

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



السلام عليكم ورحمة الله وبركاته

# Health care of the Elderly

L II

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# Implication of the ageing population in terms of preventive and social medicine

تأثير الشيخوخة السكانية على الطب الوقائي والاجتماعي

The ageing population is both a **medical** and **sociological** problem. It makes a **greater demand on the health services** of a **community**.

❖ **In rapidly growing world**, healthy ageing is **vital for countries** It is a prerequisite for economic growth.

**The predicted explosion of non-communicable diseases like cardiovascular diseases, cancer, and depression in the ever increasing number of older persons globally, will result in enormous human and social costs unless preventive action is taken.**

The alteration of the age pyramid, however,



The alteration of the age pyramid, however, poses significant new challenges for **governments, societies, and families** in the 21st century.

Ageing **developing** countries are slated to **face a heavy double burden** of **infectious and non-communicable diseases**, yet they often **lack significant resources**, including comprehensive ageing policies, to cope.

**Industrialized** countries, on the other hand, were fortunate enough to become affluent before they became old

The modern philosophy is that the old must continue to take their **share** in the **responsibilities** and in the **enjoyment** of the privileges, which are an **essential feature** of **remaining an active member of the community**

The **community** must assist the **aged to fight** the **triple evils** of **poverty, loneliness** and **ill-health**.

## **Prevention health care for the elderly**

The goal of preventive medicine in the elderly is:

1. The **reduction** of **morbidity** and **premature mortality**
2. The **preservation** of **function** and **quality of life**.

### **Primary prevention:**

**Primary prevention aims at:**

- A. **Preventing** or **delaying** diseases.
- B. It **precedes** disease or dysfunction and is **applied** to a generally **healthy population**

### **Primary preventive measures for the elderly include:**

- A. Promoting healthy lifestyles to reduce the risk of chronic diseases
- B. Use of medication to reduce the onset of illness:
- C. Increasing Adult Immunization Rates
- D. Reducing Injuries
- E. Prevention of Iatrogenic Complications
- F. Prevention of Psychosocial Problems

## A. Promoting healthy lifestyles to reduce the risk of chronic diseases:

1. Being physically active
2. Avoiding tobacco use:
3. Eating a healthy diet
4. Diet and Nutrition
- 5- Avoiding Alcohol
6. Social Activities

Promoting healthy lifestyles to reduce the risk of chronic diseases:

Use of medication to reduce the onset of illness

Increasing Adult Immunization Rates

Reducing Injuries

Prevention of Iatrogenic Complications

F Prevention of Psychosocial Problems

## B. Use of medication to reduce the onset of illness:

### 1-Postmenopausal Hormone replacement therapy:

The decision to take hormone for prevention is controversial. Health care professional discuss the benefits and risks of hormone replacement therapy with all menopausal patients.

- Hormone replacement therapy (HRT) has n



## Cont. ..Use of medication

- **Hormone replacement** therapy (HRT) has many Positive effects: It improves cholesterol, sexual functioning and reduces osteoporosis & fracture risk.
- However, on the negative side, HRT may increase the risk of breast cancer & can cause irregular bleeding.

### 2. Aspirin to Prevent Cardiovascular Disease:

- Aspirin is used in the **prevention of heart attacks** in middle aged and older men.
- Aspirin therapy also was found to be beneficial for those with **pre-existing heart disease** or stroke to prevent further heart attacks or **strokes**.
- ❖ However, aspirin therapy has some **undesirable side effects**, including **stomach upset, bleeding, or ulcers**.
- **Very low** doses of aspirin, taken **every other day**, are effective and are associated with fewer side effects than higher doses

## C. Increasing Adult Immunization Rates

Promoting healthy lifestyles to reduce the risk of chronic diseases:  
Use of medication to reduce the onset of illness  
**Increasing Adult Immunization Rates**  
Reducing Injuries  
Prevention of Iatrogenic Complications  
Prevention of Psychosocial Problems

- ❖ **An annual influenza** vaccination & a **pneumococcal** vaccine are recommended for all elders over 65 years with normal immune systems.
- ❖ A primary series of **tetanus** vaccine followed **by booster every 10 years** is also recommended.

## D. Reducing Injuries

### 1. Home hazards:

#### a) Falls and fractures:

- I. **Inducing personal conditions**
- II. **Visual abnormalities,**
- III. **Musculoskeletal and neurological diseases,**
- IV **Depression, dementia, and hypotension.**

### Risk factors in the environment

#### Unsafe Environment

1. **Inadequate lighting,**
2. **Slippery floors /stairways,**
3. **Improperly arranged furniture, loose carpets**



## Simple, home-based prevention measures as:

1. **Arranging furniture** so that pathways are not obstructed,
2. **Removing tripping hazards**, installing **grasp bars** and handrails
3. **Improving lighting** can significantly reduce elder's **risk of falls** and associated fractures.
4. **Prevention of Osteoporosis**: Osteoporosis is significantly retarded by post- menopausal estrogen replacement therapy, and probably by **regular exercise** and supplemental **calcium intake** throughout adulthood.

### b) Burns:

Persons with **peripheral neuropathy** are at increased risk of burns from excessively hot water.

For persons with **dementia**, using electrical and gas appliances is particularly dangerous;

❖ **the use of alarms and** automatic shut-off features on appliances can help.

**Smoke detectors** should be installed and maintained

## 2. Driving hazards:

- ❖ All elderly persons should be reminded to use belts and
- ❖ to refrain from driving when under the influence of alcohol or psychoactive drugs.

### E) Prevention of Iatrogenic Complications

Elderly care requires a coordinated teamwork for planning acute or long-term care to prevent:

1. Duplication of services
2. Complications caused by multiple or inappropriate drug use.

Promoting healthy lifestyles to reduce the risk of chronic diseases

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F. Prevention of Psychosocial Problems

### F) Prevention of Psychosocial Problems

A sense of self-worth may contribute to better health:

1. Remaining productive,
2. Engaging in leisure and household activities,
3. Performing volunteer work
4. Feeling needed by someone enhance self-worth

## **II. Secondary prevention (increasing use of early detection practices)**

It aims to Detect and Treat existing health problems at the earliest possible stage, so that interventions may lead to cure, prevention of complications and premature death.

### **Screening tests for the elderly can be applied at:**

- **Primary health care centers,**
- **Geriatric outpatient clinics, or**
- **Geriatric wards in hospitals.**
- ❖ The different forms of screening tests recommended for everyone over age sixty:
  - ✓ As part of a health interview: the clinician questions the patients regarding behaviors that put them at risk for disease or injury, such as high-fat diet, smoking, stress...etc.
  - ✓ Screening practices can be an integral part of the clinical examination.
  - ✓ Obtaining information regarding the patient's health history and family history is a type of screening.

## Screening done in examination include:

1. measurement of weight and blood pressure
2. vision, and hearing,
3. pulmonary function,
4. examination of body organs for cancers e.g. oral cavity, breasts, abdomen, testicles, prostate and skin
5. dental health assessment.

## Laboratory tests can be used for

Screening of particular diseases for example:

- measurement for anemia,
- diabetes,
- elevated cholesterol,
- ECG.

## Screening can entail more elaborate tests e.g.

- Mammography for cancer breast,
- Sigmoidoscopy for colorectal cancer,
- Endometrial biopsy for uterine cancer
- X-ray or CT ( computed tomography) for osteoporosis.

### III. Tertiary prevention

Despite the best efforts of primary and secondary prevention and health promotion, the majority of older persons will develop one or more potentially disabling medical conditions.

Under these circumstances the goals of health care, will be:

- ✓ **Early medical or surgical intervention and**
- ✓ **Rehabilitation, or continuing supportive care to limit disability for highest level of independence of individuals.**

**□ Components of such tertiary prevention include both:**

- I. **Specific interventions for individual disabling conditions,**
- II. **Comprehensive geriatric assessment (CGA).**

Disease – specific case management:



## I. Disease – specific case management:

Disease management is enhanced by the use of disease specific practice guidelines & protocols.

- ❖ In chronic care clinics, patients are taught in groups and are visited by a nurse or physician;
- ❖ This approach can help patients with chronic disease such as arthritis, diabetes and heart failure

## II. Comprehensive geriatric assessment (CGA):

- ❖ It is multidimensional, multidisciplinary diagnostic process
- ❖ Used to determine medical, functional, and psychosocial problems and capabilities in an elderly patient
- ❖ In order to arrive at a comprehensive plan for therapy and long-term follow up.



## The processes of CGA programs

- **CGA program involves** the patient, the caregiver, family members and other important persons in the individual's environment.
- ❖ **A care team** most often consisting of a geriatrician, a geriatric nurse practitioner, a social worker and a gero-psychiatric.
- ❖ **The assessment begins** with utilization of screening instruments and techniques.

### Community-based services:

- ❖ **Several forms** of community-based adult day care have been established to meet the elderly and families needs.

□ **The most common forms are:**

1. Adult day-care centers (elderly clubs):
2. Adult day health centers (day hospitals):

3. Residential institutional care facilities;



### **3. Residential institutional care facilities;**

Many fragile elders choose institutional care because they do not want to be a burden to their family members who are not capable of caring for them, or they have no family. Examples:

**A. Elderly homes:** are designed for those who need rooms and assistance with personal care, but medical care is not needed.

#### **B. Nursing homes:**

- are designed for those who need 24 hours care
- Supervision by health professional.
- They meet the needs of chronically ill or who are recovering from an accident or acute illness and
- need extended medical care but not hospitalization.



# Thank you for attention



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