# GERIATRIC CARE: NEW DIMENSIONS

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Ageing (or senescence) is a progressive generalized impairment of function resulting in the loss of adaptive responses to stress. Gerontologists have been working hard in collaboration with biologists and social scientists for a better understanding of the ageing process. While evidences of accumulation of senescent cells, Deoxyribo Nucleic Acid (DNA) damage, and oxidative damage have been marked as biological causes of ageing, some important social theories have also been worked upon, such as cumulative inequality, financial and stress accumulation etc. as contributors to ageing [1].

Ageing is not a disease, however the risk of developing disease is increased as a function of age. Older people face specific health problems related to the ageing process that have been neglected internationally but deserve attention. Besides old people have long been neglected in research terms as well and until recently, were rarely included in randomized clinical trials. There is thus little evidence on which to base therapeutic practice of elderly people. Moreover, population ageing is often framed in negative terms. Older people are viewed as a burden to society and resources. But, to the contrary, older people contribute to society through their experiences and knowledge [2].

The World Economic Forum (WEF) published a genius report on the status of world's ageing population, the title being "Global population ageing: Peril or promise?" with a sensible concern about remodeling healthcare services to ensure best possible care for geriatric patients. According to this report, there are global increasing trends in the total number of elderly population (Fig 1). Between 2000 and 2030, the number of older adults world wide is expected to increase from 420 to 974 million. About 7% of total population in Bangladesh is aged above 60 years at present.

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In the year 2030 it will be 12%, and in 2050 it will be 22% [3]. World Health Organization's (WHO) multi-country study, 'Integrated response of health systems to rapidly ageing populations', older patients, their caregivers, and health care, providers passively accept ill-health as part of old age [4].

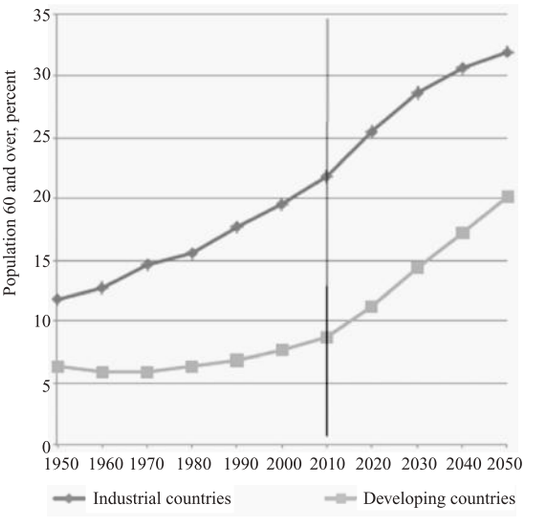


**Fig :** Ageing is accelerating worldwide

Source: UN. World Population Prospects: The 2010 Revision

Globally, we are getting older. Already people older than 65 years account for 13% of the world population, and their numbers will double in the next 30 years. Five years from now, for the first time in history, the number of people aged 65 years and older in the world will outnumber children younger than 5 years. Advances in medicine, socioeconomic development, and declining fertility have all contributed to this demographic shift [5]. Countries world wide need to adapt to this change in a positive and inclusive way. Obviously it demands a vigorous focus on geriatric care and support services.

Non communicable diseases are a particular threat to older populations. The leading causes of death world wide in people older than 60 years are stroke and ischaemic heart disease. Additionally more than 250 million older people in the world

experience moderate to severe disability, mainly visual impairment, dementia, hearing loss, and osteoarthritis. An estimated 28-35% of older people are injured in falls each year [3,5].

World Health Day (7th April) 2012 slogan was: 'Ageing and health: Good health adds life to years'. On the eve of this special day, World Health Organization (WHO) championed a life course approach to healthy and active ageing. It included: promotion of good health for all ages to prevent chronic disease, early detection of chronic diseases to minimize their impact, creating physical and social environments that foster the health and participation of older people, and changing social attitudes to ageing [2,3].

Management of older patients varies in many ways from that of younger. As for example, physical restraints are used frequently in medical care of older patients, but it has been shown in a study that cognitive and physical impairments in older people relate very closely to the use of physical restraints [6]. Despite a rapidly ageing population, geriatrics the branch of medicine that focuses on healthcare of the elderly is almost new in Bangladesh. Till now our physicians have been taking care of these patients without any formal knowledge or training about the clinical and functional implications of ageing. Negative attitudes and limited awareness, knowledge or acceptance of geriatrics as a legitimate discipline contributes to inaccessible and poor quality care for old people [7,8].

Maltreatment of elderly people is also a serious and under-reported health concern [5]. Over the past 4 decades, geriatric medicine has developed a robust clinical and academic knowledge base for identifying, preventing, treating, and alleviating diseases and consequences of ageing itself [8]. Geriatricians have pioneered models of care for the effective and efficient implementation of best practices for caring the old. Further geriatric medicine has identified the competencies that all physicians who care for older adults should master, such as medication management, age associated atypical presentations of disease, and patient specific strategies for prevention [2]. But still geriatric medicine remains an unpopular career choice [8].

There appears to be two areas of concern about geriatric care. Firstly, dealing with the chronic medical conditions in elderly people with appropriate addressing to age related problems, e.g. vision impairment, hearing impairment, cognitive impairment, urinary leaks, falls etc [7,9].

Second concern is management of geriatric patients presenting with acute medical conditions [9,10]. Adequate hospital care for older people (≥65 years) with acute medical disorders requires a comprehensive assessment by multidisciplinary teams to detect early those patients at highest risk of functional decline and institutionalization [11]. Whether acute geriatric conditions should be managed in a separate 'Geriatric Care Unit' is a burning question now-a-days. The global analysis of all studies regarding this, including randomized trials, non-randomized trials, and case control studies showed that care of people aged 65 or more with acute medical disorders in acute geriatric units produces a functional benefit compared with conventional hospital care, reduces length of stay, total cost of acute hospital care and increases the likelihood of living at home after discharge [12].

So ageing well is a global priority now. Medical assessment and management of older patients has developed a separate branch of medicine, the 'Geriatrics'. Despite projected shortfalls in the number of physicians trained to care for problems of old age world wide very few people are inclined to become geriatricians. There are very few focused institutions for geriatric care in the developing countries. And above all there are few countries in the world that possess competent health policies directed towards caring the old. But this is time we start thinking positively about our grannies.

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