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Impact of crime on the rural elderly

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Abstract
Two hundred and seven persons over 65 years of age were interviewed to determine the impact of crime on their lives. The setting was during a much publicised series of assaults on the rural elderly in their homes. Seventy two per cent were upset, 40% of the total were moderately upset and 26% suffered a major upset. Females and those over 75 years old were most upset. Some aspect of change of lifestyle was found in the vast majority.

Introduction
Five years ago, the elderly in Ireland, particularly in rural areas, lived in a relatively crime free environment. They felt safe living alone and leaving their door open to strangers in the traditional fashion. This relative tranquility of rural Ireland was radically shattered in recent years, by a series of attacks, during which elderly persons were robbed and assaulted. Several deaths and severe injuries caused a public outcry, and a police task force was set up in the West of Ireland to counter the attacks. The widely known fact that old age pensioners in rural Ireland hoard money in their homes was a significant stimulus to the recent and ongoing robberies. The purpose of this study was to assess the impact of these attacks and subsequent publicity on the lives of the elderly in the Galway region.

Patients and Methods
One hundred consecutive patients over 65 years of age, admitted to University College Hospital, Galway, having passed a standard mental assessment, were interviewed by two of the authors (EB, GB), using a standardised questionnaire. One hundred and seven persons aged 65 years or over, were similarly assessed when consecutively encountered by 10 public health nurses during domiciliary visits. One person only was interviewed from each household. The study sample comprised 1% of the 20,000 persons who were 65 years or over in County Galway.

The interviewers own assessment of the impact of crime on those interviewed was recorded as nil, moderate, or major upset. A major upset consisted of a change of abode or continuous or debilitating fear and anxiety. A moderate upset was intermittent fear or anxiety or a change in lifestyle.

The questionnaire sought household characteristics, knowledge about attacks, use of mass media, reaction to attacks, checklist of possible changes in lifestyle, the respondent’s own impression of the impact of the attacks and the interviewer’s assessment, and whether or not they had recovered completely from the upset. The contents of the questionnaire were based on the results of a pilot study on a group of hospitalised elderly.

Results
Table 1 shows the household characteristics of the elderly in the sample. The demographic data were the same as the total county elderly population, except that 20% of persons over 65 years live alone in Galway, whereas 40% of those in the study were living alone.

Seventy two per cent of those interviewed were upset by the attacks. In 83% of these, fear for their own safety was the reason for their upset, and in the remaining 17% concern for the sufferings of the victims was the cause. Twenty eight per cent of the sample knew of attacks in their own locality, 27% knew a victim of an attack and 10 respondents had suffered either physical violence or had had their homes burgled. The interviewer’s assessment of the extent of upset was that 40% suffered a moderate upset and 26% suffered a major upset.

Table 2 shows the characteristics associated with major upsets. Females were more likely (81.2%) to have been upset than males (66.6%), and those over 75 years (89%) than those under 75 years (74%). Table 3 shows some of the changes in lifestyle encountered. The presence of an ablebodied person in the house reduced the tendency to worry (64%, versus 82% of those living alone) and to distrust strangers (41%, versus 68% of those living alone). Fifty one elderly living alone lived in the country and the sexes were
equally represented in this group.

Discussion
Anecdotal data suggest that a large number of elderly in rural Ireland live in fear. This study confirms this with the finding of 66% of respondents having experienced major or moderate upset, with some degree of fear and change of lifestyle being almost universal occurrences.

Females and persons over 75 years were most upset, and this agrees with data from several other studies.14

These authors found that the long term psychological effects of burglary were experienced almost exclusively by women. They also found that old age intensified many of the problems associated with victimisation, due to physical and social isolation and increasing frailty.

In this study 25% distrusted strangers, 14% had no daily social contact, 40% lived alone and 65% were living in isolation in the countryside. This significant degree of social and physical isolation, and the acute awareness of their vulnerability to assault as frequently stated in the media (>80% had TV, 70% read newspapers) were potent stimuli for fear and upset among this vulnerable population.

The majority of those suffering a major upset were still upset at the time of interview. Extrapolation of these figures to County Galway means that 3,500 elderly are still suffering a major upset. Modification of this figure to account for the higher percentage living alone in the sample and the high rural component interviewed, would reduce the figure somewhat. However, 54 out of 207 elderly suffering a major upset as shown above, warrants immediate supportive measures to comfort the thousands of elderly throughout the country in a similar situation.

Smith recently reviewed fear of crime, and found little documentation on reactions and sequelae to crime among the rural elderly.2 In Ireland most crime research has been conducted in Northern Ireland and predominantly in an urban setting.6,7 This study is unique in that it is the first to document the impact of crime on the rural elderly in Ireland, and secondly because it was carried out during a well publicised series of assaults on isolated rural elderly.

Further research is recommended in view of the significant impact of these attacks on the lives of the elderly as shown above, and to establish suitable and effective means to dissipate the threat and diffuse the fear.

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Transhiatal oesophagectomy – its role for tumours of the middle third of the intrathoracic oesophagus

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Abstract
All patients presenting to a regional unit with oesophageal carcinoma over a twelve month period are reviewed and the role of transhiatal oesophagectomy for tumours of the middle third of the intrathoracic oesophagus is evaluated. Of the 28 cases of oesophageal carcinoma, 22 (78%) were resected by blunt transhiatal oesophagectomy, the remaining six (22%) has various forms of palliative treatment. In the resected group post-operative morbidity was compared in patients with tumours of the middle third to those with lower and upper third tumours combined. There was one post-operative death in each group giving an overall operative mortality of 9%. Resection for carcinoma of the middle third (N = 7) resulted in a complication rate of 50% and a mean ICU stay of 19.5 days as opposed to a complication rate of 35% and a mean ICU stay of ten days (P = 0.050) for tumours of upper and lower third combined (N = 15). On the basis of these figures we question whether transhiatal oesophagectomy, despite its many advantages, can be applied safely to tumours of the middle third of the intrathoracic oesophagus.

Introduction
While prognosis for oesophageal carcinoma has improved it still remains poor. Surgery is generally agreed to offer the best palliation and chance of survival,1 yet there is no general agreement about which operation is superior despite each having its respective protagonists.2 Among the factors to consider when discussing operative technique in relation to carcinoma of the oesophagus are, resectability rate, mortality and morbidity and the quality and duration of survival. With the exception of long term survival we have analysed all cases of carcinoma of the thoracic oesophagus referred to our units over a 12 month period in respect of these factors. We have also assessed the claims by advocates of blunt oesophagectomy that the operation is associated with “less physiological insult” to the patient and that the avoidance of a thoracotomy should be rewarded with a decrease in post-operative morbidity without a decrease in resectability,3 in view of our experience with the operation over a 12 month period.

Patients and Methods
During the 12 month period January to December 1988, 28 cases of carcinoma of the thoracic oesophagus presented to the unit. Twenty-two (78%) had blunt oesophagectomy and two (11%) patients had a palliative bypass. Criteria for conservative management in the remaining four patients

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