Geriatric Health Care

Learning Objectives

- Rational
- Facts on ageing
- Population ageing
- Definitions
- Health problems of elderly
- Health care programs directed to the elderly

Introduction

- This century has seen remarkable increase in growth of the old population throughout the world both developed and developing countries

- With the **increased life expectancy** and **survival,** the elderly are more susceptible to chronic diseases that lead to their **disability** **dependency**, and **suffering** in their extra years of life

Introduction

- Health Care Workers should consequently meet the geriatric health needs, limit their disabilities and provide social support

- Providing appropriate health, social and welfare services is of most importance?
  - So that elderly can enjoy a happy, productive old age
  - Considered as integrated active segment of the community

Rational

What are the challenges of elderly?

1. strains on pension and social security systems;

2. increasing demand for health care;

3. bigger need for trained-health workforce in gerontology

4. increase the need for environments to be made more age-friendly.

Why do we need a Geriatric Health Program?

Elderly are exposed to progressive degenerative and pathological changes that are inevitable

Elderly need special comprehensive care programs

(promotive-preventive-curative-rehabilitative)

- Increase the need for long term care (home nursing, assisted living, residential care, and long-stay hospitals)

- The great challenge for public health programs is to keep older people healthy longer, delaying or avoiding disability and dependence.

Facts on Ageing

- Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from **12% to 22%.**
- They are projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050,
- In 2050, 80% of older people will be living in low- and middle-income countries.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

AGING :

Is a process that convert **healthy adults** into **frail ones**, with **diminished reserve** in most physiological systems and increasing vulnerability to most diseases and to death.

AGEING and HEALTH

World Health Organization

Between 2000 and 2050, the number of people aged 60 and over is expected to double

In 2050, more than 1 in 5 people will be 60 years or older.

By 2050, 80% of older people will be living in low– and middle–income countries.

► EVERY OLDER PERSON IS DIFFERENT

Some have the level of functioning of a 30 year old.

Some require full time assistance for basic everyday tasks.

Health is crucial to how we experience older age.

► WHAT INFLUENCES HEALTH IN OLDER AGE

► WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people

Creation of age–friendly environments

Alignment of health systems to the needs of older people

Development of systems for long–term care

Healthy Ageing...being able to do the things we value for a long as possible

#yearsahead

- **Geriatric Health:**

  It is a state of complete physical, mental, social and psychological and spiritual wellbeing and not merely absence of disease ***of elderly who form a vulnerable group who needs special care***

- **Geriatric Medicine:**

  Is the branch of medicine that provides promotive, preventive, curative, rehabilitative care for elderly

- **Gerontology :**

Is the scientific study of the phenomenon of old age and the changes (physical, mental ,social &biological) accompanying it

In Developed Countries;

the chronological age of 65 years is a definition of 'elderly' or older person,

In Developing Countries;

geriatric age starts at age of retirement 60 years.

- **Healthy ageing:**

It is about **optimizing opportunities** for good health, so that older people can take active part in society and enjoy an independent and high quality of life

- **Age friendly environment**

1. Health (long term care, trained doctors)
2. Social (housing, transport, work)
3. Economic (pensions)

Population Aging

The major determinants for population aging are **decline of both:**

A. Mortality (Epidemiologic transition)

B. Fertility (Demographic transition)

A. Epidemiologic Transition

- Is the declining of infectious diseases and emerging of chronic degenerative diseases

I. Decrease in mortality rate

II. Increased life expectancy

Epidemiologic Transition (cont..)

I. Decrease in mortality rate

- **Developing countries:**

Successful infant and child health programs :

1. Growth monitoring
2. Breast feeding
3. Oral rehydration
4. Immunization

- **Developed countries:**

1. Socioeconomic development
2. Environmental sanitation
3. P & C of communicable diseases
4. Improved medical care

Epidemiologic transition: (cont..)

II. Increased life expectancy

- In most developed countries, the life expectancy is (70-75 yrs) for males and (76-81 yrs) for females.

- In Egypt, there is an increase in the life expectancy. For men it is (70 yrs) and for women (72.9 yrs) (CAPMAS,2016)

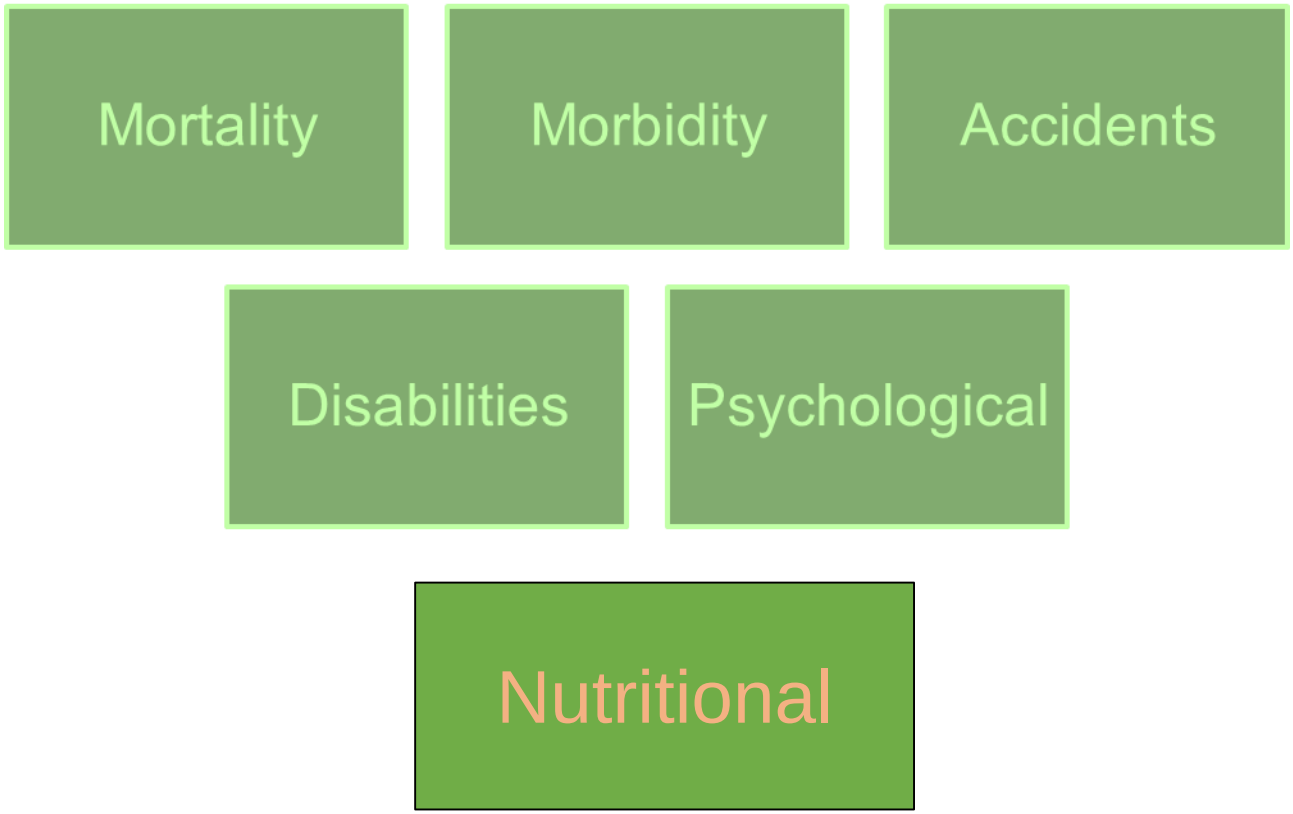
B. Demographic transition:

- Decline in Fertility due to:
- - Urbanization
- - Industrialization
- - Family planning program
- - Women development programs

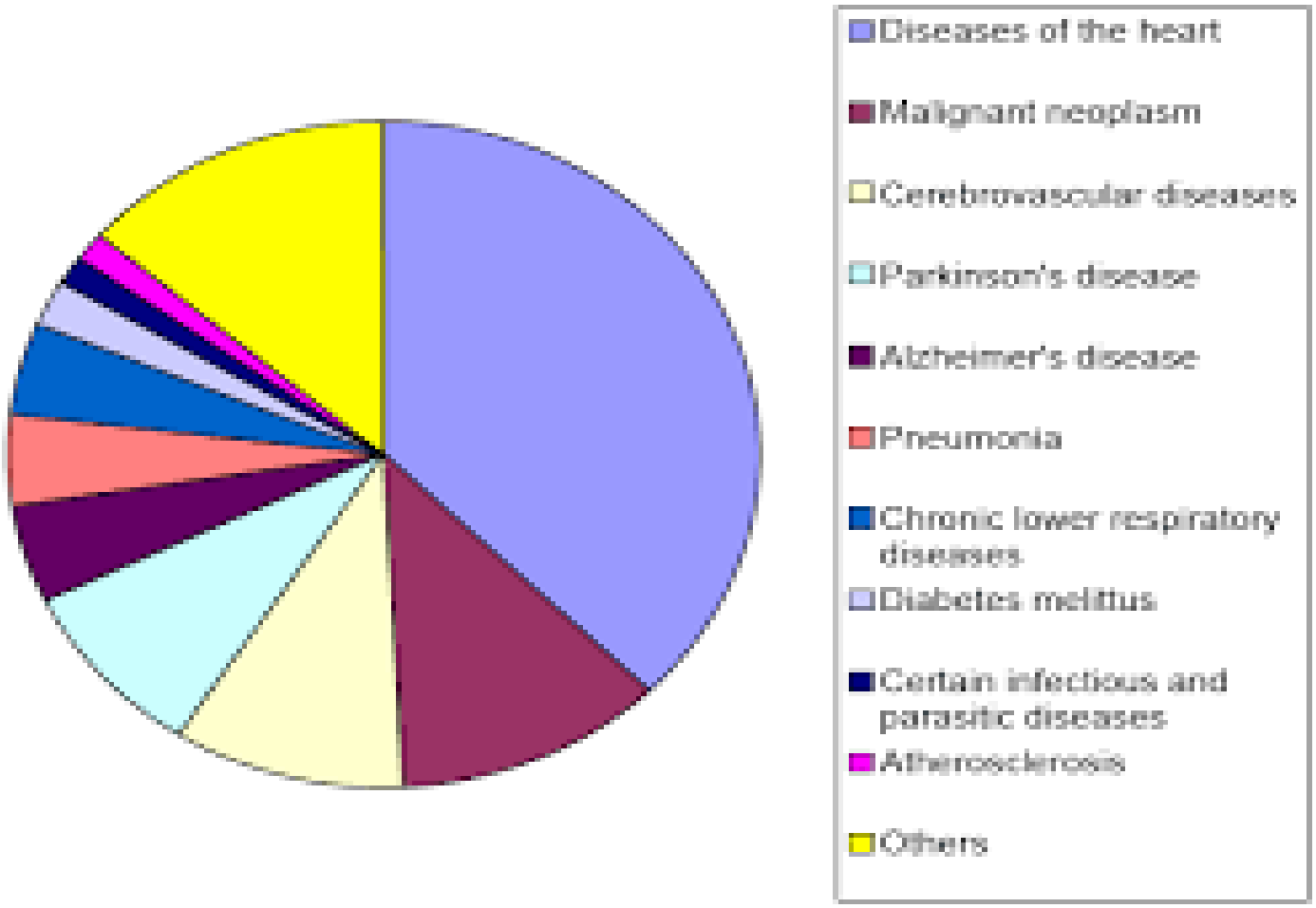
Population Aging

- When fertility rates decline and mortality rates decline at all ages, the whole **population begins to age**
- The gradual process where a society moves from a situation of high to low rates of fertility and mortality is termed demographic transition or greying of nations.

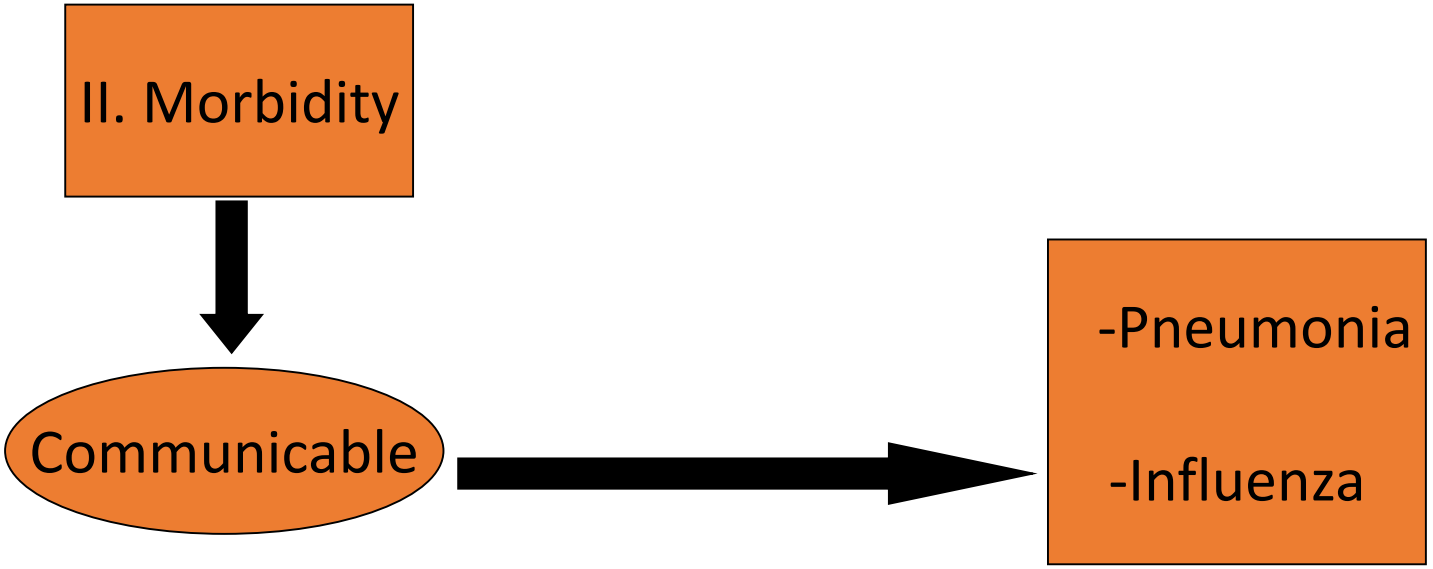
GERIATRIC HEALTH PROBLEMS

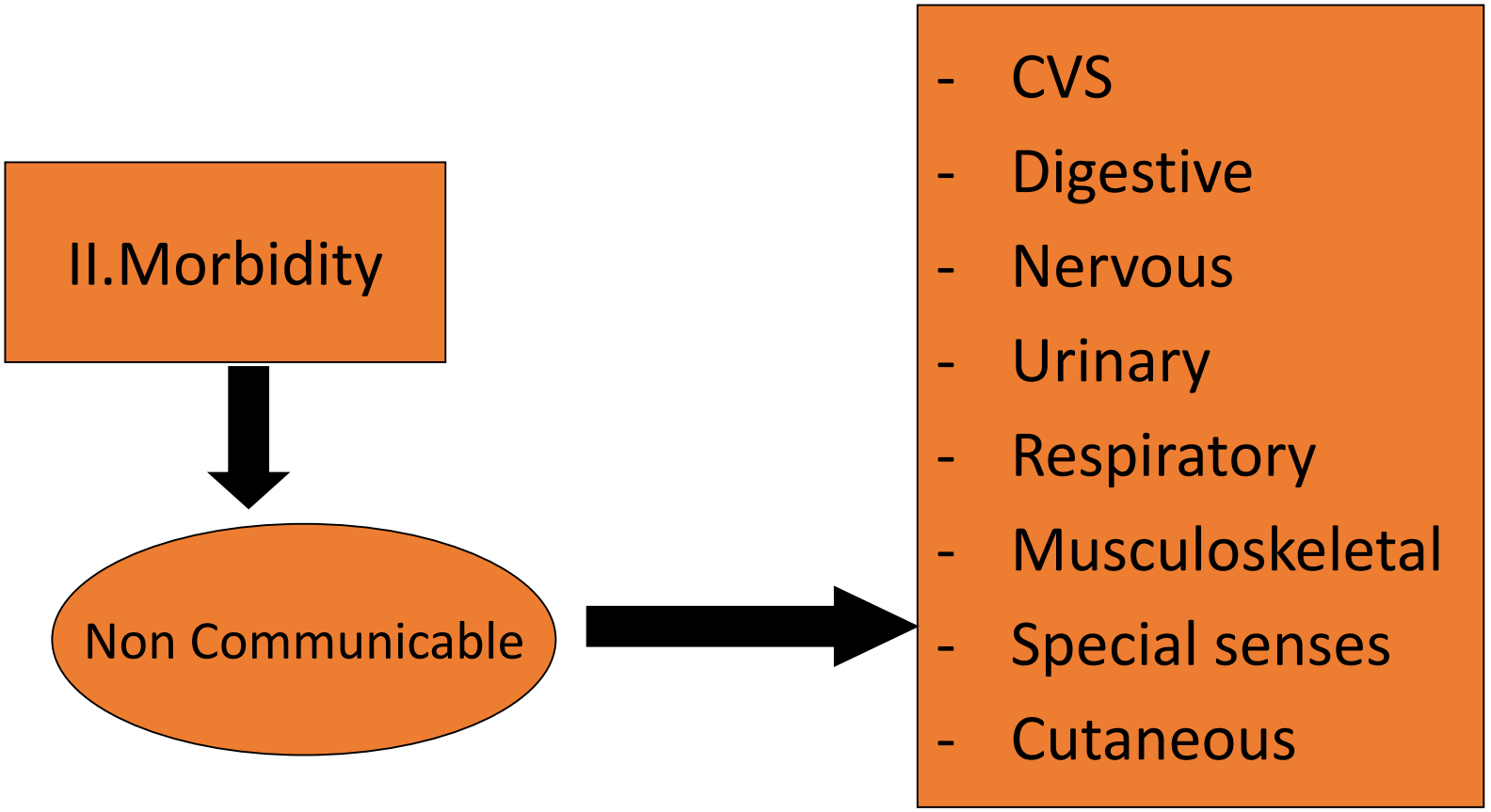


I. Mortality: common causes of death




ELDERLY
HEALTH PROBLEMS
ANNUAL CHECKUP
24
CALL
AMBULANCE SERVICES
OBESITY
EYE DISEASE
HEART DISEASE
DIABETES
OSTEOARTHRITIS
ANEMIA
EMOTIONAL
CANCER
MEMORY
HIGH BLOOD PRESSURE
OSTEOPOROSIS
GALLSTONES
www.shutterstock.com · 306605882


II. Morbidity
Communicable
-Pneumonia
-Influenza


II.Morbidity
Non Communicable
- CVS
- Digestive
- Nervous
- Urinary
- Respiratory
- Musculoskeletal
- Special senses
- Cutaneous

GERIATRIC HEALTH PROBLEMS
II. **Morbidity problems:**

1.<u>Cardiovascular system:</u>

- Heart muscle------less efficient
- Blood vessels-----loss of elasticity
- Inner walls of BV------atherosclerosis

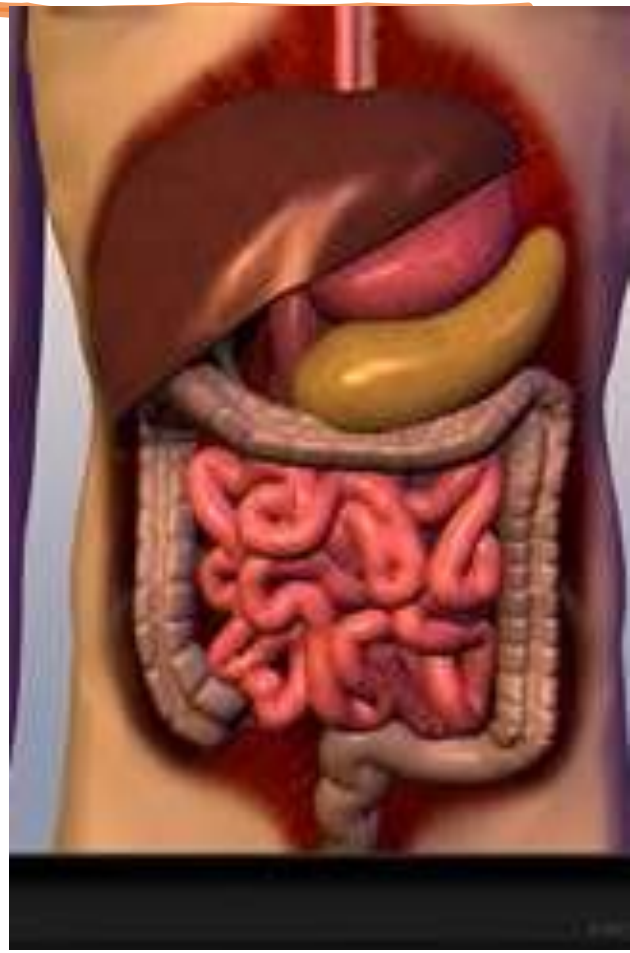
Therefore the heart works hard to pump blood to the stiff BV------ hypertension / ischemic heart disease

2. Digestive system:

A. **Constipation** due to decrease motility of colon

B. **Malnutrition due to**: Diseases AS

- ✓anorexia
- ✓stomatitis
- ✓loss of teeth
- ✓diminished digestion & absorption of food



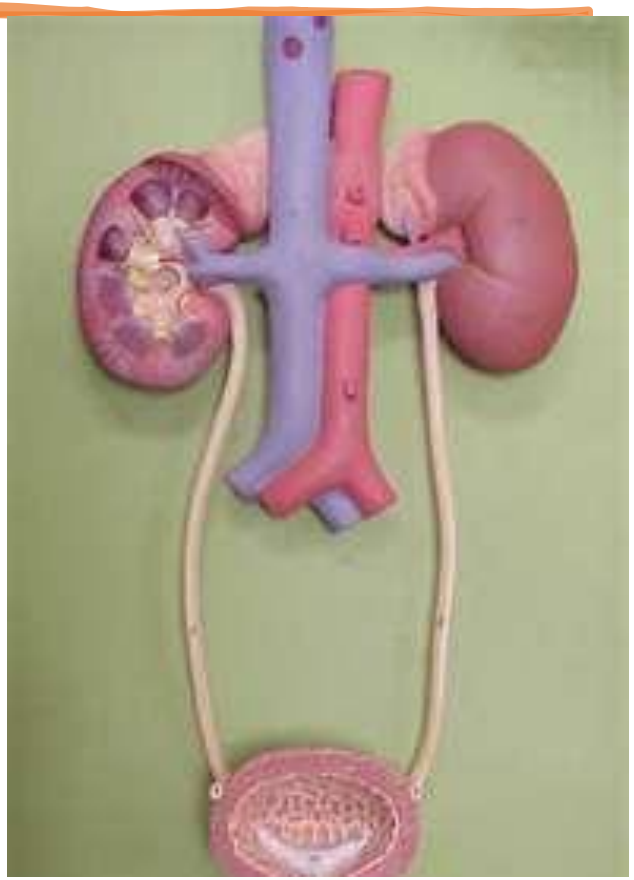
3. Nervous system:

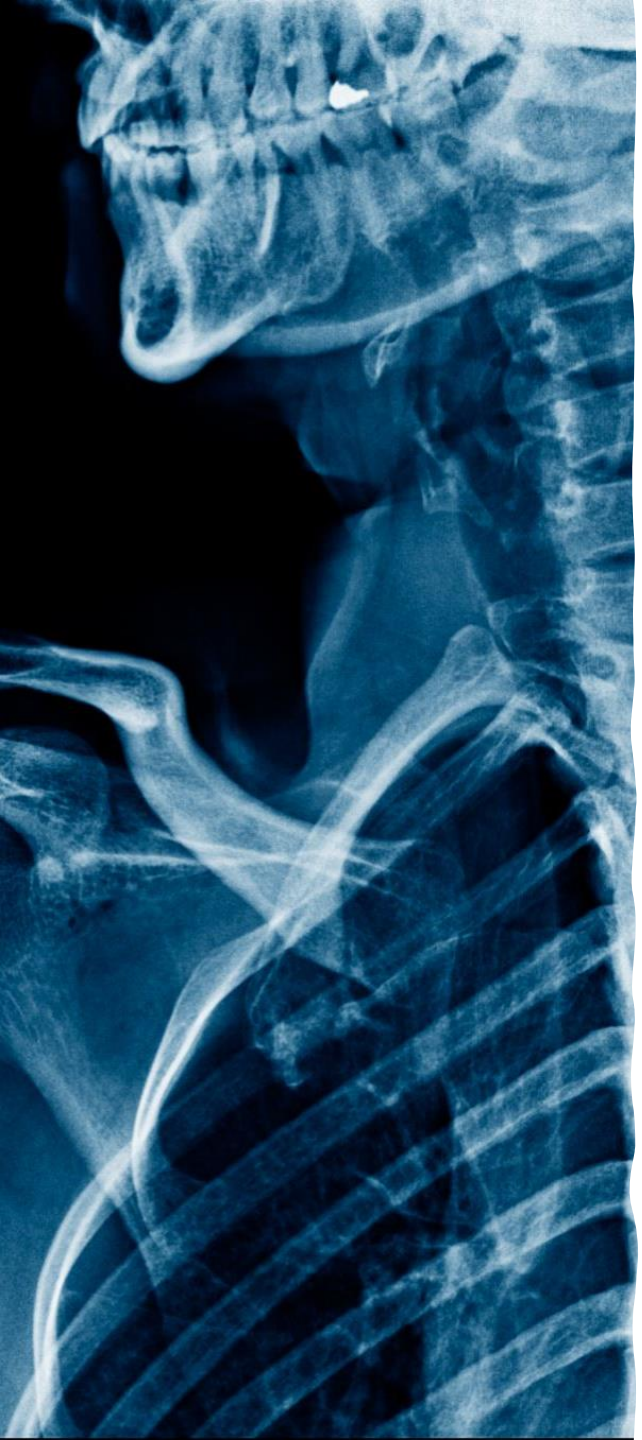
- Degenerative change in nerves (motor & sensory)
- Cerebro-vascular strokes
- Special senses disorders
  - Hearing (tinnitus, deafness)
  - Vision (senile cataract, macular degeneration)
- Reflexes become slower
- Memory becomes defective

Morbidity problems:

4. Urinary System:

- Kidneys become less efficient
- Urinary incontinence
- Women due to menopausal effect (weak sphincters and bladder muscles)
- Men due to enlarged prostate
- Dysuria, nocturia and urgency.

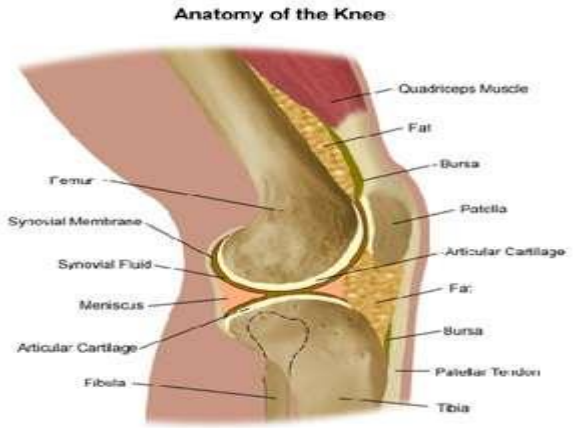




5- Respiratory system:

- Asthmatic attacks
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Pneumonia

6. Musculoskeletal system:



- Articular(osteoarthritis) and non articular disorders limitation in movement

- Decrease in bone density (osteoporosis) fractures (neck of femur)

7. Special senses disorders:

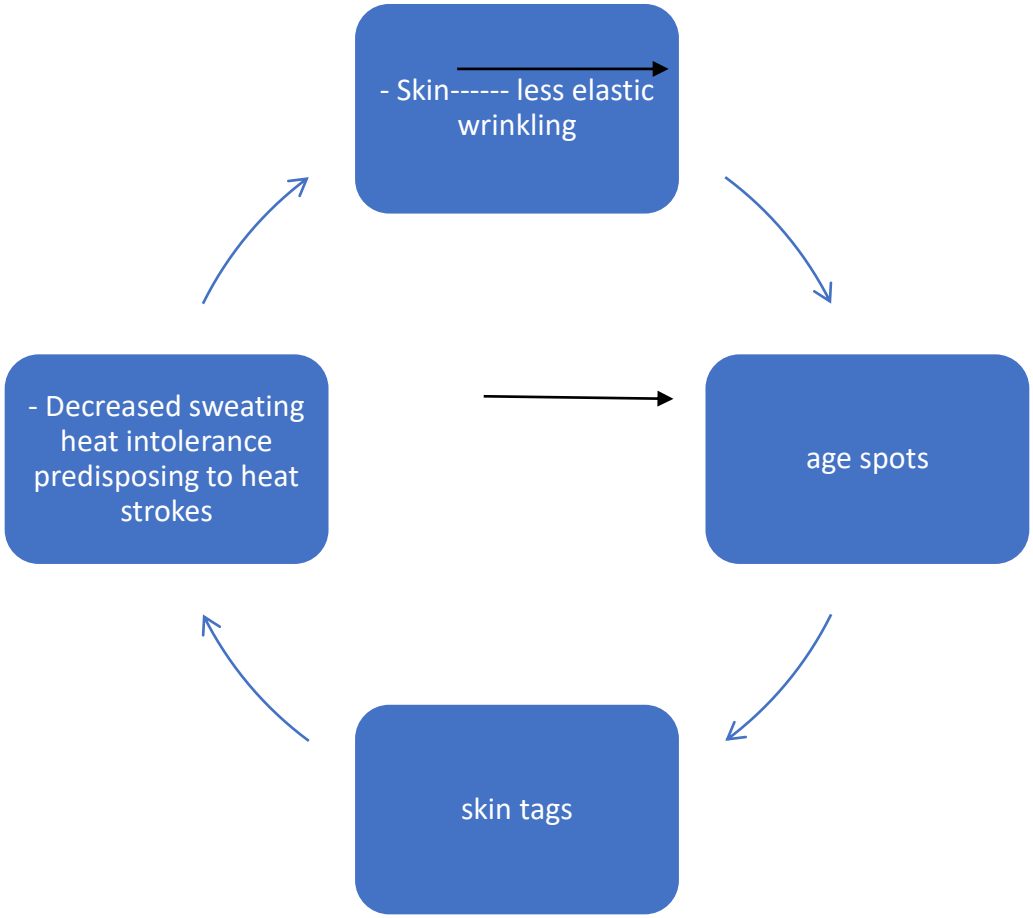
a. **Eyes:**

- Senile cataract
- Senile macular degeneration
-Glaucoma
- Presbyopia

b. Ears:

- Hearing loss due to:
- Damage to sensory cells of inner ear
- Eardrum thickens

8.Cutaneous changes:



III. Nutritional problems:

- Elderly are prone to develop malnutrition in both developed and developing countries

Risk factors for malnutrition:

1-Social risk factors, such as:

- Loneliness
- Isolation
- Immobility
- Poverty
- Ignorance
- Dependence

2-Medical risk factors:

-Impaired physiological functions

-Few or no teeth, unfit dentures (difficult mastication)

-Depression, dementia, insomnia, anorexia

Common Nutritional Deficiency Problems:

1. -**Anemias due to:**

a- Folate deficiency:

b- Vitamin B12 deficiency: due to gastric atrophy

c- Iron deficiency

2. Vitamin D deficiency can present with fractures or bone pains of osteomalacia

3. Water: old people may not drink enough, which leads to urinary tract infection or dehydration

IV. Accidents:

- **Place:** home – road
- **Form:** -Fractures
- Burns
- Fall

V. Disabilities:

Causes:

- Chronic disease (DM---- blindness, stroke----- paralysis)
- Post accident

VI. Psychological problems

- The most common neuropsychiatric disorders in this age group are dementia and depression