HEALTH VISITORS AND THE ELDERLY PATIENT

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In general practice today it is the old who need most help. Often the health visitor is a suitable person to sort out the mixed complaints of ill-health and unhappiness. Many general practitioners think that the health visitor would be most useful working direct from their surgeries. In order to demonstrate this a health visitor lent by an enlightened local authority, was asked to survey some of the elderly known to be living alone or in poor circumstances yet not suffering from any particular disorder.

Investigation

The health visitor visited each patient, explained that we were anxious to help in any way practicable, inquired into the patient's circumstances and way of life and took a sample of blood for haemoglobin investigation. The health visitor herself estimated the haemoglobin using a M.R.C. Photometer after being trained in its use by the local pathology laboratory.

Any patient whose Hb. was less than 80 per cent (100 per cent = 14.6 G.Hb/100ml.) was given oral iron and another sample was checked six weeks later. Any patient with a haemoglobin under 70 per cent was seen by the general practitioner.

Results

All the patients were pleased by the interest shown in them. Occasionally the request for a blood sample was refused but more often the health visitor was asked to test other friends or relatives.

No real poverty or malnutrition was found, nor did there appear to be any obvious, untreated disease; loneliness was the most frequent complaint. This often seemed to be because the family had left the district or moved to a housing estate away from the old part of the town; sometimes a mild depression had resulted in a loss of friends; occasionally physical infirmity made visiting and out-
ings difficult. The health visitor did what she could for these patients by listening and giving sympathetic advice. Local welfare departments, clubs, and voluntary organizations were sometimes asked to help.

The results of the blood tests were:

**TABLE I**

**SHOWING PREVALENCE OF ANAEMIA (LESS THAN Hb. 80 PER CENT)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th></th>
<th></th>
<th>Men</th>
<th></th>
<th>Women</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number examined</td>
<td>Number anaemic</td>
<td>Number examined</td>
<td>Number anaemic</td>
<td>Number examined</td>
<td>Number anaemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55—64</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65—74</td>
<td>37</td>
<td>7</td>
<td>11</td>
<td>0</td>
<td>26</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>59</td>
<td>13</td>
<td>15.</td>
<td>2</td>
<td>44</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>20</td>
<td>26</td>
<td>2</td>
<td>74</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of those shown as anaemic 14 responded in six weeks to oral iron. Five of the six who remained anaemic had not been taking their iron for various reasons and required further visits.

**Summary**

A health visitor attached to this practice has surveyed one hundred old people. No severe malnutrition, poverty or untreated disease was found. Many of these patients were lonely and were helped in various ways.

Twenty per cent were anaemic. Three-quarters of these had responded to oral iron at the end of six weeks; most of the remainder had not taken their iron and needed further follow-up.

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