECG	Exercise test
Hastings			
Per 100,000 population	891	371	352
% in elderly (> 70 years)	42.9	53.5	12.6
Plymouth			
Per 100,000 population	387	210	229
% in elderly (> 70 years)	29.6	38.1	6.7
British Cardiac Society recommendations			
Per 100,000 population			
1987	250	200	300
1991	800	300	400