the correct direction and are in place. Over the longer term, if levels of inequality are reduced, it should be possible to reduce the emphasis on state-provided pensions.

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Medicine and Society

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There is a tendency for doctors to regard physical and mental illness in elderly people as an 'understandable part of growing old'. This often results in physical and mental disorders not being recognised and/or adequately treated. These abstracts illustrate some of the barriers, including negative attitudes and lack of knowledge, which exist and prevent elderly people from reaching their full potential.

Wilcock, G. 1995. Alzheimer's disease – a continuum of or contributed to by normal ageing? *Alzheimer's Research*, 1(2), 61–65.

The relationship between normal ageing and Alzheimer's disease has been debated for a considerable time and the topic remains controversial. Alzheimer's disease is well known to be predominantly a disease of late life and the prevalence of the condition increases with increasing age. Professor Wilcock reviews this area and asks the question, is Alzheimer's disease a continuum of or contributed to by normal ageing? He examines diverse areas including the ageing process and epidemiological, neuropathological and biochemical evidence. He concludes that, 'whether or not Alzheimer's disease is on a continuum, or an exaggeration of the normal ageing process existing as a continuum with the former, will to some extent depend upon the definition of normal ageing'. There is a strong body of evidence supporting both the continuum hypothesis and the 'exaggeration of normal' view of Alzheimer's disease. The crucial point made by the author is that 'the pitfall that must be avoided at all costs is one that has dogged medicine for the elderly for many years... (namely) the assumption that disability and dysfunction in old age are caused by *anno domini* and do not merit scientific endeavour'. Consequently when and if this debate is resolved there may be important implications for the way society as a whole views people with Alzheimer's disease and elderly people generally.

https://doi.org/10.1017/S0144686X00003664 Published online by Cambridge University Press

J. G. Edwards. 1995. Depression, antidepressants and accidents; pharmacological concerns need epidemiological elucidation. *British Medical Journal*, **311** (7010), 887–888.

Fitness to drive is becoming a 'hotly' debated topic. Older people may be taking several different drugs and depression is common in this age group. This article by Dr. Edwards highlights that people with depression are more likely to have accidents due to impaired attention/concentration, anxiety, fatigue and feeling 'slowed down'. He also suggests that depressed individuals are more likely to take risks and to use substances to relieve stress such as alcohol. Drugs used to treat depression may also in the early stages further impair functioning. This impairment may be further exacerbated in elderly people with depression compared with younger subjects. As this debate continues it is likely there will be a greater emphasis on older drivers. Since cars provide older people with a 'life line' any attempt to remove this would lead to further isolation and will need to be resisted.

T. A. Tuma. 1995. Effect of age on the outcome of hospital treated depression. *British Journal of Psychiatry*, **168**, 76–81.

Psychiatric conditions in old age are often overlooked and regarded as 'not worth treating'. Dr. Tuma deals with this notion very firmly. Depression affects a significant proportion of the expanding elderly population. In this study, 56 young (mean age 47.8 years) and 54 elderly (mean age 72.9 years) patients had similar outcomes over a 12 month period. 50% recovered, 25% recovered but relapsed and 25% had residual symptoms or chronic depression. The author concluded that the outcome of treated depression was the same in both younger and older age groups, and associated physical ill health in the elderly did not affect outcome. Elderly patients therefore need to be given access to the same range of treatment options. If they are, they are just as likely to improve, helping to maintain not only their mental health but also their independence and dignity.

J. F. Fries. 1996. Physical activity, the compression of morbidity, and the health of the elderly. *Journal of the Royal Society of Medicine*, **89**, 64–68.

'The ideal for the healthy life under the *compression of morbidity* scenario becomes a life which is vigorous and vital until shortly before its natural

https://doi.org/10.1017/S0144686X00003664 Published online by Cambridge University Press

close'. In the early and middle parts of this century there was a move away from this ideal with a 'steady increase in the proportion of a typical life spent ill or infirm'. There has recently been a considerable amount of debate about the value of regular exercise in maintaining physical health. This paper examines the relationship between physical exercise and quality of life in older people. Fries concludes that exercise in later life is associated with decreased cardiovascular disease, lower body weight and reduced blood pressure. However, it fails to mention the enormous amount of data which suggests that exercise improves not only physical but also mental health. This may manifest in different ways including increased energy, improved self-esteem and improved general 'well being'. It is exciting that the debate about exercise is now including older people. Elderly people should have the same opportunity to receive treatment for physical and mental illnesses as younger patients and this requires, in part, a change of attitude by the medical profession. Simple measures for promoting physical and mental health should also be encouraged including physical exercise.

Older Women — Sheila Peace

Hazel M. MacRae. 1995. Women and caring: constructing self through others. *Journal of Women & Aging*, 7(1/2), 145–167.

This article returns to the 'nature *versus* nurture' debate concerning women and caring. Whilst psychologists have argued that 'the female personality is rooted in caring' and emphasise emotions others have stressed the social construction of caring and turned our attention to the lack of choice for many women about their caring responsibilities. Their constrained position is reinforced by normative beliefs about the role of the family in care.

MacRae, whilst sympathising with the social constructionist viewpoint, reinforces the importance of the 'personal significance of caring' and the fact that it has a 'symbolic dimension that needs to be considered'. She adopts the symbolic interactionist's perspective, emphasising the role which humans play in constructing a meaningful sense of self through their experiences and interactions with others. Given that caring forms a central part of the lives of many women, she argues that caring is therefore a 'route to self-meaning' and an identification of the self. In considering research on the conceptualisation of identity, the author shows how position within the social system and social roles have been seen as central. She discusses the work

https://doi.org/10.1017/S0144686X00003664 Published online by Cambridge University Press