

Clinical and scientific letters

OVERVIEW

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Survey on the attitudes of hospital doctors towards the terms 'acopia' and 'social admission' in clinical practice

Though geriatricians generally view the application of terms such as 'acopia' and 'social admission' to older patients presenting to hospital as casual and unhelpful,¹ these labels are widely seen in clinical practice. To analyse the attitudes and views of hospital doctors from a wide range of specialties on the use of these terms, we embarked on an internet-based survey inviting 547 junior doctors and 223 consultants working in a large health board in north Wales to respond to a questionnaire. The survey was open for completion between November 2013 and January 2014.

Results

Of the 146 respondents (16.0% of junior doctors and 26.5% of consultants invited to participate), specialties represented were medicine (48.6%), surgery and orthopaedics (20.5%), mental health (11.0%), emergency medicine (7.5%), oncology and palliative care (5.5%) and others, including gynaecology and ophthalmology (6.8%). Consultants comprised 40.4% of the respondents. 51.8% stated they encounter patients presenting with 'acopia'/'social admission' a few times a week, while for 23.4%, this is a daily occurrence. 43.5% of the respondents (48.8% juniors vs 35.7% consultants; statistically non-significant), felt 'acopia'/'social admission' were useful terms. Of these, a significantly higher proportion of doctors from surgical specialties (55.6%) and mental health (60.0%), found the terms useful compared with those working in medicine (32.4%; $p < 0.05$). However, a lesser proportion (30.9%) of respondents considered 'acopia'/'social admission' to be acceptable diagnostic terms with no significant differences between the grade and specialty of the doctor. 79.0% of the respondents underestimated the quoted mortality figure of 22.0%² in these patient groups. 44.8% of the respondents felt such patients were a burden on their time while 62.7% felt these patients were a burden on NHS resources.

Discussion

Literature suggests patients labeled as having 'acopia' on admission are generally elderly, often presenting with geriatric syndromes of gait disorders, falls, confusion and incontinence, with multiple comorbidities and a high mortality.^{2,3} Opinion is divided on whether or not 'acopia'/'social admission' should be embraced as useful terms. Some argue the use of these labels leads to reduced awareness of the need to seek out and treat reversible pathology in the elderly.^{1,3,4}

The finding that a significantly higher proportion of doctors from surgical specialties and mental health felt that the terms were useful compared with medical specialties may reflect a combination of factors, including perception of these terms, specialty attitudes and cultures, peer effects, experience and training. Given that 43.5% of the surveyed hospital doctors across wide-ranging specialties and different grades considered 'acopia' and 'social admission' to be useful terms and 30.9% considered these as acceptable as diagnoses, it appears that despite our apprehension as geriatricians, these descriptions are widely accepted and deeply rooted in medical culture. Nevertheless, we should collectively strive through education, awareness and debate to change the perception of clinicians to these terms. Rather than viewing those presenting with 'acopia'/'social admission' as a burden on our time and the NHS, we should proactively engage to assess and carefully manage these patients, applying appropriate diagnostic rigor and seeking specialist input from geriatricians if needed. ■

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