



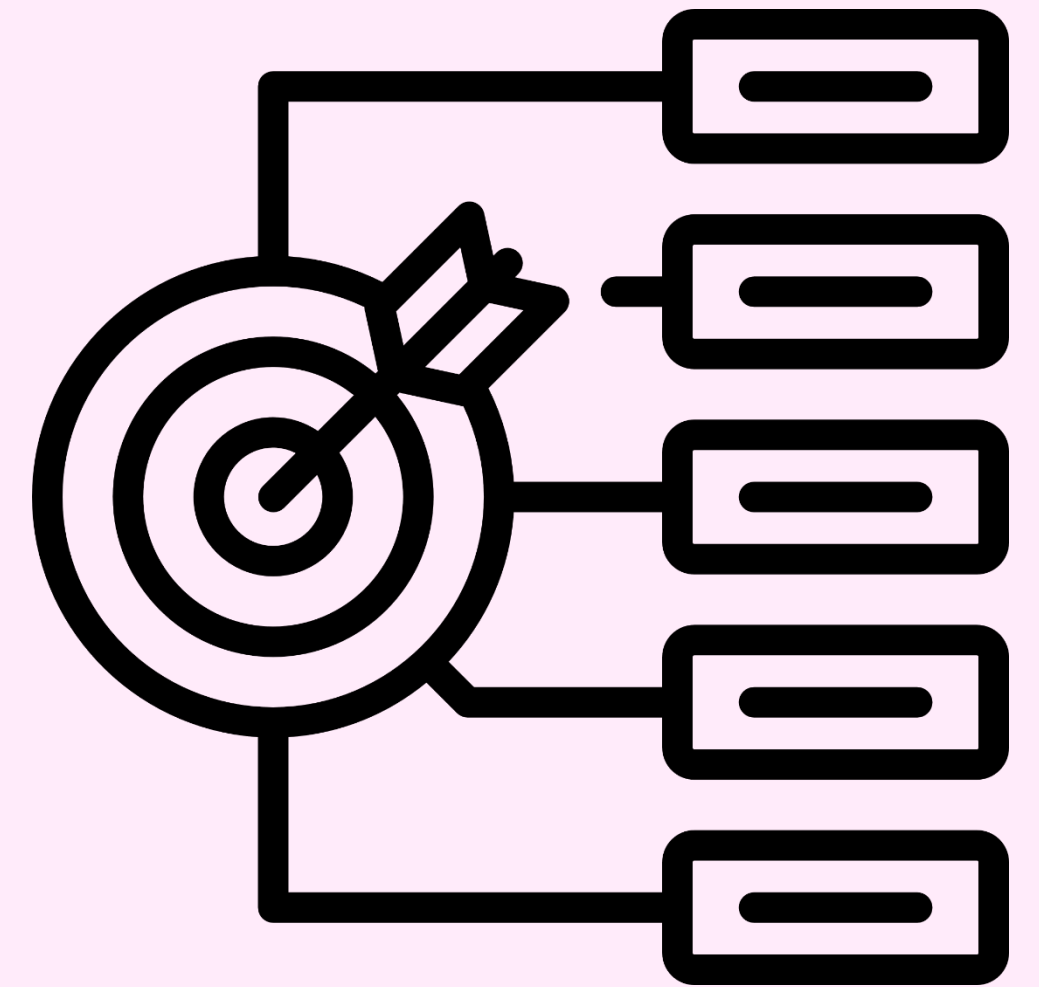
Common Health Problems of Elderly For MO





OBJECTIVES

- Individuals become more dissimilar as they grow
- Abrupt decline in any system is always due to disease and not to normal aging
- Multiple pathology
- Missing symptoms
 - Angina in an elderly patient with osteoarthritis – may not manifest





PRINCIPLES OF GERIATRICS

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PRINCIPLES OF GERIATRICS

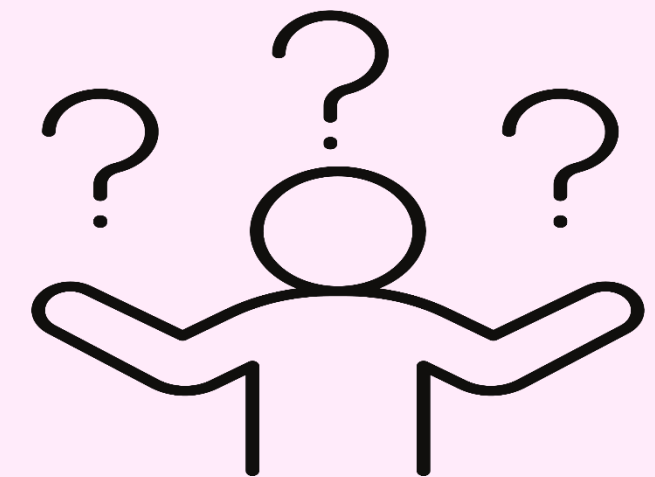
- Masking symptoms
 - History of fall and Fracture neck of femur in an elderly female- masked a co existent hemiparesis due to a internal capsule infarct
- Physician – should consider the possibility of new additional diagnosis
- A worsening cardiac failure – due to a new thyrotoxicosis or subacute bacterial endocarditis.
- Hence, problem oriented approach preferred

CASE SUMMARY

- You are seeing a new patient. He is a 72-year-old retired factory worker brought to clinic by his daughter. He lives with his daughter and her family since his wife died 2 years ago. Daughter is concerned about his poor appetite, trouble recalling conversations and recent falls
- Patient has been silent at home, restricted his activities to staying in the apartment, and he reports no concerns
- He had not seen a doctor for over 5 years until he was hospitalized for pneumonia one month ago when he has altered sensorium for a week
- Since that time, his daughter reports that his memory is worse and he is often agitated at bedtime
- Also the daughter reports that there is frequent dribbling of urine
- List out the symptoms you can identify

PROBLEMS

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PROBLEMS – POSSIBLE DIAGNOSES

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WHAT MAKES THE ASSESSMENT/TREATMENT OF ELDERLY DIFFERENT?

Atypical Presentation of disease

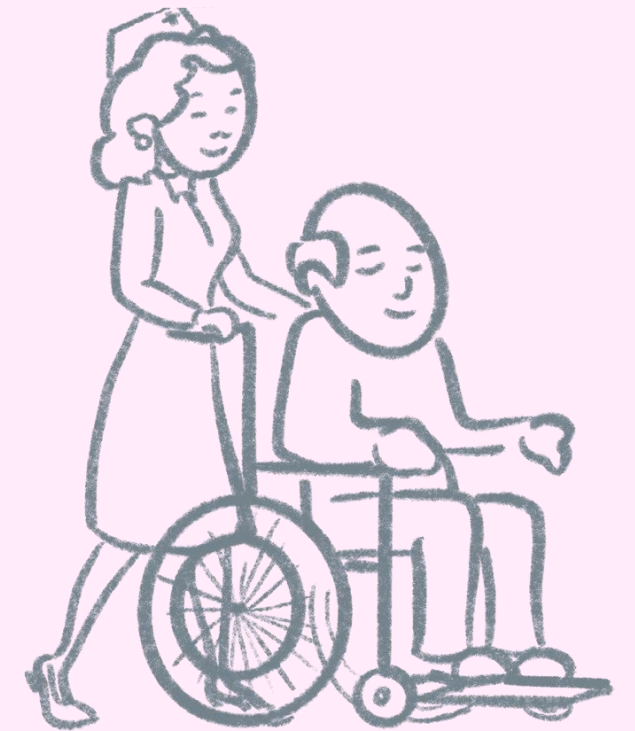
- Urinary Tract Infection = Confusion
- Myocardial infarction = Dyspnoea

Weakest link

- Attribute symptoms to a vulnerable organ/organ symptom - Stroke patient with pneumonia, complained of increasing weakness of hemiparetic limb

Differing Goals of Care

- Older adults prefer comfort, cognition, independence over increased survival
- Respect Autonomy, choose shared decision making





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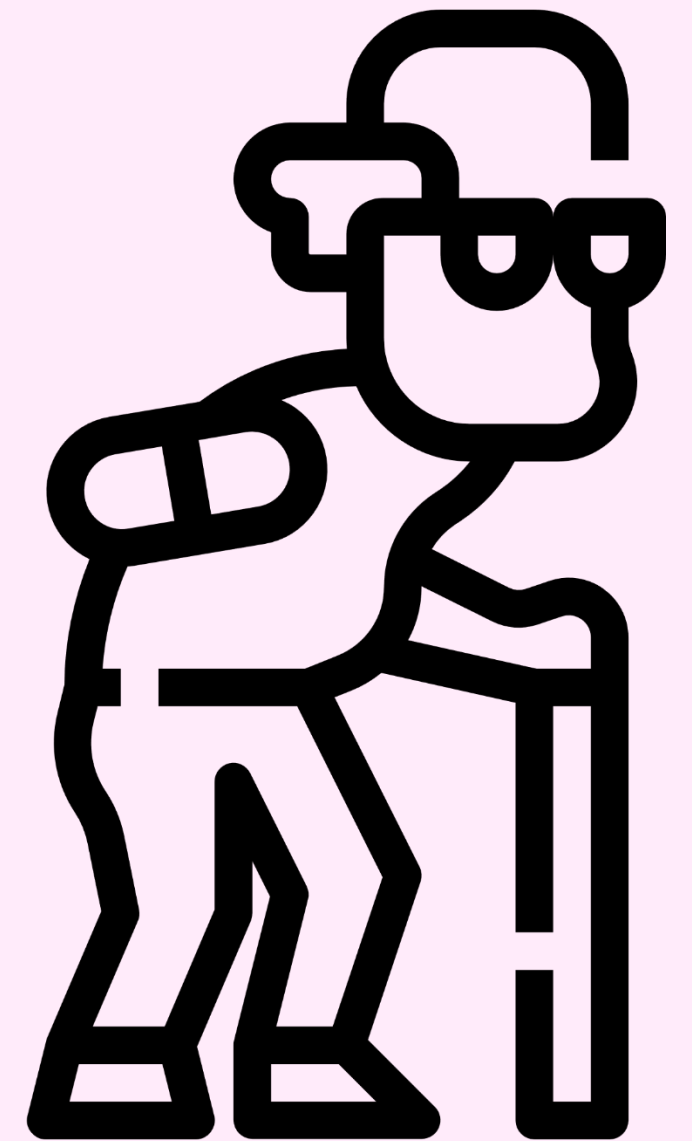
Diagnostic Problems

- Accuracy of the test
- Danger of the illness if left undiagnosed
- Risks involved in the diagnostic test
- Availability & feasibility of effective treatment

Therapeutic Problems

- Side effects
- Polypharmacy
- Drug Interactions

Delayed Recovery & Rehabilitation essential for Functional Autonomy





COMMON AILMENTS IN ELDERLY

CVS: hypertension, IHD, heart failure, PVD, syncope

Resp: pneumonia, tuberculosis, asthma, COPD

CNS: stroke, dementia, meningitis, Delirium, giddiness

Endo: diabetes, thyroid, sexual, metabolic diseases

Musculoskeletal: osteoporosis, OA, RA, falls, fracture

GIT: dyspepsia, constipation, GERD, Gastritis

Urogenital: UTI, BPH, menopause, incontinence, prolaps

Cancers: breast, lung, prostate, cervical, haematological

Special senses & iatrogenic: eye, ear, taste, polypharmacy



GERIATRIC SYNDROMES

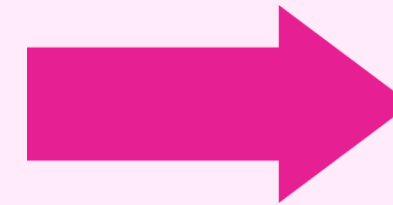
- The clinical condition in older people do not fit in definite disease and involves multiple unrelated systems that renders them vulnerable to situational challenges
- Adversely affects Function & Quality of Life
- Pathophysiology - Multifactorial

Falls
Incontinence
Memory loss
Delirium
Immobility

GERIATRIC SYNDROMES

- ‘Geriatric Giants’ or the four I’s:

- Immobility
- Instability
- Incontinence
- Impairment of intellect
 - Cognitive impairment
 - Delirium
 - Depression



Social Media Intervetion

- Giants refers to

- Statistical frequency
- Huge personal burden of the sufferers

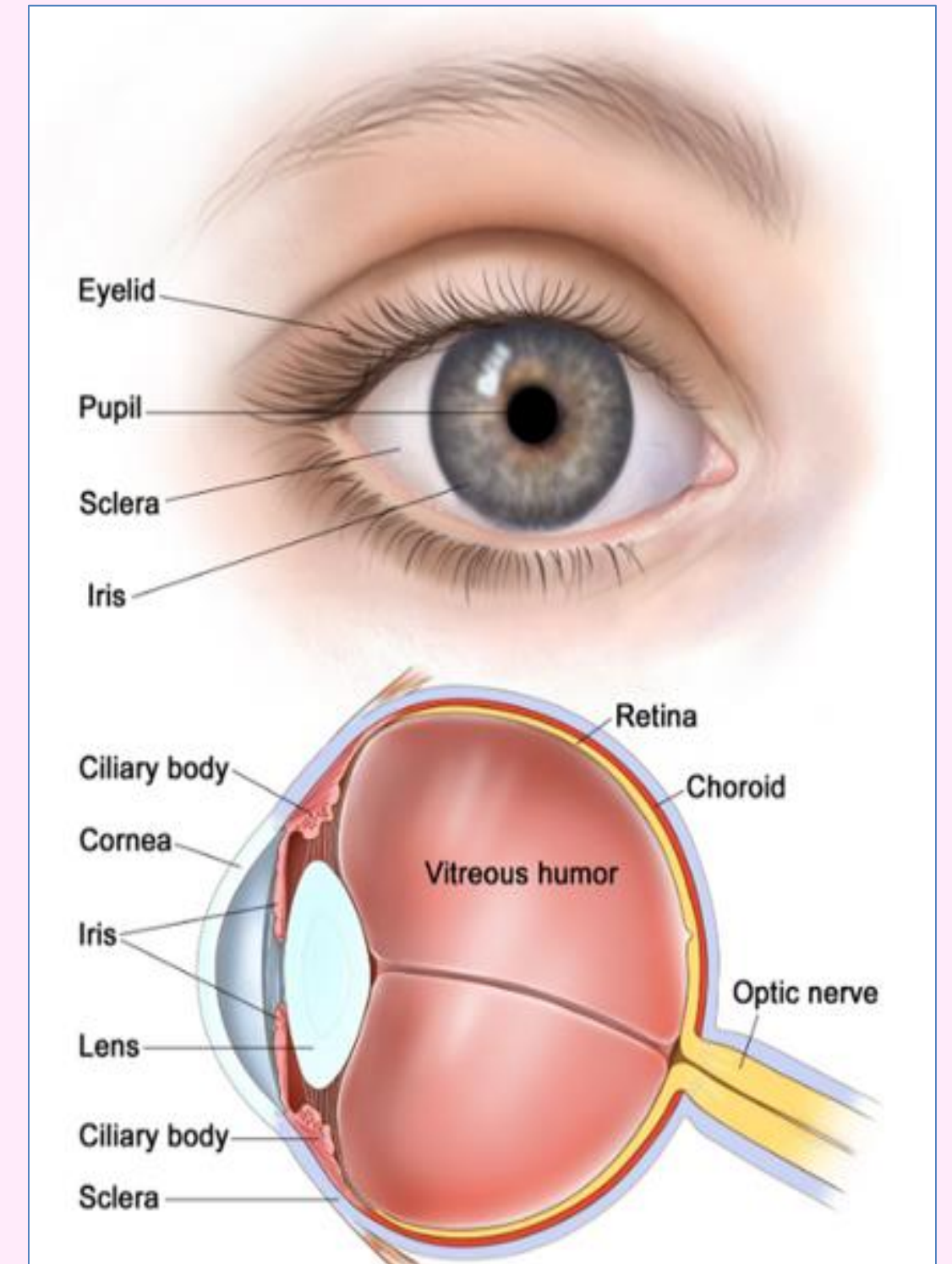
NEWER GERIATRIC SYNDROMES

- Frailty
- Sarcopenia
- Anorexia of aging
- Polypharmacy
- Are harbingers of falls, hip fractures, depression and delirium



EYE PROBLEMS

- As age advances, people start having issues with their eyesight
- It is not necessary that every elderly would have weakened eyesight
- Keep in mind that elderly with diabetes develop weakened eyesight earlier
- Blurred vision limit mobility of the elderly, affect interpersonal interactions
- Acts as a trigger for depression
- Increases the risk of falls

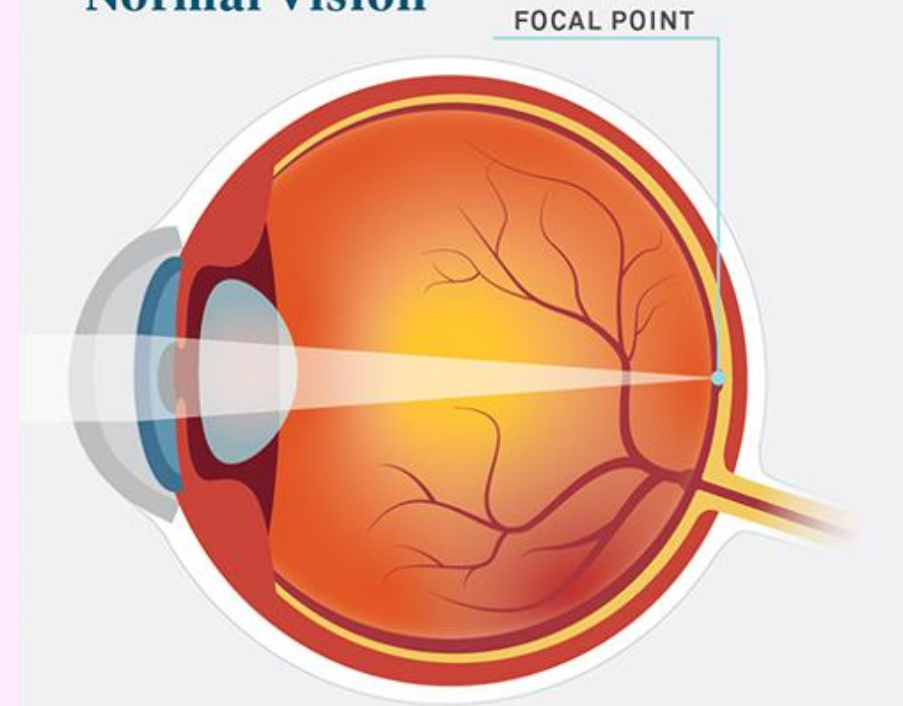




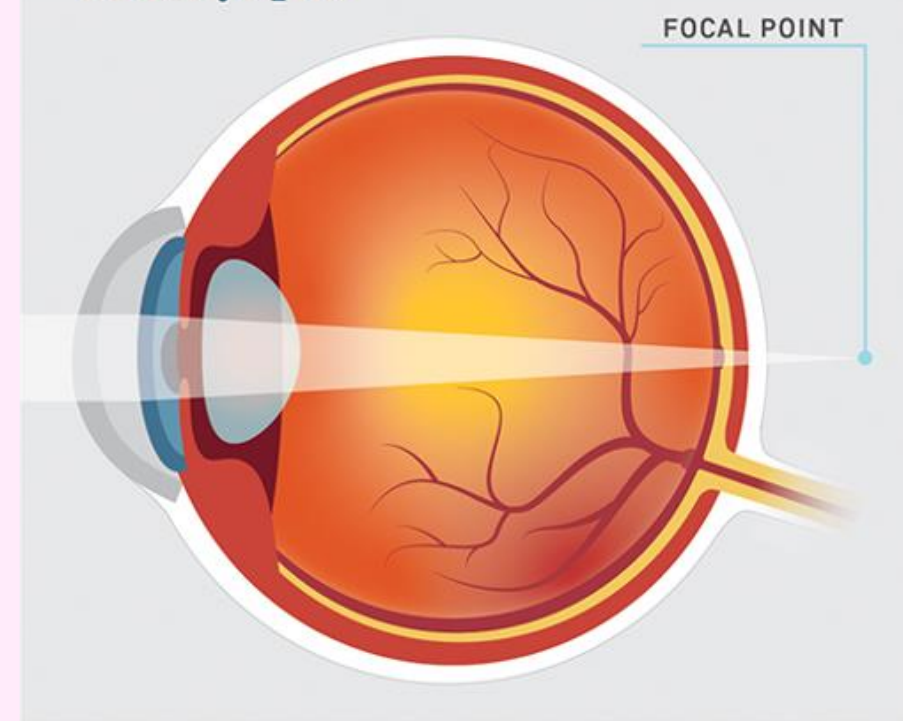
PRESBYOPIA

- Difficulty in seeing nearby objects
- Common complaint among elderly
- It is a condition that is age related
- Commonly starts after the age of 40
- Patients finds difficulty in reading
- Can be easily corrected by use of spectacles

Normal Vision



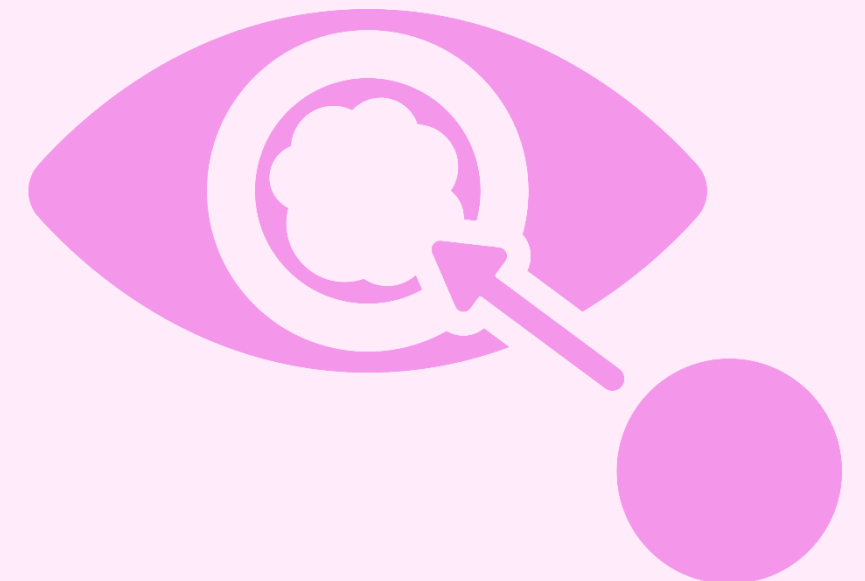
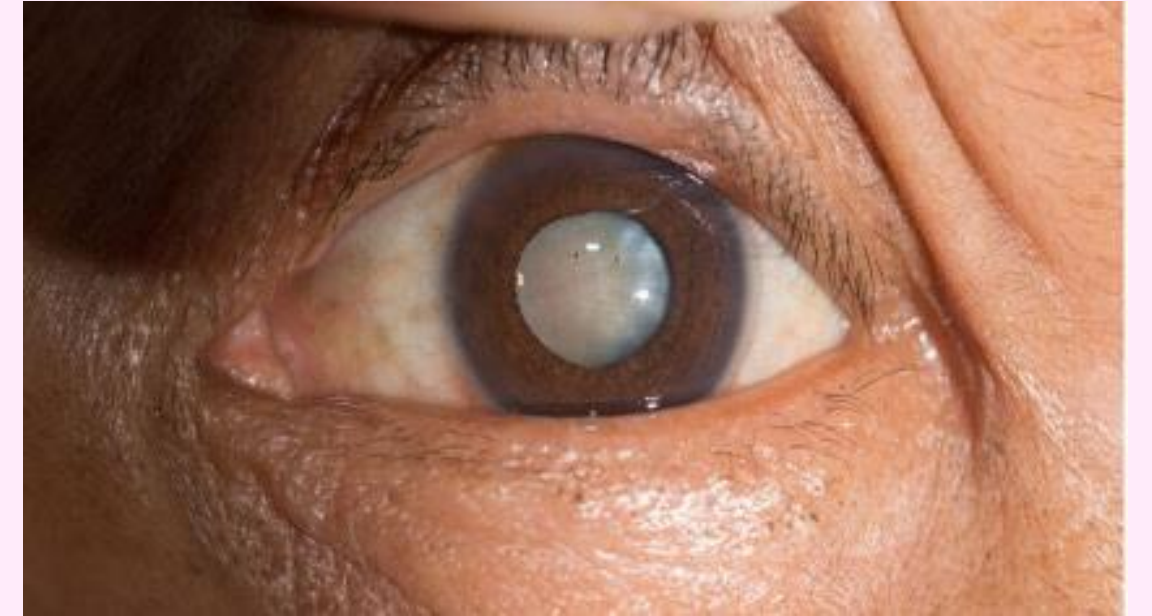
Presbyopia





CATARACT

- Most common eye problem in the elderly
- Causes gradual loss of sight
- Leading cause of blindness across the world and India
- The pupil; black circle of eye shows chalky white or greenish-grey colour
- It needs a small surgery where the damaged lens is removed and replaced with artificial lens
- No other treatment like eye drops/ spectacles can cure this condition



HEARING LOSS (PRESBYCUSIS)

- Gradually loss of hearing as age advances
- Most common complaint is not being able to hear clearly and ask the other person to speak loudly
- Bring a lot of irritation to the elderly as well as others
- Untreated hearing loss affects communication
- Contribute to social isolation and loss of autonomy
- Associated with anxiety, depression
- May not be understood quickly by the family members, they see the elderly person “being slow”



RED FLAG SIGNS IN GERIATRICS

Type of Red Flag	Red Flag Signs/Symptoms
Physical	Weight loss, New onset headache, Breathlessness at rest or worsening of breathlessness, Unexplained pedal edema, Sudden or progressive neurological deficit, Anginal chest pain, Altered bowel habits
Mental Health disorders	Depression, Anxiety, Forgetfulness
Geriatric Syndromes	Delirium, Falls, Urinary Incontinence, Polypharmacy, Frailty/Sarcopenia
Social red flag signs	Social isolation, Loneliness



PHYSICAL RED FLAGS

- Unintentional Weight loss of > 4.5 kg over 6 -12 months
- **Headache**
- **Cardiovascular Red Flags:** Anginal chest pain, worsening breathlessness, breathlessness at rest (Orthopnea/PND)
- **Neurological:** Sudden/progressive neurological deficit, peripheral neuropathy
- **Gastrointestinal:** Altered bowel habits, Malena, abdominal distension/ascites
- Unexplained pedal edema, lymphadenopathy, anemia, hematuria



**IDENTIFY THE RED FLAG SIGN IN
THE FOLLOWING CASES**



CASE 1

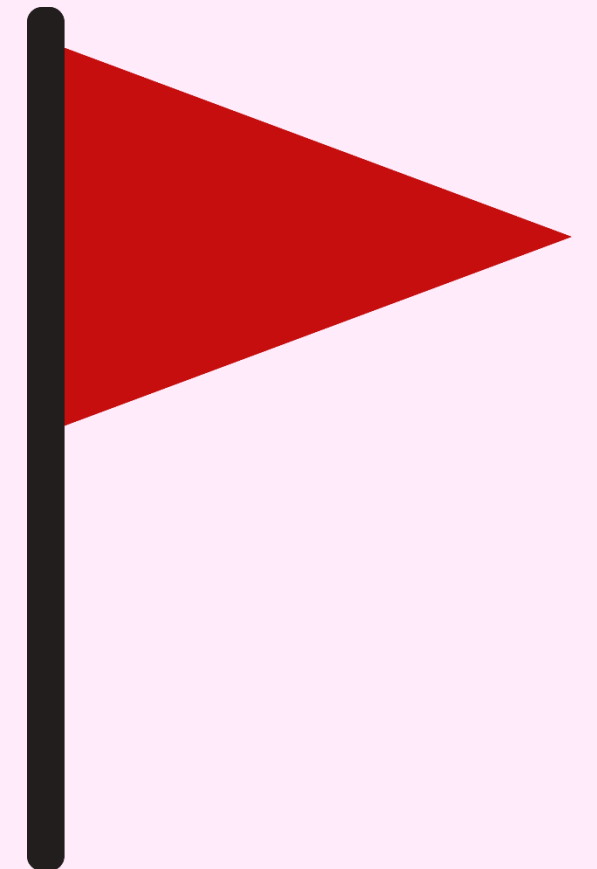
Mr. Pradeep is an 84-year-old man with a history of mild dementia and stable chronic heart failure. He is brought into casualty by his wife who is upset because he is 'not himself'. He has been intermittently sleepy and confused in conversation and uncharacteristically incontinent of urine.





RED FLAGS

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CASE 2

Mr. Nikhil, a 65 year old retired CEO of a leading software company, was brought to the Geriatric outpatient service as the family members have noticed that he is making errors in calculation. Even though he used to be meticulous in his financial management, recently he has made gross errors in his tax payment. Two months ago, he went for shopping and could not find his way back home and moreover his relatives have noticed that he has been experiencing visual hallucinations of well formed people over the last six months. The family have also noticed a significant slowing of gait. He was not sleeping at nights.



RED FLAGS

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CASE 3

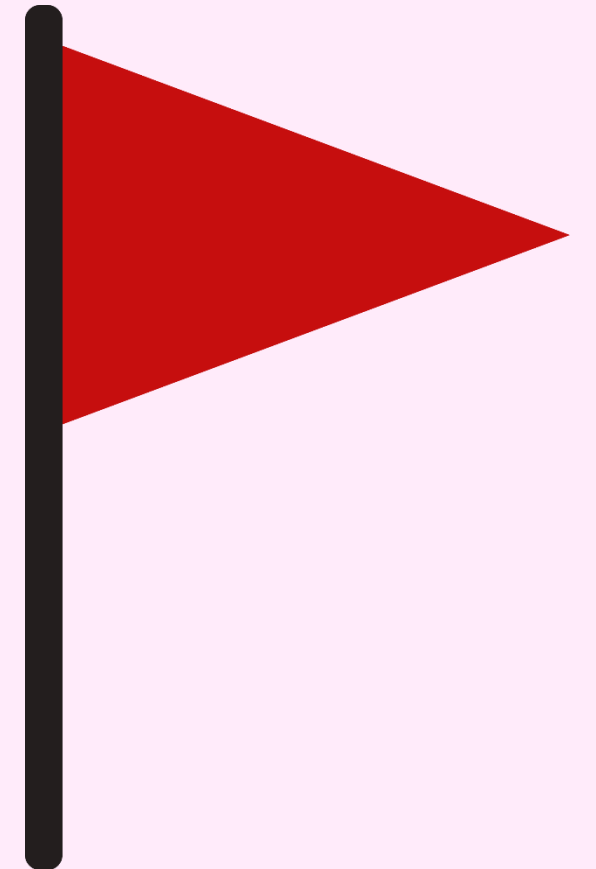
A 83 yr old woman comes to the geriatric outpatient clinic with history of fatigue, slowness in walking, anorexia and involuntary weight loss of 5kgs over the last 6 months. Detailed clinical including neuropsychological examination followed by extensive investigations failed to reveal any significant abnormality.





RED FLAGS

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CASE 4

Mr. Dev, a diabetic and a hypertensive, with 40 pack years of smoking, is now being discharged after an acute infective exacerbation of Chronic Obstructive Pulmonary Disease (Gold class I). He also has severe voiding type lower urinary tract symptoms. He has osteoarthritis of his knee joints.

- Following are the recommendations in his discharge summary
- Tab Metformin SR 1gm twice daily
- Tab Losartan 25 mg twice daily
- Tab Aspirin 75 mg once daily
- Tab Atorvastatin 10 mg once daily
- Tab Acceclofenac 100 mg once daily
- MDI Asthalin 2 puffs via spacer whenever required
- MDI Formonide (Formeterol + Budesonide) 200 µg via spacer 2 puffs twice daily
- MDI Tiotropim 2 puffs via spacer once daily

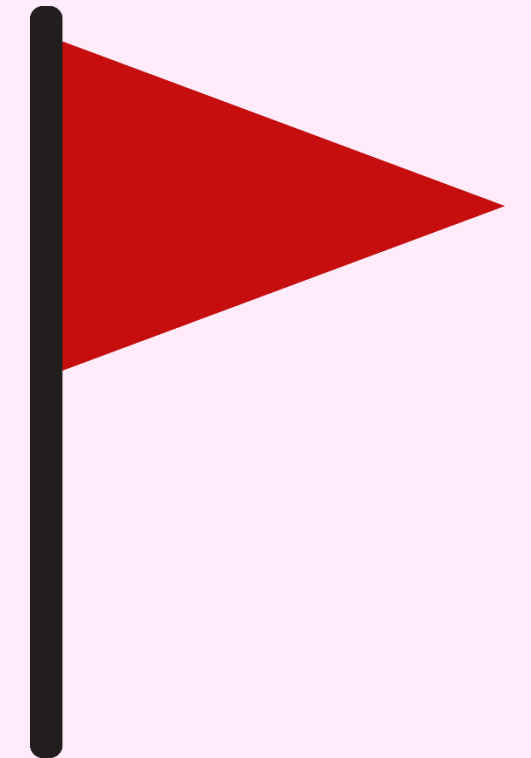




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CASE 5

78 years old female presents with headache of 4 months duration which is located in the Rt temporal region. Also complains of low grade fever , muscle pains and 6 kg weight loss.

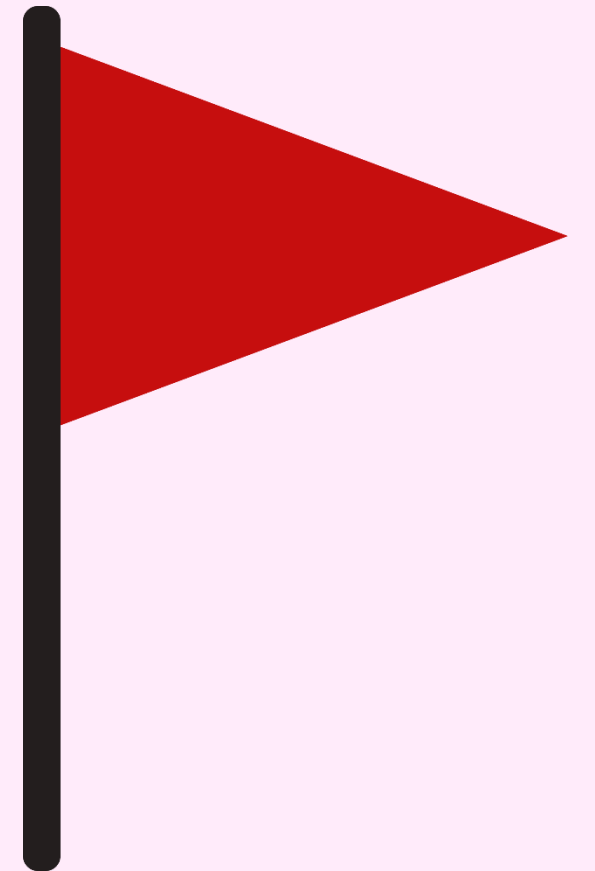
Clinically has tender temporal artery and ESR of 92 mm Hg.



RED FLAGS

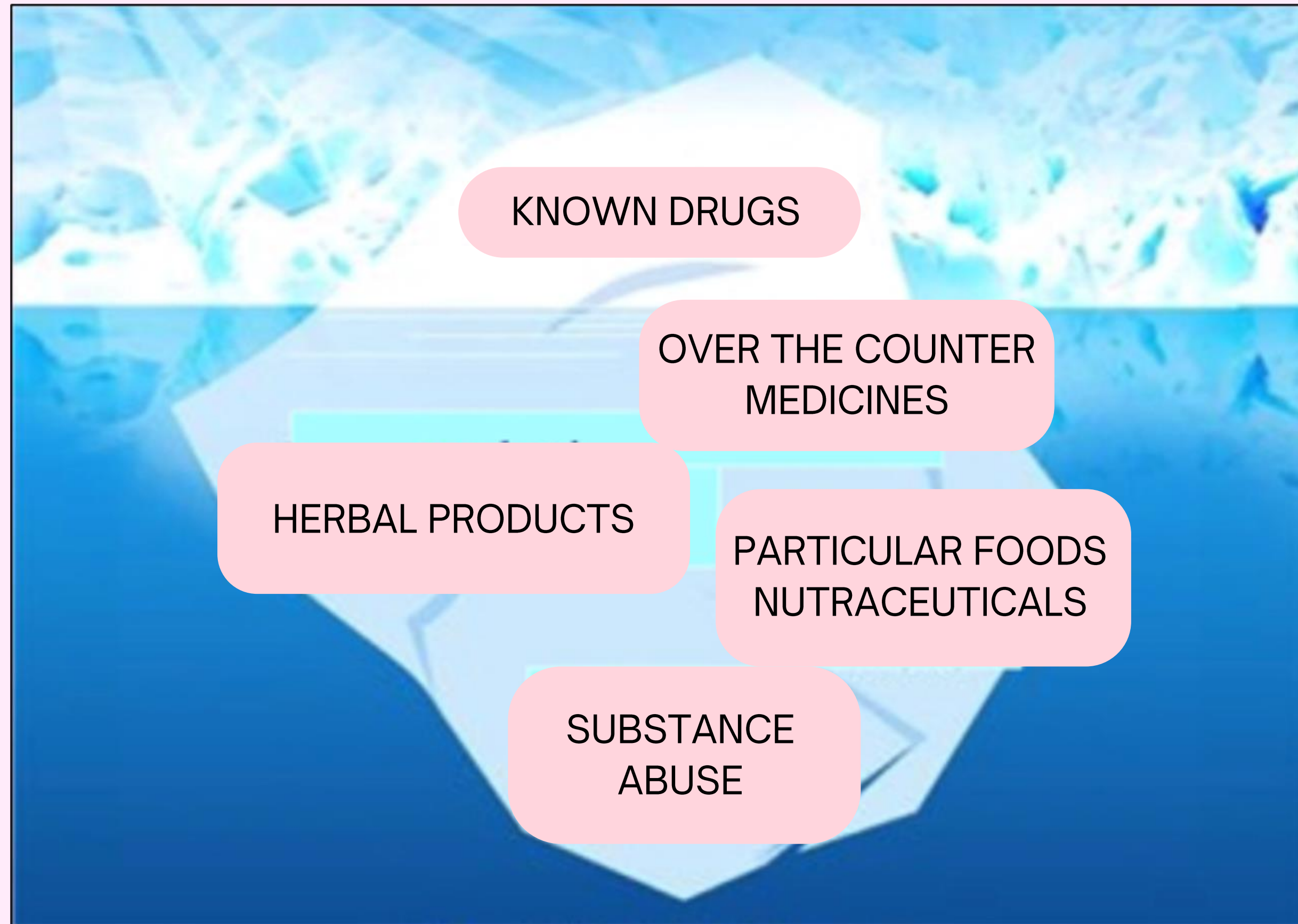
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POLYPHARMACY – ICEBERG EFFECT





ALTERED PHARMACO-DYNAMICS (PD)

↑	Sensitivity to sedation & psychomotor impairment with benzodiazepines
↑	Level & duration of pain relief with narcotic agents
↑	Drowsiness & lateral sway with alcohol
↓	HR response to beta-blockers
↑	Sensitivity to anti-cholinergic agents
↑	Cardiac sensitivity to digoxin

MULTIMORBIDITY & POLYPHARMACY

Multimorbidity

- Affects 55-98% of elderly
- Females, elderly, low socioeconomic status
- Poor patient satisfaction
- Often depression



Polypharmacy

- Adverse drug reactions
- Drug interactions
- Prescription errors
- Poor adherence





DEFINITIONS

Multimorbidity

- The coexistence of ≥ 2 chronic conditions, where one is not necessarily more central than the others

Polypharmacy

- Administration of more medications than clinically indicated, representing unnecessary drug use
- ≥ 5 drugs
- Medication optimization





NUTRITION & AGEING

- Calorie requirements decrease with age by 25%
- ICMR: Men-1800 kcal/day; Women- 1400 kcal/day
- Reduction in quantity of the food but not the micronutrients
- **Protein:** 1-1.2 g/kg/day (12 –14 % total intake)
 - Soft protein foods (cheese, beans, peas, legumes, egg, fish & poultry)
 - Maintains Bone mass & Muscle mass



NUTRITION & AGEING

- **Water:**

- Important nutrient, frequently overlooked
- Decreased thirst response & hence fluid intake encourage
 - Deficiency – Exhaustion, constipation, weakness, dehydration, syncope

- **Fiber:** 20-40 gm recommended

- Wheat bran, millets, greens, cabbage, mango, guava, plantain stem





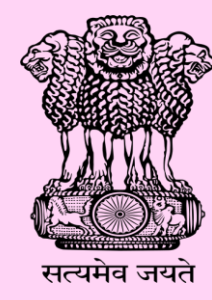
MALNUTRITION

Increased Risk of Under Nutrition

- Increased threshold for taste and smell
- Problems of teeth, gums
- Decreased activity
- Chronic illnesses- CKD, CHF, Malignancy
- Depression, dementia
- Drugs- anticholinergics, antibiotics
- Social factors: Isolation, not able to cook, finance

Common Deficiencies

- Micronutrients-vitamins, minerals
- Fiber, Protein



Thank You

