more likely to live in institutions than men, gender differences based on community samples will underestimate the disadvantaged health status of elderly women because of the exclusion of those living in residential settings.⁴

With the ageing of the population, analysis of health inequalities among the elderly has become a priority in public health. However, research on this topic is still scarce and should address some current limitations such as the often atheoretical analysis of social determinants of health status, the examination of the best measures of SEP at older ages, the identification of the best health indicators, the study of the impact of living arrangements and caring tasks, as well as their potential interaction with SEP, and the inclusion in the samples of those living in residential settings. Moreover, longitudinal analyses would help overcome some empirical problems related to the direction of causality and cohort effects.

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SPEAKER'S CORNER

The predictability of research in chronic illness

As an experienced general practitioner (GP), I have a fair idea of what any paper about a chronic illness will say. There are certain themes that recur, and I thought it would be useful to bring them together here. For any chronic condition, any paper or report will say some or all of the following:

This disease is very common (incidence or prevalence). It is associated with extra morbidity and/or mortality. It is underdiagnosed. It is not as well recognised as other equally common chronic diseases. This is a shocking indictment of...

Recommendations here will include some combination of consciousness raising and educational meetings. Patient advocacy groups may have a role. Screening may be suggested. Pharmaceutical companies love these consciousness-raising strategies as they can market their drug under the pretext of performing an educational service. Moynihan *et al*¹ review this area well:

The severity of the disease is often underestimated. Patients will feel stigma/shame/embarrassment about mentioning the symptoms of this disease.

Recommendations here will include use of a newly validated disease-specific questionnaire, employment of specialised nurses, patient empowerment and advocacy, and better consultation skills for GPs. The problem with empowerment was described recently.²

The illness is often under-treated.

This can be either primary in that the treatment was never initiated, or is not available, or secondary in that patients do not take the treatment. The remedies here may include better

communication to achieve concordance, employing specialised nurses or greater pharmacy input.

The danger here is of swinging to overtreatment, as happened with the prescription of antidepressants after the "Defeat Depression" campaign. A few years later GPs were severely criticised for overprescribing for depression.³

Further research is needed.

Well, of course, it is, especially if you have a department to sustain and a promotion to get. What it usually translates as is "Please treat this paper as an application for our next grant". What is lacking from most research on chronic illness is the deep awareness of the day-by-day lived reality of most healthcare workers. This contrasts with the great efforts that go into finding out the patient's experiences. The knowing-doing gap that research often highlights is real.⁴ Sadly, research seems unlikely to bridge this gap until it understands the constraints of time, space, motivation and money that health workers work within.

Somehow the notion "more resources are needed" does not achieve this.

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