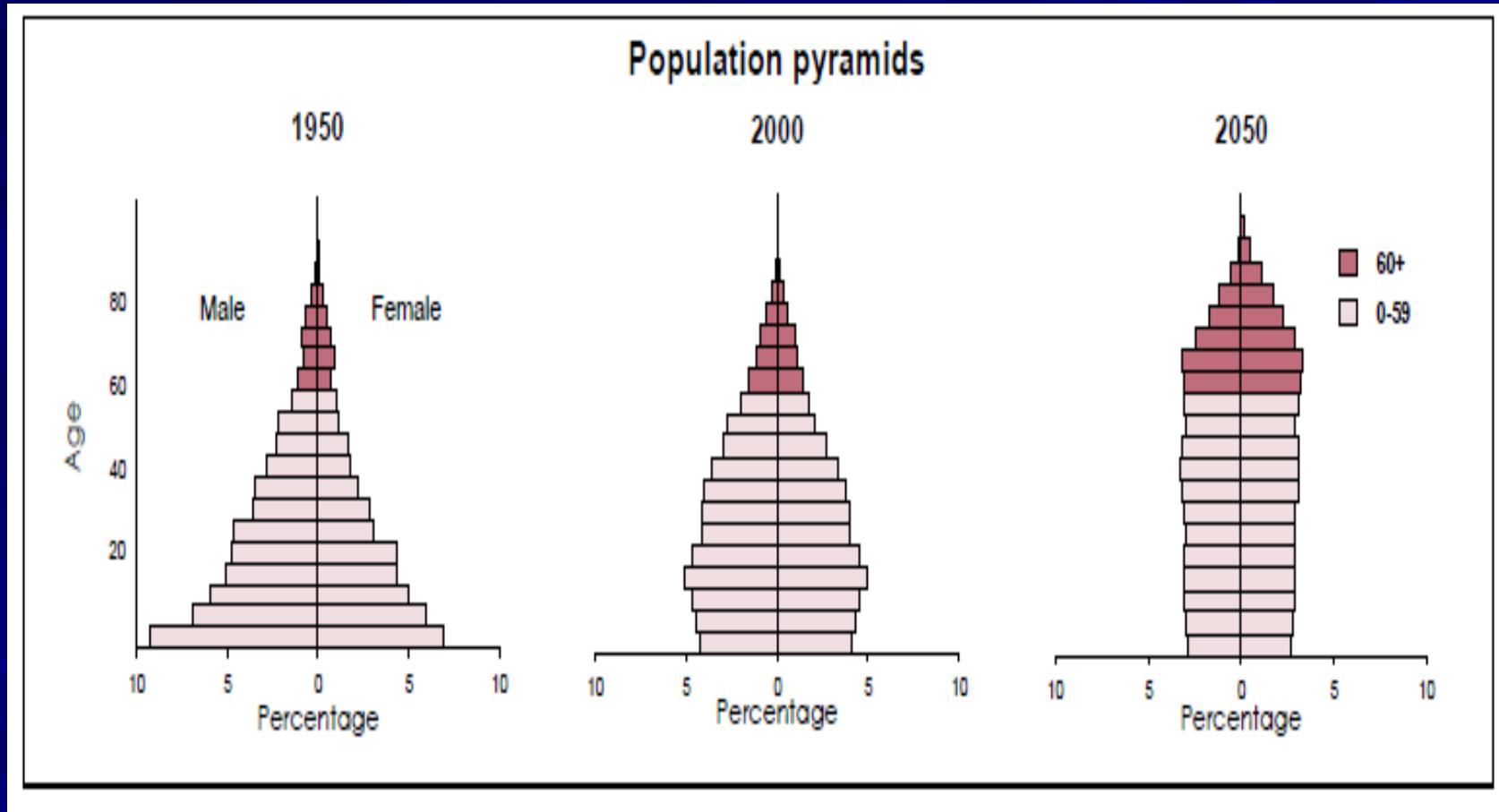


Care of the Elderly

R P J C Ramanayake

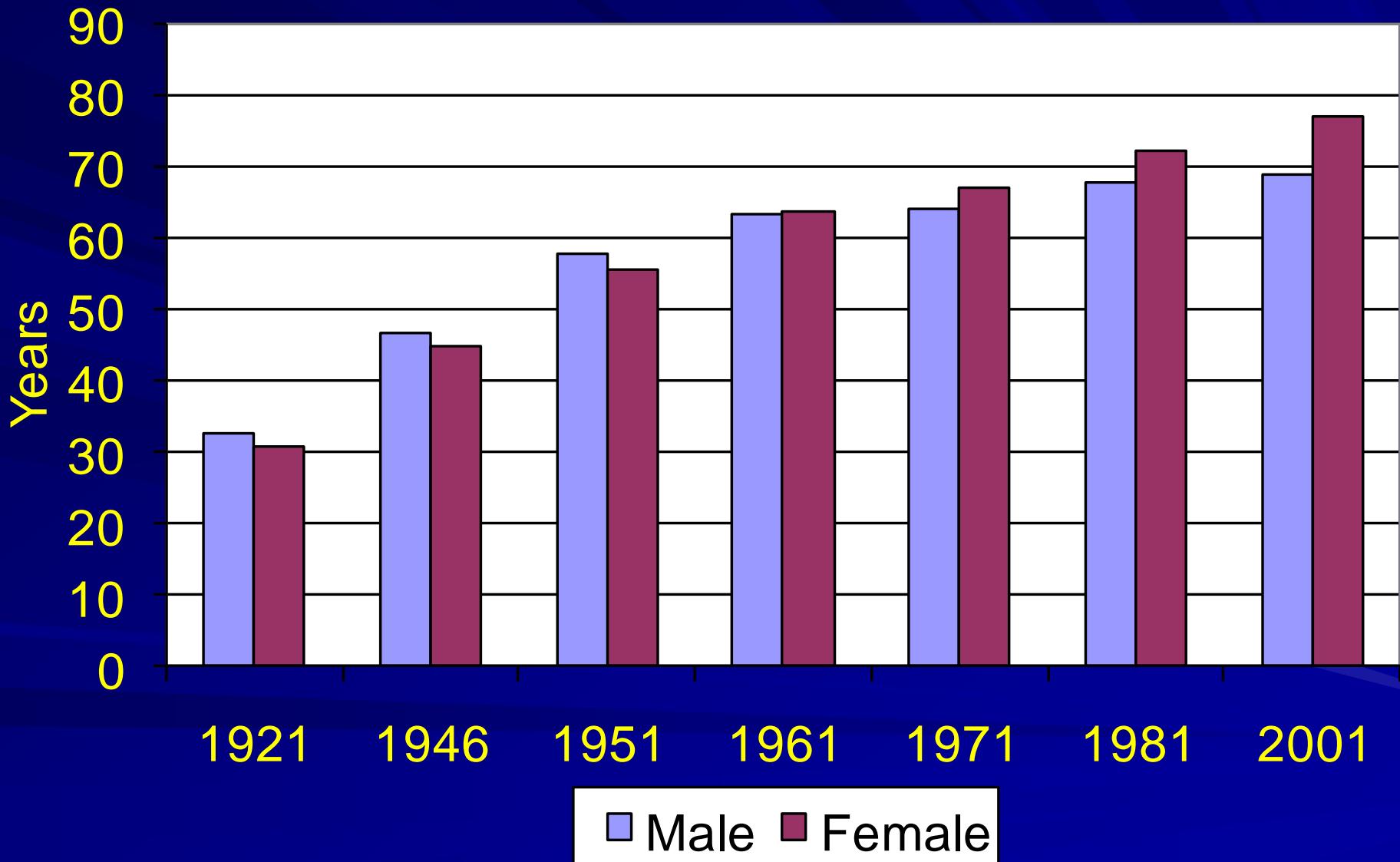
- Geriatric Age group - 65 years old and above
- *Young old* - less than 75years
- *Old old* - 75 years and more

Ageing of Sri Lankan Population

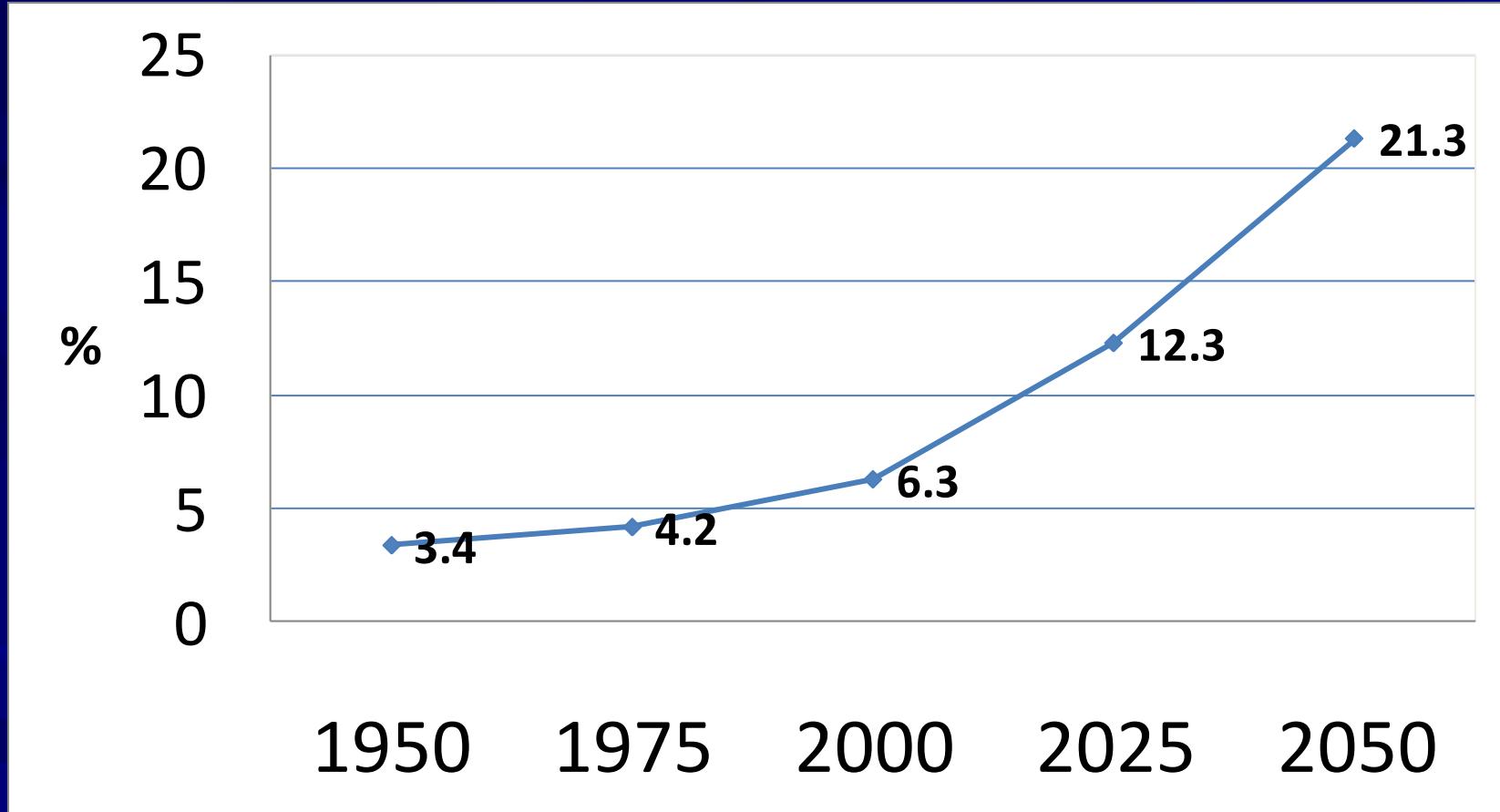


Population division, DESA, United Nations⁴

Life expectancy at birth 1921 - 2001



Geriatric Population in Sri Lanka 1950 - 2050



Care of elderly; responsibility of GPs

- First contact care
- Generalist
- Non availability of geriatricians/clinics
- Personal & social factors
 - Lack of support from families
 - Financial problems and
 - Problems of transportation
 - Poor expectation regarding health

Geriatric patients are different

- Physiological changes with ageing
- Common medical problems
- Atypical presentation of illness
- Psychosocial problems

Physiological Changes with ageing

■ CNS

- Increased risk of organic confusion
- Impairment of hearing
- Impairment of vision
- Muscle weakness

Physiological Changes with ageing

■ Respiratory System

- Reduced vital capacity
- Increased residual volume
- Increased risk of infection

Physiological Changes with ageing

CVS

- Reduced exercise tolerance
- Increased risk of postural hypotension
- Increased risk of atrial fibrillation

Physiological Changes with ageing

Endocrine System

- Increased risk of impaired glucose tolerance

Physiological Changes with ageing

Renal System

- Impaired fluid balance
 - Risk of dehydration & fluid overload

Impaired drug metabolism & excretion

Physiological Changes with ageing

GIT

- Reduced motility
 - constipation

Physiological Changes with ageing

Bones

- Reduced bone mineral density
 - osteoporosis

Common medical problems

CVS

-MI, Angina, AF, Hypertension, CCF

CNS

-dementia, Parkinsonism

Common medical problems

Psychiatric disorders

- Paranoid states
- Depression

Glaucoma

DM

Common medical problems

Renal failure

Hypo/hyperthyroidism

Osteoarthritis

Cancers

Atypical presentations of common illnesses

- Infections without fever
- Pain perception decreased
 - +
 - Decreased alertness
 - silent ischaemia/MI
 - Fractures without pain but impaired function
 - Decreased localising symptoms & signs

Atypical presentations of common illnesses

- Changes in mental status
 - mask sensation of dyspnoea
Heart failure, Pulmonary emboli, lung diseases may present without dyspnoea
 - Confusion, falls, changes in function & dizziness are common presentations with various illnesses

Psychosocial Problems

■ Retirement

- loss of identity
 - reduce income
- feeling of insecurity

Empty nest syndrome

Psychosocial Problems

- Impairment of hearing & speech
 - difficulty in communication
 - Social isolation

Difficulty in moving about

- Physical isolation

Psychosocial problems

- Paranoid delusions
 - suspicious of family members

Forgetfulness

- Fail to take their medication
- Dependent on others

Elder abuse/ neglect

Caregiver stress

History

■ 1. Past medical history

Results of investigations

Previous prescriptions

Current medication

Adverse drug reactions

History

2. Ability to communicate

Evaluate hearing & comprehension
Speech & mental status

3. Elicit patients' agenda

4. Assess activities of daily living (ADL)

History

5. Family support

6. Neglect of the patient

Activities of Daily Living (ADL)

1. Mobility

- needs help
- confined to bed/wheel chair

2. Eating

- problem with mastication
- need help with feeding

Activities of Daily Living (ADL)

3. Washing & bathing

4. Dressing

5. Toileting

Investigations

- Not to order a test which will not alter the treatment
- Consider potential benefits against potential risks, cost & inconvenience of transporting

Home visits

■ Indications

- Elderly patients
- Disabled & bed ridden
- Terminally ill
- Acute illness or injury
- Following major surgery
- Mother & baby during post partum period
- Infectious diseases
- Mentally ill

Advantages of home visits

■ To doctor

- Seeing patient in his home environment
- Gets to know family
- Strengthen doctor pt. relationship

To patient

- Convenience

Disadvantages

- To doctor
 - Spend more time
 - Examine patient with minimum equipment & facilities
 - not enough privacy
 - Dr. exploited unnecessarily
 - Other problems – transport, parking, dogs

Disadvantages

- To patient
 - Embarrassed about dr. seeing their living conditions
 - Pay more