

A Guide to Geriatric Syndromes: Common and Often Related Medical Conditions in Older Adults

Americans are living longer and healthier lives. Even so, many older adults develop one or more related medical problems called geriatric syndromes. Geriatric syndromes usually have more than one cause and involve many parts of the body. Often, one geriatric syndrome can contribute to another, making medical care for older people more complicated. Doctors called geriatricians, who have advanced training in the care of older adults, and other geriatrics healthcare professionals can play an important role in diagnosing and managing these syndromes.

There are many treatments available for these conditions that can help you maintain your independence and quality of life. For more information on the individual conditions visit [Healthinaging.org](https://www.healthinaging.org).

Geriatric Syndrome

DIFFICULTY SWALLOWING

Age-related physical changes, medication side-effects, dementia and certain other illnesses can make swallowing difficult. This may lead to malnutrition and related problems. Other problems may be choking and aspiration (food or liquid “going down the wrong pipe”).

MALNUTRITION

Older adults usually need fewer *calories* than younger adults, but may need more of certain *nutrients*, such as calcium, vitamin D, and vitamin B12. Malnutrition can show as weight loss or weight gain. This can lead to other problems, such as weakness and falls, bone disorders, and diabetes.

What Should You Do?

Tell your healthcare provider. Treatment for this syndrome depends on the underlying cause of the swallowing problem.

Your healthcare provider should weigh you each time you visit and check for any changes. Also, be sure to let your healthcare provider know if you have any changes in your weight or appetite.

Geriatric Syndrome

BLADDER CONTROL PROBLEMS

Many things can cause bladder control problems, or “urinary incontinence,” including an overactive bladder muscle, urinary tract infection, constipation, delirium, heart disease, diabetes, dementia, medication side effects, and difficulty getting to the toilet in time. Urinary incontinence can lead to problems such as falls, depression, and isolation.

What Should You Do?

In most cases, incontinence can be cured or greatly improved with treatment. So don't be embarrassed to tell your healthcare provider if you have bladder control problems.

SLEEP PROBLEMS

Sleep problems can affect your quality of life and can contribute to falls, injuries and other health problems. Many factors can affect your sleep, including stress, anxiety, depression, delirium, dementia, certain drugs, alcohol, and medical problems such as pain, arthritis, nerve problems, breathing difficulty, heartburn, and frequent trips to the bathroom at night.

If you have trouble sleeping at night or feel sleepy during the day, tell your healthcare provider so he or she can identify the type of sleep problem you have. If you often snore or your partner says you stop breathing while asleep, it may be a sign of a problem called “sleep apnea.” If you move your legs and arms a lot while sleeping, it may be a sign of a problem called “periodic limb movements during sleep.” Your healthcare provider may recommend tests at a sleep lab for either problem.

DELIRIUM

Many older adults who go to the Emergency Room or are admitted to the hospital develop delirium. Delirium is a state of sudden confusion that can last days, weeks or even months. Drug side effects, dehydration, thyroid problems, pain, urinary tract and other infections, poor vision or hearing, strokes, bleeding, or heart or breathing problems can cause delirium. Older people can develop serious and life-threatening complications and loss of function, if delirium isn't recognized and treated quickly.

Make sure that you and your friends and family know the signs of delirium (see Healthinaging.org) and seek medical attention right away at the first sign of any sudden changes in mental function.

DEMENTIA

Alzheimer's disease and “vascular dementia,” (caused by a series of small strokes), are two common forms of dementia. While some healthy older people find it harder to remember things or carry out certain mental activities, this doesn't necessarily mean they have dementia. Dementia gets worse over time and can severely limit your ability to function.

Various tests can help determine whether you or someone you care for might have dementia. If so, there are treatments that can improve function and slow down the disease.

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What Should You Do?

VISION PROBLEMS

Common vision problems among older adults include nearsightedness, glaucoma, cataracts, diabetic eye disease, presbyopia, (age-related changes in the eye that make it hard to see close-up), and macular degeneration (damage to the center of the eye that can result in a loss of central vision).

Vision problems can lead to falls, so make sure you receive a thorough eye exam every one to two years. Vision problems can be treated, and the earlier treatment begins, the better.

HEARING PROBLEMS

Hearing loss is the most common sensory problem among older adults.

Ask for a hearing test once a year, and tell your healthcare provider if you're having trouble hearing. Treatment can improve your hearing and quality of life.

DIZZINESS

The word "dizziness" is often used to describe feelings of spinning, almost fainting, falling, or lightheadedness. These feelings can make it harder to walk and can increase your risk of falls. Many things may cause dizziness, including low blood pressure, vision problems, inner ear problems, anxiety, and medication side effects. There is often more than one cause.

If you often feel dizzy, tell your healthcare provider. There are many treatments for dizziness and which one is used depends on the cause or causes.

FAINTING

Fainting, or briefly passing out, is increasingly common with age and leads to falls. There are many possible causes, including low blood pressure, low blood sugar levels, and irregular heartbeat. In older people there is often more than one cause.

If you have a fainting spell, be sure to let your healthcare provider know right away and have a check-up to find the cause and what treatment you may need.

DIFFICULTY WALKING OR "GAIT PROBLEMS"

This is usually due to a combination of age-related health problems or diseases such as arthritis, bone and muscle problems, Parkinson's disease, poor circulation, dizziness, changes after a stroke, vision problems, loss of strength, and even fear of falling.

Tell your healthcare provider if you find it hard to walk or you feel unsteady on your feet. There are many treatments, such as exercise and physical therapy, that can help improve your gait and walking.

Geriatric Syndrome

FALLS

Falls are a leading cause of serious injury in older people. Among other things, safety hazards in the home, medication side effects, walking and vision problems, dizziness, arthritis, weakness, and malnutrition can boost risks of falls. Like other geriatric syndromes, falls usually have more than one cause.

What Should You Do?

Tell your healthcare provider immediately if you have fallen. He or she will look into what caused your fall and suggest steps to prevent future falls.

OSTEOPOROSIS

Osteoporosis, or “thinning bones,” is a condition that makes the bones of older adults more fragile and easy to break. A diet that doesn’t have enough calcium and vitamin D, too little exercise, smoking, too much alcohol, certain medications, and certain medical conditions such as thyroid problems, can increase the risk of osteoporosis. Osteoporosis is also more common in people with a family history of this condition.

Women 65 and older, and men over age 70 who have an increased risk for osteoporosis, should get a bone mass density (BMD) test. Increased calcium and vitamin D intake, strength training exercises, and weight-bearing exercises such as walking are important to keeping your bones healthy. Your healthcare provider may also recommend medications or other treatments.

PRESSURE ULCERS

Also known as “bed sores,” pressure ulcers are skin and tissue damage caused by constant pressure on skin and the “soft tissue” underneath it. These can be painful and lead to serious infections. Smoking, being underweight, poor diet, low blood pressure, diabetes, heart disease, kidney failure, and bladder problems can increase the risks of developing pressure ulcers.

If you notice any pressure sores or areas where your skin is “breaking down,” visit your healthcare provider. Treatment options include pressure reducing cushions and bedding, as well as skin care.

From the Office of:

Phone Number:

Patient Name:

Notes:

Your Next Appointment: