

ELDERLY VOLUNTEERS' OPINIONS AND ATTITUDES TO CLINICAL RESEARCH.**10**

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The recruitment of volunteers is an important task of clinical research programs. The National Survey of Voluntary Activity documented significant volunteer activity in the community (Lynn P. and Davis-Smith J. 1991, Volunteer Centre UK London). However, this survey did not explore the views of elderly volunteers specifically. Because of increasing clinical research into ageing, there is a need to understand more clearly the needs and goals of volunteer's who participate in clinical research. We set out to determine the attitudes and opinions of volunteers from our database of 206 volunteers over 60 years of age. 92 were identified who had participated in studies which were invasive or required drug administration in the past calendar year. These volunteers were sent a postal questionnaire. Amongst the 68 (75%) who returned their questionnaire (28 male) the mean age was 71 years (range 61-83) and 65% owned their accommodation. 25% of volunteers had heard about the research unit by poster/leaflet and 22% by word of mouth (friends/relatives). 63% of volunteers were involved in other volunteer activity, of which 44% were regular contributors, with a mean of 5.7 hrs weekly commitment. 100% of volunteers indicated that they were clearly informed about studies, yet when asked detailed questions, substantial minorities claimed not to have been given fundamental information on matters such as the procedures involved and the option to withdraw. 92% of volunteers felt that they were helping other people by participating and 71% valued the health screen involved. Interestingly, 78% also said scientific interest motivated them. Only 6% were motivated by the offer of payment, which contrasts with younger volunteers where money is the primary motivation for participation (Bigorra J. and Banos JE. 1990 *Eu J Clin Pharm* 38: 443-6). This survey of our volunteer population has highlighted the characteristics of older people who participate in clinical studies. Their primary motivation is altruistic, which differs distinctly from young volunteers.

RESOURCE IMPLICATIONS OF A PILOT SCHEME OF EARLY SUPPORTED DISCHARGE FOR ELDERLY ACUTE ORTHOPAEDIC PATIENTS**11**

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This study examined the resource implications for hospital and community services of a pilot Scheme of Early Supported Discharge (ESD) implemented in 1992 to improve early rehabilitation, discharge planning and follow-up for trauma patients aged 70 and over admitted from home to the RIE Orthopaedic Unit, which now admits around 1800 elderly patients (850 with hip fracture) per year. Length of stay data from the years 1991 and 1993 for four month (Jan-April) samples of hip fracture patients and of patients with other, mainly lesser, injuries were analysed. Uptake of community services (both health and social work) by samples of ESD patients in both these categories was determined. Operative and immediate care being unchanged, their costs were excluded from calculations, savings being estimated on the basis of daily ward and overhead costs (£85 a day in the acute ward and £70 a day in a sample Geriatric Orthopaedic Rehabilitation Unit (GORU)). Mean total length of stay (acute and GORU) for hip fracture patients fell from 37 to 33.4 days, and for "other" patients from 28

to 15 days between 1991 and 1993. Controlling for inflation over this period, and allowing for running costs of the pilot scheme (£60,000 per year), hospital savings achieved amounted to around £530,000.

Community costs were modest. In a sample of 100 hip fracture patients, generally the heaviest users, mean costs of services in the early stages at home came to around £51 per week or £7.30 per day. "Other" patients used services averaging £29 per week or £4.15 per day.

The Scheme of Early Supported Discharge appears to have achieved considerable hospital savings without transferring intolerable costs to the community services. Similar schemes might achieve comparable results in other trauma units.

STROKE AND HIP FRACTURE TRENDS AMONG PERSONS ≥ 65 YEARS OF AGE 1965-90**12**

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This research in progress is designed to define and explain recent trends in mortality, incidence, survival and disability for major disabling diseases of older persons. We are specifically focusing on stroke and hip fracture trends between 1965-1990. The research involves retrospective study of occurrence and outcomes of strokes and hip fractures among successive period cohorts (1967-71, 1974-78, 1981-85, 1988-92) of persons ≥ 65 years old who are members of a well-defined population of a large health plan. Access to complete inpatient and outpatient records facilitates study of chronic as well as acute phases of study conditions. Analysis of 1696 confirmed strokes during 165,997 person-years of observation reveals no change in age specific stroke rate between the 1960s and 1980s, but a significant decline in 30-day case fatality rate from 31% to 23% and increase in median survival from 257 to 891 days. Increased survival is associated with indices of decreased severity, including declines in mean systolic blood pressure from 159 mm to 148 mm, coma from 26% to 13% and wheelchair or bedbound at discharge from 41% to 30%. Over the past 20 years, in this representative population of older persons, stroke has become a less lethal and less disabling, while no less common disease. Current analyses are testing the hypothesis that similar trends have occurred from hip fracture. Implications for medical care of the disabled elderly and for the "compression of morbidity" model are discussed.

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