

Geriatric Practice Ten Golden Points

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Geriatric practice is a very special type of medical practice which is characterized by being comprehensive and individualized at the same time. This means that medical evaluation should be performed in a comprehensive way not only for the patient but also should include both his surrounding environment and caregiver. Meanwhile this practice in its final form is individualized i.e. the plan of management is tailored for each elderly person individually. This practice is targeting both healthy and diseased elderly and aiming at improving their quality of life which will indirectly improve the quality of life for the whole family and community. The adopted vision can be described as distributing the concept of active, healthy, independent, happy and productive elderly individuals. In the Geriatric practice there are ten golden points to be considered:

1- Quality of life:

Improving quality of life is the main aim in the geriatric practice. This indicates that regardless the age, number of medical conditions, life expectancy and level of dependency the plan of management should be targeted in general toward improving quality of life of elderly individuals from all aspects; medically, functionally, socially and psychologically.

2- Comprehensive Geriatric assessment:

The geriatrician follows special medical evaluation to evaluate all the problems which may affect the quality of life of elderly individual. The assessment includes; detailed history taking, complete general and local examination, mental status examination, depression scale, evaluation of activities of daily living and instrumental activities of daily living and nutritional assessment. It may also include environmental assessment. It is worth mentioning that this assessment although more difficult and time consuming but is very important to make accurate diagnosis, proper problem list and comprehensive plan of management.

3- Functional capacity :

This issue is very important in the geriatric practice because it is having its impact on the plan of management so as to determine to how extent the elderly patient needs care giving. Moreover, acute functional decline in the level of function is an indicator of a serious medical condition. Also elevating the level of functioning markedly improves the quality of life.

4- Age related changes:

The overlap between the normal physiological age-related changes and pathological conditions and also the false beliefs that a lot of symptoms are related to the normal physiological changes; can lead to many serious conditions. Physiological changes can increase the risk to develop medical conditions but never alone cause the patient to suffer any symptoms. Those changes may cause decrease the physiological reserve that make the elderly individual less capable to cope with stressors.

5- Atypical presentation:

The clinical picture of many medical conditions affecting elders may be atypical e.g. a case of myocardial infarction can present without pain but present with acute confusional state. That is to say that apart from the known symptoms and signs of the common medical conditions, elders may present with other clinical picture which can lead to delayed diagnosis and intervention.

6- Multiple comorbidities:

Most of the elderly patients are having more than one chronic disease. This makes the plan of management more complicated. This also precipitates to polypharmacy and social, psychiatric and financial problem. All markedly affect the quality of life.

7- Multiple levels of care:

The ordinary health care levels are not sufficient to provide the optimum level of healthcare service for elderly. For purpose of improving the quality of life for some special groups and in some special conditions other levels of care are developed like day care service, respite care, nursing homes, home care service.....etc Each one of those services is having its special criteria regarding the service provided, human resources and infrastructure.

8- Health promotion:

It is one of the important objectives in the geriatric plan of management. Health promotion has an important impact on improving quality of life and maintaining good health and independence. It includes healthy life style, preventive services and screening programs.

9- Health education:

Health education is provided for both patients and care givers. It is directed toward maintaining good control of the chronic health conditions and hindering attitude when dealing with patients. On the other hand education of caregivers is directed toward the most suitable way to take care of elderly in different situation and this will improve the quality of life of both patients and care givers. 10-Team members' participation: Nurse, social worker, physical therapist, speech therapist, occupational therapist, psychologist, nutritional specialist, and clinical pharmacist; all can share in the process of comprehensive assessment and plan of management and follow up. All should be specialized or at least trained for the geriatric health care providing. Finally, all the previous ten points must be considered when dealing with elderly patients to ensure providing the optimum service to improve his quality of life and to make the concept of healthy, active, independent, happy and productive elderly a fact.

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