



EDITORIAL

Reconsidering geriatric care management in the 21st centuryMuni Raj Chhetri^{1,*}¹Professor, National Open College, Pokhara University, Nepal

Aging is a natural lifelong process until death. The proportions of the older population are increasing rapidly in Nepal too. There are 2.97 million older people in Nepal as of the 2021 census which is a 38.2% increase compared to the previous census of 2011. The proportion of the older population reached 10.21% of the total population of Nepal. During this decade, Nepal's average population growth rate is 0.92% and the older population growth rate is 3.29% per year.¹

As global populations age at an unprecedented rate, geriatric care management has emerged as a vital strategy to address the complex needs of older adults. With people over 60 projected to outnumber children under five by 2030,² the demand for coordinated, person-centered care for the elderly is no longer optional—it is essential.

Geriatric care management refers to the holistic planning and coordination of health, social, and personal care services focused to elderly individuals, particularly those with chronic conditions or cognitive deterioration. It requires a multidisciplinary approach involving geriatricians, nurses, social workers, physiotherapists, and family caregivers. Effective geriatric care management ensures that older adults age with dignity, independence, and access to quality care while reducing unnecessary hospitalizations and healthcare costs.³

One of the biggest challenges in geriatric care is the fragmentation of services. Older adults often see multiple specialists,

use various medications, and rely on both formal and informal caregivers. When not effectively managed, this complexity can result in care fragmentation, service duplication, and even patient harm. In low- and middle-income countries like Nepal, the situation is more critical due to under-resourced health systems and weak geriatric infrastructure and trained human resources in geriatric health care.⁴ Although the Senior Citizens Act⁵ and the National Policy on Ageing⁶ acknowledge the rights and needs of older adults. However, Widespread implementation remains constrained by systemic and operational challenges. Community-based care models, such as elder-friendly primary health care centers and caregiver support programs, need to be scaled up to bridge the existing care gaps.

As we know that loneliness, elder abuse, depression, and financial insecurity are as detrimental as physical illnesses, to address these hidden challenges, geriatric care managers must be equipped with the skills to recognize psychosocial distress and connect older adults with comprehensive mental health services and resilient community-based support networks. In the pursuit of the Sustainable Development Goals and universal health coverage. Positioning geriatric care at the forefront of national and global health agendas is vital to advancing inclusive, equitable, and dignified care for the world's aging population. Nepal Government, health system, and academic institutions must invest in workforce training, policy innovation, and research in gerontology. Integrating geriatric care into mainstream health systems as a core component of primary care—is crucial to building an age-friendly future.

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