

Elderly Care: Concept and Principles

Color Index

IMPORTANT

NOTES

GOLD

EXTRA

OBJECTIVES

- Define the elderly population
- Understand the aging process
- Understand the giant geriatric syndromes
- Explain the meaning of healthy aging
- Discuss the health risks in aging population
- Recognize the common causes of dementia
- Discuss the common preventive measures for elderly people

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Characteristics and Age group of Elderly

Age Group

- 1- Developed countries: ≥ 65 Years
- 2- Undeveloped Countries: ≥ 60 Years
- 3- African countries: ≥ 50

“The Typical geriatric Patient”

- 1- Has a Chronic Disease
- 2- Multiple Co-morbidities
- 3- Uses Multiple Drugs
- 4- Social isolation and poverty
- 5- \downarrow Physiological Function

Aging Definition

What's Aging? Why is it a Concern?

Who is the Geriatrician?

- 1- Aging is a physiological process; it's associated with complex changes in all organs.
- 2- The accumulation of biological changes over time leading to decreased biological functioning and impaired ability to adapt to stressors.

Geriatricians: are those who Diagnose, treat, manage diseases and condition for elderlies using special approach

- if a patient sits for two weeks, they get muscle atrophy
- lack of social support and the geriatrician can help

Geriatrics: Medical term
Elderly: مصلح عام

General principles of Geriatric Care

- 1- Geriatric conditions are chronic, multiple, multifactorial
- 2- Reversible conditions are underdiagnosed and Undertreated
- 3- Function and quality of life are important outcomes
- 4- Social support and patient preferences are critical aspects

- 5- Geriatrics is multidisciplinary issues
- 6- Cognitive and affective disorders prevalent and undiagnosed at early stages
- 7- Iatrogenic disease common and often preventable
- 8- Care is provided in multiple settings
They can have depression
- 9- Ethical and end of life issues guide practice

Aging

- Aging is not a disease. **مو لازم عنده أمراض**
- Aging happens in different organs
- Aging occurs at different rates

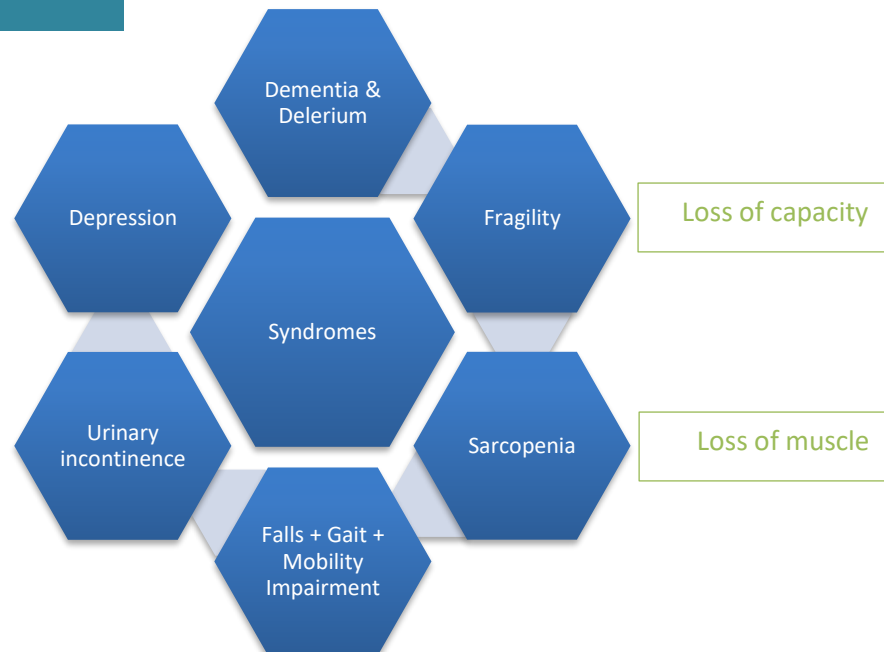
One more important role for geriatricians is to maintain quality of life

Why Elderly Are Special Group?

Aging Includes Two Main Categories:

Normal Aging	Vs.	Abnormal Aging (Disease)
<ol style="list-style-type: none"> 1. "Crow's feet" 2. Presbycusis 3. Seborrheic keratoses 4. loss of skin elasticity 5. Benign forgetfulness 6. Decreased blood vessel compliance 7. Increase in % body fat 		<ol style="list-style-type: none"> 1. Macular degeneration 2. Tympano-sclerosis 3. Basal cell CA 4. Dementia 5. Athero-sclerosis 6. Hypertension 7. Obesity

Common geriatric Syndromes:



Other Characteristics:

مشاكل النظر عند كبار السن غالباً تكون بسبب:

- Presbyopia (بعد النظر)
- Visual field deficit
- Color deficit

- 1- Frailty **ضعف**
- 2- Mental problems
- 3- Polypharmacy and iatrogenic
- 4- Agitation & anxiety

- 5- Driving issues
- 6- Risk of falls
- 7- Loss of motivation **إذا في أحد بيتوظف عمره فوق**
- 8- Executive Functions **65 لازم يسوي هذا الاختبار <<**

When you take history from the patient make sure to take collateral history from son or relatives.

Comprehensive geriatric assessment (CGA)

it's a Co-ordinated multidisciplinary assessment that Identify medical, functional, social & psychological problems, which includes:

- 1- The formation of a plan of care including appropriate rehabilitation
- 2- The ability to directly implement treatment recommendations by the multidisciplinary team
- 3- Long term follows up
- 4- Targeting (age & frailty)

There are two structured approach for (CGA):

Multidimensional

1. Functional ability
2. Physical health (pharmac
3. Cognition
4. Mental health
5. Socio-environmental

1. Physician
2. Social worker
3. Nutritionist
4. Physical therapist
5. Occupational therapist
6. Family

Multidisciplinary

Frailty:

- 1- Frail people suffer from three or more of five of the following symptoms:
 - ✓ unintentional weight loss ≥ 10 pounds in the last year
 - ✓ muscle loss
 - ✓ feeling fatigue
 - ✓ slow walking speed
 - ✓ low levels of physical activity
- 2- vulnerable to significant functional decline
- 3- Typically, 75 years of age or older with multiple health conditions; acute and chronic; as well as functional disabilities.

What are the Areas of assessment?

- 1- Functional assessment
- 2- Mobility, gait and balance
- 3- Sensory and Language impairments
- 4- Continence
- 5- Nutrition
- 6- Cognitive/Behavior problems
- 7- Depression
- 8- Caregivers

Iatrogenic illnesses are common, and many are preventable:

- 1- Who is considered as polypharmacy?
A: When a patient uses 5 drugs or more for a long period
- 2- What are the most common complications of hospitalization?
A: falls, immobility, and deconditioning.

What is End of Life Care? (EOL)

الوصية

1. It's a critical and advance directive for preventing some ethical dilemmas.
2. Consist of Palliative care and end-of-life care and they are essential for good Quality of life.

Elderly patients need support when they go through aging changes

That's why geriatrician do physical assessment to patients in every clinic

What are they?

1 Changes in Vision:

- 1- Decreased peripheral vision
- 2- Decreased night vision
- 3- Decreased capacity to distinguish color
- 4- Reduced lubrication resulting in dry, itchy eyes

5 Changes in Elimination:

- 1- Bladder atrophy (inability to hold bladder for long periods)
- 2- Constipation can become a concern because of slower metabolism
- 3- Men can develop prostate problems causing frequent need to urinate
- 4- Incontinence may occur because of lack of sphincter control

2 Changes in Hearing:

- 1- Sensitivity to loud noises
- 2- Difficulty locating sound
- 3- More prone to wax build up that can affect hearing

6 Changes in Bones and Joints:

- 1- Decreased height due to bone changes
- 2- Bones more brittle (risk of fracture)
- 3- Changes of Calcium absorption
- 4- Pain from previous falls or broken bones
- 5- Joints less lubricated (may develop arthritis)

3 Changes in smell and taste:

- 1- Decreased taste buds and secretions
- 2- Decreased sensitivity to smell

7 Changes in Cognitive Ability:

- 1- They don't lose overall ability to learn new things, but there are changes in the learning process itself
- 2- Harder to memorize lists of names and words than younger person
- 3- Sensory and motor changes as well as cognitive ability may affect ability to respond (hard to know which is which :)

4 Changes in Skin:

- 1- Decrease in moisture and elasticity
- 2- More fragile (tears easily)
- 3- Decrease in subcutaneous fat
- 4- Decrease in sweat glands (less ability to adjust body temperature)
- 5- Tactile sensation decreases (not as many nerves)
- 6- bruise more easily

Functional Ability and assessment

- ❖ Functional status refers to a person's ability to perform tasks that are required for living
- ❖ Two key divisions of functional ability:
 - 1- Activities of daily living (ADL)
 - 2- Instrumental activities of daily living (IADL).

1

Activities of Daily Living (ADL) Examples:

- | | |
|---------------|------------------|
| 1- Feeding | 6- Transfer |
| 2- Dressing | 7- Continence |
| 3- Ambulating | 8- Grooming |
| 4- Toileting | 9- Communication |

2

Instrumental activities of daily living (IADL) Examples:

- | | |
|------------------|----------------------|
| 1- Cooking | 6- Laundry |
| 2- Cleaning | 7- Managing money |
| 3- Shopping | 8- Managing meds |
| 4- Meal Prep | 9- Ability to travel |
| 5- Telephone use | |

Cognitive Assessment:

- ❖ There many tools to assess the cognition of elderly Patients, Such As:
 - 1- The Montreal cognitive assessment (MOCA)
 - 2- The Mini-Mental State Examination (MMSE)
 - 3- The Clock Drawing test

Definition of Cognitive ability tests:

Cognitive Ability tests are Family of Psychometric Tests made to measure the general intelligence. These tests are typically formulated in Multiple-Choice Format.

- it's Important to do primary and secondary prevention
- important vaccines: pneumococcal, influenza, hepatitis

Steps of Healthy Aging:

1

Prevention of fall:

- ❖ 30% of ambulatory adults > 65 y/o falls per year with consequences, Such as:
 - 1- Death
 - 2- Injury
 - 3- Hip Fractures 1-2%
 - 4- Fractures in general 10-15%
 - 5- Reduced Activity due to Fear of Falling

Causes:

intrinsic

Extrinsic

Environmental

- 1- Disease:
 - ❖ Dementia
 - ❖ Depression
 - ❖ Drugs
 - ❖ Foot problems
 - ❖ Incontinence

- 2- Age:
 - ❖ Gait/Balance Disorder
 - ❖ Sarcopenia
 - ❖ Vestibular
 - ❖ Orthostatic Hypotension
 - ❖ Special Senses –Vision/Hearing

2

Home safety:



QUESTIONS

QUESTIONS (1)

1- Who diagnose, treat and manage diseases and conditions for elderlies?

A) FAMILY PHYSICIANS

B) GERIATRITIAN

C) PEDIATRITIAN

QUESTIONS (2)

2- Why end of life care is important?

A) IT'S NOT IMPORTANT

B) TO ASSESS THE COGNITION

C) TO PREVENT ETHICAL DILLEMAS

QUESTIONS (3)

3- which of the following is an example of instrumental activities of daily living?

A) FEEDING

B) TRANSFER

C) LAUNDRY

QUESTIONS (4)

4- Aging is a disease

B) YES

B) NO

ANSWERS

B, C, C, B