GERIATRICS

Dr. Vaibhavi Patel

You do not heal old age. You protect it, promote it and extend it.

- sir James sterling Ross.

- Geras old age and iatrike- medical treatment.
- World is slowly ageing.
- 2001 India has joined the rank of greying nation, (i.e.> 7% pop is 60 plus)
- Life expectancy increase health care services.
- Medical, social and economic concern
- Major challenge for health departments all around the world.

Demography of the elderly

- Countries with large population such as India have large number of people now aged 60 years or more. The population over the age of 60 years has tripled in last 50 years in India
- the proportion of people over 60 years was
- 5.6% in 1961
- 7.7% in 2001
- 8.6 % in 2011 and by 2050 would be 19%.
- More geriatric care expert > pediatricians
- The age sex population structure in developing countries –

Population census data 2011

- Only 29% in urban area
- The ratio of women/men over 85 years is 2:1
- Sex ratio was 1033 (over 60)
- Literacy rates are up trending- 27 % in 1991 to 44% in 2011.
- Potential support ratio(dependency ratio)-10.9 (1961)to 14.2 (2011)
- And approximately 30% are below poverty line.

- Current scenario man power, infrastructure and policies for geriatric friendly care is lacking. And also attitude of health care staff?
- Cut off for old age is difficult to define.
- As per united nations > 60
- In January 1999 as per the national policy in older person – senior citizen is <u>></u> 60
- Three category
- Young old
- Middle old
- Oldest old.

definitions

- Gerontology The study of the physical, biological, sociological and psychological changes which are incident to old ages
- clinical gerontology or geriatrics- healthcare of aged
- Senility physical and mental weakness
- Senescence process of growing old

- Hippocrates noted conditions common in later life
- Aristotle offered theory of ageing based on loss of heat
- The word geriatrics was invented by Ignatz L. Nascher, a vienna born immigrant to the united states
- The 1st Geriatric service was started in U.K in 1947.
- Geriatric department at Chennai was established in 1978.
- Post Graduate course in Geriatric medicine has been started in 1996 at Madras medical college.
- Prof. V.S. Natarajan was the first Geriatric professor in India

AIM OF GERIATRIC MEDICINE

- Maintenance of health in old age by high levels of engagement and avoidance of disease
- Early detection and appropriate treatment of disease
- Maintenance of maximum independence consistent with irreversible disease and disability
- Sympathetic care and support during terminal illness

HEALTH PROBLEMS

- aging is a continuous process
- For both gender
- senile cataract, glaucoma ocular diseases
- Hearing defects
- Reduced muscular strength and coordination
- Accidents and injuries
- Nutritional deficiencies
- Dental problems
- Cardiovascular diseases
- increased susceptibility to infections
- cancers
- List is not exhaustive
- We need to know a lot more.

- For male
- BPH
- Prostatic cancer
- Male sexual dysfunction
- For female
- Menopausal problem
- Urinary incontinence
- Cancers and diseases of female genital tract
- osteoporosis

Psychological problems

- mental changes- loneliness, boredom, depression, dejection and worrying about the future.
- Loss of memory, loss of confidence, and a sense of hopelessness.
- senile dementia-
- Alzheimer's disease
- Elder abuse

social

- Retirement -
- Reduction in income, social status, authority, power, respect and importance.
- Loss of decision making power particularly more complain by women.

Preventive geriatrics

- Focus is mainly in primary prevention
- Health promotion: healthy ageingdeveloping and maintaining the functional ability that enables well being in older age.
- healthy ageing starts from birth.

Life style and healthy aging

- Diet and nutrition
- Exercise
- Weight
- Smoking
- Alchohol
- Social activities.

Early diagnosis and treatment

- Screening procedures for health condition
- Breast cancer mammography
- Cataract medical examination of eye
- Cervical cancer pap smear
- Colorectal cancer stool for occult blood
- Coronary artery disease analysis of risk, ECG
- Deafness whisper test and audiometry
- Dementia mini mental state examination

- Diabetes mellitus blood glucose estimation
- Diabetic nephropathy- fundoscopic examination, fluorescein angiography
- Dyslipidemia lipid profile
- Glaucoma tonometry
- HT BP measurements
- Lung cancer x ray chest
- Osteoporosis bone densitometry

Prostate cancer – PSA level, rectal examination.

Periodic health check up:

Annual health check up, and adequate health advice

Rehabilitation-

- Enabling person to acquire skill to needed to live independent life.
- Spectacles, dentures, sunglasses, and hearing aids are given free to the needy aged persons.

Percentage of elderly reporting various ailments

- Visual impairments/complaint 88%
- Locomotive disorder, joint muscles-40%
- Neurological complaints 18.7%
- Cardiovascular disease 17.4%
- Respiratory disorders 16.1%
- Skin disorders 13.3%
- Gastrointestinal/abdominal disorder 9%
- Psychiatric problems 8.5%
- Hearing loss 8.2%
- Genitourinary disorders 3.5%

Indicators of health status of aged

- Age proportional mortality rate
- Age specific death rate persons over 55 years
- Age specific prevalence rates for CVD, cancers and accidents.
- % elders taking three or more drugs/day
- Cumulative percentage of elders undergone cataract surgery
- Proportion of elders admitted to the hospital in the past one year

Current approaches in geriatric health care services

- WHO active ageing in 2002
- Based on 'world report on aging 2015'
 changed to 'healthy ageing' from 2015-2030
- 1st october –international day of older person
- 15th june world elder abuse day
- world health assembly adopted 'GSAP -global strategy and action plan for ageing and health' in may 2016
- 2020 -2030 has been declared by WHO as the decade of the elderly.

GSAP

- <u>Vision</u>: a world in which every one can live a long and healthy life.
- Strategic objectives
- Commitment to action of healthy ageing in every country
- Developing age friendly environments
- Aligning health systems to the needs of older populations
- Developing sustainable and equitable systems for providing long term care
- Improving measurements, monitoring and research on healthy ageing

Action plan 2016-2020

- Five years of evidence based action to maximize functional ability that reaches every person
- By 2020, establish evidence and partnerships necessary to support a decade of healthy ageing from 2020 to 2030

National approach

- Many minisry -MOSJE, MOHFW
- 1. National Policy On older Persons(NPOP) MOJSE in 1999 Revised in 2011
- Principal areas of intervention are
- Financial security
- Health care and nutrition
- Shelter, education, welfare
- Protection of life and property
- Involvement of NGO
- Training of manpower
- Establishment of national council of senior citizens

2. Maintenance of senior citizen act, 2007

3. National program for health care of elderly (NPHCE)

- Launched by MOHFW in 2010-2011
- After initial thrust responsibility on state government
- Initially in 100 district- presently 600 out of 716.
- 20 medical college regional geriatric center

Three components

- Dedicated primary care through district hospital, CHC, PHC, and subcenter
- secondary and tertiary care through regional geriatric center
- Centers of excellence national centers for ageing – AIIMS delhi and Madras medical college, Chennai.

Main strategies

- Preventive and promotive care- HE through domiciliary visits by trained health workers and weekly clinic at PHC
- Management of illness out door and indoors
- Health manpower development for geriatric
 services Pg courses MD geriatric medicine in 4 medical colleges
- Medical rehabilitation and therapeutic intervention
- **IEC-** mass media, folk media and other communication channels and camps
- LASI longitudinal ageing study of India by IIPS
 Mumbai- follows 60,000 individuals across 36 states

THANK YOU