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MEDICAL ASPECTS OF ELDERLY CARE

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Older persons frequently suffer from multiple diseases and seek medical advice more than any other segment of adult population. Unlike young people, in old age more than one or two diseases and disabilities may emerge simultaneously in the same individual and which may be life-long requiring several medications with attendant risk of adverse reactions. Expected symptoms of a disease in old age may be atypical or hidden preventing early diagnosis; instead, non specific manifestations like mental confusion, incontinence, faints, falls and depression, the so called geriatric syndromes may be seen. Illness especially in a more elderly individual (75 or 80+) may require a chronic, long term, assistive and rehabilitative care in a home, community or institution based setting. In certain circumstances, medical care of elderly is also required to provide emotional and socioeconomic care or palliative, terminal and hospice care. Approach to medical care for geriatric patients is therefore multidisciplinary and different from medical care of general population.

As shown in table 1, some diseases occur more often and some occur almost exclusively in old age. In addition, certain symptoms occur in old age because of physiological changes which accompany the normal process of ageing itself. It is however difficult to appreciate whether such symptoms are normal for old age or a pointer to an emerging disease.

TABLE 1. DISEASES AND SYMPTOMS OF OLD AGE

Diseases more often in elderly than adults	Diseases almost exclusive for elderly	Nonspecific symptoms normal ageing/diseases
Diabetes, high cholesterol	Osteoarthritis osteoporosis	Fatigue& reduced strength
High BP and stroke	Cataract, reading glasses	Reduced mobility & sleep
Heart disease & failure	Prostate enlargement	Reduced memory & sight
Bronchitis and pneumonia	Frailty syndrome, falls	Constipation, less appetite
Urinary & other infections	Menopause, andropause	Impaired hearing, dry skin
Cancers and tumors	Dementia, Alzheimer's	Pains, shortness of breath
Depression, under nutrition	Macular degeneration	Incontinence & impotence

HOLISTIC APPROACH TO MANAGEMENT OF GERIATRIC DISEASES

Detailed description of medical care and treatment of above mentioned different diseases and nonspecific symptoms is outside the scope of this presentation and reader can refer to numerous books and treatises for this. Following account gives a unified and holistic approach to manage various geriatric medical problems with an emphasis on preventive medical care. This is followed by description of geriatric medical care in certain special situations and for some vulnerable groups.

Healthy ageing strategies practiced during the course of life can play important role in preventing most if not all geriatric disorders and are thus capable of compressing the duration of period of morbidity in old age. Moreover, these practices can significantly contribute to the control and further progression of diseases even after they have occurred in the patient. Earlier the practices are begun, better will be the outcomes but some benefits will still accrue even if these practices are started late in life. This is important because curative or tertiary medical care for numerous acute and chronic geriatric diseases is quite expensive and does not address the issue of achieving improved health related quality of life on the long term.

Healthy diet, regular physical exercise, personal cleanliness, judicious medications, periodic preventive health checkups and vaccinations together with a life full of social and spiritual enrichment but free of any addictions and pollution are the practices which form the basis of healthy ageing. Active involvement with life, joint family system and availability of informal support network also contribute to healthy happy old age. Healthy ageing practices can be expressed as under by five Hindi words, each however starting with the English letter “S” and conveying the sense of healthy ageing.

Satvikta denotes consumption of vegetarian balanced and healthy diet which limits the intake of excess fat, sugar and salt but adequate in fruits and vegetables, fiber, vitamins and minerals and the one that avoids overeating. Smoking and all addictions are forbidden.

Shramta stands for physical work that may be in the form of physical exercise in various forms including yogic exercises. Brisk walking for 20-60 minutes daily for about 5 days a week is quite acceptable. Physical, psychological, and social benefits are known to accrue from exercise.

Sakriyata indicates involvement with life and it could be combined with mental and social activity. Picking up hobbies, club and library memberships, volunteering for charitable, religious and social organizations and tending to grandchildren or getting employed are all important for a life free of health hassles.

Samparkta stands for social integration and interaction. Have friends; attend gatherings and parties, visit clubs and areas where interaction with others is frequent. For instance, It would be better to brisk walk with friends than alone, thus combining exercise with interaction.

Shaithalyata conveys mental peace and relaxation. It could be achieved by several ways such as meditation, asana and other spiritual methods like receiving counseling on thoughts and conduct about compassion, contentment, optimism, composure, forgiveness, and wisdom of right and wrong because these may give a sense of feeling high and great to many. Watching spiritual TV channels, listening to devotional songs, religious discourses and vegetarianism etc. are also useful. Majority believe in God; 9 out of 10 people pray and 97% believe their prayers are answered. Both spirituality and religion can impact mental health by bringing a sense of wholesomeness and well-being, help tide over the despair of age decline and contribute to risk reduction for cancer, cardiovascular disease and depression. Spirituality is also useful for dementia through practice of music, incense touch, and visual symbols.

Although health care provider has indispensable role in medical care of elderly persons, many of the above practices can be performed by the elderly person

himself and are therefore popularly known as self care practices. However, acceptance of failing health and dependency as a part of old age is a highly prevalent mindset among older persons and the people around them and they come to believe that it is all a part of ageing and nothing can be done about it. A sense of fatalism seems to set in old age so that both the initiative for accessing health care and performing simple self care tasks is lost. For this reason it becomes important that these strategies should be adopted by the authorities concerned on national and state levels to benefit the masses through appropriate awareness and motivation.

On the part of health care provider, timely detection and correction of clinical and socioeconomic impairments and taking corrective measures compliments healthy ageing. Technique of detecting such impairments is based on periodic comprehensive geriatric assessment of vision, hearing, locomotion, cognition, nutrition, depression, activities of daily living (ADL), instrumental activities of daily living (IADL), home environment, living arrangements, social and family support, financial dependence, smoking and alcoholism and which can be completed even by a grass root health worker in a short period of time.

Another area relevant to medical aspects of care of the elderly person pertains to utilization of indigenous systems of medicine. Practitioners of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) are consulted in good measure especially in rural areas where they are readily available and provide safe and affordable care. These systems can also effectively deal with many symptoms that are complained in old age. AYUSH emphasize on disease and disability prevention and are elder friendly as they are practiced with maintenance of health as main objective. Some of the traditional home remedies and a number of grandma's remedies like turmeric, ginseng, tulsi, garlic, ginger, cinnamon etc have their origin in these systems. There is a need of integrating these systems with modern system of Medicine for the medical care of the elderly.

GERIATRIC MEDICAL CARE IN SPECIAL SITUATIONS

Care of the very old (80+), dependent and disabled elderly: These persons are likely to be more frequently bed-ridden, confined to homes, susceptible to falls and accidents and harbor terminal illnesses. Initiatives for assisting them in carrying out activities of daily living and other help, reminding them for taking medicines on time and institutionalizing them in cases of emergency need to be augmented. Providing assistive devices to them, both traditional (walkers, wheel chairs, hearing aids etc.) and the more recent (for incontinence, dementia, falls etc) is important.

Care of the elderly requiring physical therapy and rehabilitation: Rehabilitation is often needed after prolonged bed rest e.g. stroke, hip fracture, and myocardial infarction to help regain functional independence and carry out activities of daily living as a useful member of the society once again., Rehabilitation refers to a combination of physical, occupational and speech therapy, psychiatric counseling and socio-economic rehabilitation. Obviously a number of experts are needed. In India, vital role of cost effective community based rehabilitation (CBR) by trained community health worker and cost effective indigenous assistive devices will be more relevant. Rehabilitation includes various exercises, training in activities of daily

living (bathing, feeding, toileting and transferring) and instrumental activities of daily living (cooking, cleaning, shopping etc), treatment of pain and inflammation etc.

Palliative care of the elderly: More than others, older persons need palliative or terminal care which is a total care of terminally ill patients with untreatable diseases like cancer and Alzheimers and covers physical aspects like pain and distress as well as psychological, social and spiritual aspects. Terminal care can be offered at home, the hospice and at a general hospital. A hospice is neither a hospital, nor a home but in fact a combination of both where a dedicated team of physician, nurse, social worker and a counselor provide effective relief through nursing, medical and social care including bereavement counseling. An important component of terminal care is care of the dying patient. Patient's preferences should dictate the type of care to be provided in bringing about a satisfying end from patient's point of view

Respite care: is temporary supportive care of an older person by a substitute care giver. Respite care is often sought by the original care giver to relieve the strain of care giving which may prove to be physically, emotionally and financially draining on him and other family members.