

## **EARLY DETECTION OF MEMORY AND OTHER HANDICAPS IN SENIOR CITIZENS BY THEIR OWN FAMILY MEMBERS**

Older people represent the fastest growing sector of society and account for the largest increase in hospital admissions. They are at highest risk of acquired disability, cognitive decline, physical dependence and loss of quality of life. Their problems are more complex with potentially coexistent medical, functional, psychological, and social needs. Although senior citizens often suffer from multiple diseases and take multiple medicines, some of these diseases may be chronic and ongoing without many symptoms but at the same time required to remain under good control e.g. high blood pressure, diabetes, high cholesterol, constipation, prostate enlargement etc. However many problems can be quite discomforting like joint pains, visual loss or memory impairment and some diseases may even pose immediate challenge of life in danger like severe infections. No doubt, all the diseases listed above and their likes require medical intervention from time to time.

Leave aside symptoms and discomforts that these diseases may or may not cause to the patient, the other dimension of these ailments is beginning of gradually increasing limitations and handicaps in physical and mental performances which can limit the independence of people in old age and ultimately make them disabled and dependent on others. Even old age without any of these diseases can result in gradual loss of autonomy, limiting activities and the inability to live alone or even take care of their own basic needs for self-care. These consequences often require support from family, community and environment. It is these physical, mental and social dimensions where families can provide lot of assistance and care to their senior citizens such as their parents and grandparents living in the same or different households. Families should be motivated to detect these limitations well in time so that corrective actions can be taken at earliest. In old age it is not so much the stress of individual diseases but it is the compromised functional status and quality of life with which the older individual is more concerned.

The present article does not aim to deal with individual diseases of old age; rather, it dwells upon the detection part of those physical, mental and social impairments which determine the independence and quality of life of senior citizens. It seeks to put onus on and emphasize the role of families in this process so that unnecessary visits to doctors are avoided. Such detection is mainly based on performing simple physical and mental tasks necessary for daily life so as to identify and remediate the causes and effects of disability. When remediation is not possible, families should seek to slow functional decline and bolster independence by mobilizing available medical, psychological and social resources.

A simple procedure has the components to evaluate vision, hearing, arm and leg function, nutrition and memory. Other components could be asking for urine incontinence, depression, home environment, social support, activities of daily living (ADL) and instrumental activities of daily living (IADL). The following schedule can be followed by the families in detecting various kinds of impairments in their elderly relatives and take necessary actions including appropriate referrals to experts whenever needed.

### 1. Physical assessment

<b>Function</b>	<b>Procedure</b>	<b>Abnormal Result</b>
<b>Vision</b>	Test each eye separately with Jaeger card held at 14 inches distance from eye with corrective lenses (if applicable)	Inability to read greater than 20/40 (Specify the eye) Right      Left
<b>Hearing</b>	Whisper a short, easily answered question such as "What is your name" in each ear while the tester's face is out of direct view.	Inability to answer question (Specify the ear) Right      Left
<b>Arm Function</b>	1. Ask him/her to touch the back of one's head with hands 2. Pick up the spoon	Inability to do any of these two task (Specify the hand) Right      Left
<b>Leg Function</b>	Observe the patient after asking: "Rise from your chair, walk ten feet, return, sit down."	Inability to walk or transfer out of chair
<b>Urinary Incontinence</b>	Ask: "Do you ever lose your urine and get wet"	Answer is Yes
<b>Body weight (If person can stand)</b>	Weigh the patient and measure height; find out if the weight is appropriate to height (from the chart)	Underweight or overweight
<b>Activities of daily living/ Instrumental activities of daily living (ADL/IADL)</b>	Can he/she get out of bed or make his own meals/tea or do his/her own neighbourhood shopping or dress himself/herself	Unable to carry out any one or more of these tasks

### 2. Psychological/Mental assessment

<b>Function</b>	<b>Procedure</b>	<b>Abnormal Result</b>
<b>Mental status/memory</b>	Instruct: "I am going to name three objects (pencil, truck, book) I will ask you to repeat their names now and then again a few minutes from now."	Abnormal if unable to recall all three objects after 1 minute
<b>Depression</b>	Ask: "Do you often feel sad or depressed"	Answer is Yes

### 3. Socioenvironmental assessment

<b>Parameter</b>	<b>If abnormal</b>
<b>Social support:</b> Who would be able to help the senior citizen of your family in case of illness or emergency?"	Hardly any one or none at all
<b>Living arrangement:</b> Is the senior citizen liable to live alone temporarily or on long term	Yes
<b>Marital status</b>	Widowed
<b>Financial status</b>	Completely dependent
<b>Home environment:</b> Does the senior citizen have trouble with lighting or with stairs inside or outside the house.	Yes

In conclusion, it may be mentioned that functional, psychological, social and economic issues of patients are generally not given the required attention in overall approach to health. These issues are however also important determinants of health and assume greater significance as the patient become older in age. An older patient for example may not be very much concerned about the existence of a disease in his body such as diabetes mellitus but he would be quite concerned if his disease is interfering in his routine physical abilities like vision and mobility and in social life or if his financial status is inadequate for managing his disease. To him, the resultant quality of life is more important. Evaluation of elderly persons should therefore address not only the medical problems but also include functional, psychosocial and economic assessment and families should be made aware of this.

(Alzheimer's and Related Disorders Society of India-DC Souvenir. 2013; 25-27).