social, functional an medical profile (on arrival and at the moment of discharge), complications if any and pending problems prior to discharging.

Results: There were 39 social patients (13% of all the patients admitted), mean age 79.7 years old, and a similar male/female rate. Reasons for admission: 30% respiratory tract infection, 10% heart failure and 7% urinary tract infection. Mean hospitalization period was 26 days, 11 of which due to social problems (44%). 20% of them had a medical complication during his social admission. 35% of the patiens were waiting to be transferred to a chronic palliative care center and 33% to a nursing home. With regard to the profiles: Social-Familiar Assessment Scale was 12.9 on admission and 14 just before discharge (higher social risk when discharging), Charlson Comorbidity Index: from 2.3 to 3.13 (also higher when discharging), Barthel Functional Index from 56 to 40 when discharging (less funcionality when discharging).

Conclusions: Currently we have a high rate of social patients, most of them due to familiar problems. They account for a considerable amount of expenses. Developing social support (such as nursing home or district nursing care) is central to solve this problem.

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The opinion of relatives about the desired level of intervention in demented and incapacitated patients

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Objective: Medical decisions affecting elderly and demented people are controversial, sometimes involve ethical dilemmas, and have been hardly evaluated in a systematic manner. We designed this study to explore the desirable level of intervention in elderly patients according to the opinion of their relatives.

Methods: We prospectively included all patients older than 75 years who were admitted to the Internal Medicine Unit during June-2002. Barthel and Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) were used in every patient. In addition, we interviewed a relative from every patient with a questionnaire about treatment choices. Results are expresses as mean (standard deviation) and percentages, and compared by chi square, Student t test, and multivariate analysis. Level of significance $p<0.05$.

Results: A total of 76 valuable patients (68% women) were included in the study, with a mean age 84 (5) years. Mean Barthel and IQCODE scores were 51 (37) and 67 (15) respectively. For all the patients, 38% of relatives desired always advanced resuscitation, 74% blood transfusion, 40% invasive diagnostic procedure, 41% feeding by nasogastric tube, 89% oxygen and 93% intravenous fluid delivery. There were no difference between relatives of demented or incapacitated patients and non-demented or non-incapacitated patients, except for invasive diagnostic procedure (54% in non-demented versus 46% in demented, $p<0.05$). In the multivariate analysis, 10 points less in IQCODE was associated with a decreased probability to allow blood transfusion (by 7.5%) and invasive diagnostic procedure (by 6.7%); $p<0.05$. To live in a nursing home, increased 2.7% the probability to allow nasogastric tube, $p<0.05$.

Conclusions: In general, relatives of elderly patients in our hospital desire a high level of intervention. This attitude was not modified by incapacity and only to a minor extent by the presence of dementia.

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Anterior mediastinal mass: vascular, fat or adenopathy?

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The authors present the case of a 55-year-old male patient referred as an outpatient for routine exams showing splenic nodulation on ecotomography. His previous medical history included essential hypertension, chronic gastritis and cutaneous lypomathosis. He had no complaints and his physical examination was normal except for hypertension and an upper right abdominal quadrant lypoma. His blood tests were normal including haemogram and biochemistry. His tumour markers were normal, as well as β2-microglobulin, SACE and imunoglobulins. Immunophenotype testing showed low total lymphocytes with low CD4 count and decreased CD4/CD8 relation. CT scan guided splenic biopsy was performed which displayed blood, lymphocytes and histiocytes. Whole body CT scan showed multiple anterior mediastinal masses and a heterogenous spleen with some hypodense nodules. Suspecting of a lymphoid malignancy, mediastinoscopy was performed which concluded for the existence of nodules with a vascular nature, as varicous formations originating from the superior vena cava. The patient continued follow-up with a good clinical course.

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Aetiology of persistently elevated creatine kinase levels following discontinuation of statin drugs

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Background: Statin agents may cause acute rhabdomyolysis or/and myalgia. These both resolve quickly once medications are discontinued. However, in some patients, high creatine kinase (CK) levels remained persistently elevated more than 6 months after statin discontinuation.

Objective: We investigate 8 patients with elevated serum CK levels under statin agents use, that remained persistently elevated for at least six months after these agents were discontinued.

Design/methods: Eight patients were included in the study, for elevated CK levels, discovered while on statins, remained persistently elevated ($2\times N$) for more than six months after discontinuation. We reviewed the time relationship of the discovery of hyperCKemia to statin initiation, dose increase, addition of another drugs; clinical and examination findings surrounding the discovery of the CK elevation; subsequent course; available proxy laboratory studies prior to and after the use of statins; muscle biopsy.

Results: The initial discovery of the CK elevation was related to myalgias from statin initiation, dose increase, or drug interaction in 4 cases. Myalgias resolved but the CK remained elevated after statin discontinuation. In the other 4 cases, the initial CK elevation discovery was unrelated to statin use (routine screening). Other findings that indicated CK elevations were coincidental of the statins included: lack of myalgias and weakness at discovery; AST levels that rose during initiation of therapy but quickly fell back to baseline with discontinuation, family history of hyperCKemia, muscle biopsy suggestive of a specific myopathy. The ultimate diagnoses were presymptomatic inclusion body myositis (IBM) (2), dystrophinopathy (1), non-specific muscular dystrophy (1), idiopathic benign hyperCKemia (1), ethnic origin (1), polymyositis (1), thyroiditis (1).

Conclusions: Persistent hyperCKemia in patients taking statins are unrelated to the therapy itself. By placing attention on muscle-related side effects, the use of statin agents may increased the incidence of discovering CK elevations.

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A pre-audit analysis, in a quality assurance project, of admissions for community acquired pneumonia in internal medicine wards

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1502 cases of Community Acquired Pneumonia (CAP) were admitted to the hospitals of the Pescara province (294000 inhabitants) during the last two years; 764 of these cases were admitted to Internal Medicine (IM)