This study suggests that there is a silent disability endured by the elderly patient who is burdened with both physical and emotional disease. Only one in four cases of clinically significant depression was identified for treatment. I suspect that the identification and rehabilitation of poor functional status is even less frequently undertaken. In clinical practice, one could expect depression and functional impairment to show up as reduced compliance with medical therapies, cognitive decline, poor nutritional status, loss of independence, or unexpected morbidity and mortality. One might also speculate that readmissions within the 90-day postdischarge period would be more likely.

It is very difficult to link the stressors of depression and functional impairment in a predictive model of sufficient strength to mandate that every elderly patient receive comprehensive testing on every hospital admission. Also, numerous studies have documented that the elderly do not unload all of their concerns on their physicians; they are actually victims of their own ageist thinking when it comes to accepting pain symptoms or depression as something to be expected in the later years. Common sense, however, should tell us that we need to look a bit more intensively at the subgroup of patients that we intuitively categorize as frail or worried. As Dunham and Sager imply, prospective treatment of these patients may be able to yield measurable outcome results when the correct variables are studied.

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Call For Papers

The Journal of the American Medical Association is planning to publish a theme issue on cancer in February 1995 and another theme issue on health promotion and disease prevention in April 1995. The Archives of Family Medicine will also consider papers on these topics for its concurrent issues.

The purpose of these theme issues is to expose JAMA’s and the ARCHIVES’ broad readerships to the latest high-quality research and critical thinking in these areas.

Original research contributions, special communications, and review articles dealing with any aspect of the above issues will be considered. All submissions will be subject to JAMA’s or the ARCHIVES’ rigorous review process.

Papers submitted by September 1 will have the best chance for acceptance.