

GERIATRIC HEALTH



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The concept and importance:



- ❧ Geriatric health means health of the elderly (the aged, aging persons) who form a **vulnerable group** that needs special care.
- ❧ The world's population of people 60 years of age and older has doubled since 1980 and is forecast to reach 2 billion by 2050.
- ❧ It is difficult to give the definite onset to aging, and the starting point of geriatric age. Age of 60 years is determined by WHO.

Etiology of the increased problem

- ∞ The declining death rate and rising life expectancy
- ∞ The variety of morbidity hazards: (disease, accidents and disability).
- ∞ The social change of modernization and crowded, busy urban life:

Etiology of the increased problem

- ❧ The **aging process**: It is associated with a variety of hazards, due to progressive impairment of physiological functioning, and appearance of pathological changes and their sequelae.

Geriatric health hazards



- ❧ Morbidity hazards: physical, mental and social.
- ❧ Mortality hazards.

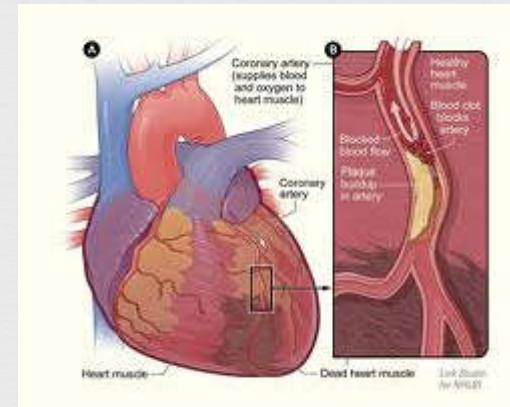
I- Morbidity



A♥- Diseases:

1- Cardiovascular disease:

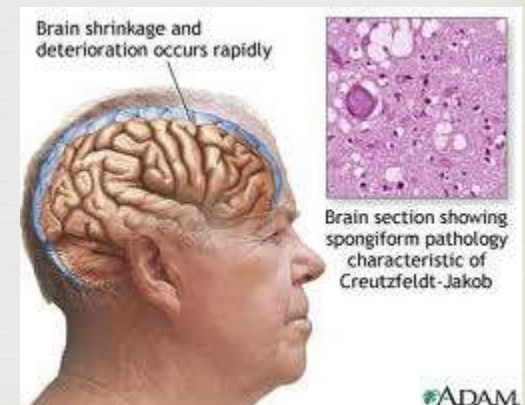
- ❧ Atherosclerosis and its sequelae.
- ❧ Ischemic heart disease.
- ❧ Hypertension.
- ❧ Varicose veins.

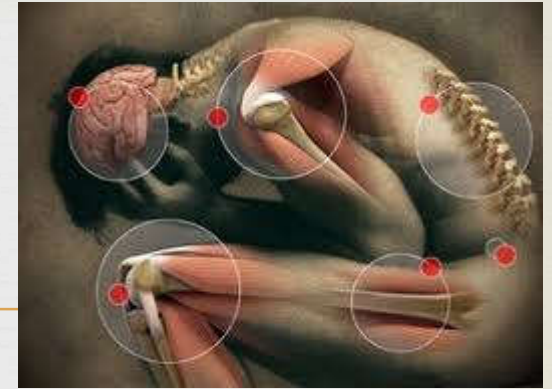


2- Disease of nervous system:



- ❧ Cerebro-vascular disease: thrombosis, embolism, and impaired cerebral blood flow.
- ❧ Involvement of sensory and motor nerves: neuritis, muscle paralysis, defective sphincter control.
- ❧ Dementia and psychoneuroses.





❧ 3-Bone and joint disease: Osteoarthritis, back and joint aches, osteoporosis.

❧ 4- Problems of teeth and gums: are troublesome and interfere with proper feeding.



5-Malnourishment and deficiency:



- ❧ Many factors contribute to this:
 - ❧ anorexia, dental disease and missing teeth,
 - ❧ impaired digestion, absorption and metabolism,
 - ❧ indirect socioeconomic factor of low income and living alone where no body cares for their food.



6-Disorders of special senses:



- ❧ Presbycusis hearing impairment with aging, usually bilateral, symmetrical, senso-neural.
- ❧ Senile macular degeneration and cataract.
- ❧ Decreased speech discrimination, due to presbycusis.



- ❧ 7-Respiratory disease: Chronic bronchitis, emphysema.
- ❧ 8- Other diseases: e.g. - Diabetes mellitus. - Neoplasm.
-Urinary incontinence.



❧ B♥- Accidents: e.g. fracture neck femur.

❧ C♥- Disability:

❧ Pathological conditions of aging may interfere with normal physical activities and / or mental and psychological behavior.

❧ They may be associated with a varying degree of disability that may be so mild and hardly noticed, up to complete disability or crippling.

D♥- Miscellaneous:



❧ Loneliness and isolation.

❧ Retirement (loss of employment, income and state).

❧ Bereavement (loss of husband, wife or peers).

II- Mortality



- ❧ Age-specific mortality of the aged is quite high. The leading causes, by priority are:
 - ❧ Cardiovascular disease: (75% of total deaths).
 - ❧ Cerebrovascular disease: (15% of total deaths).
 - ❧ Others: e.g. respiratory disease.

Geriatric health program



Component of the program:



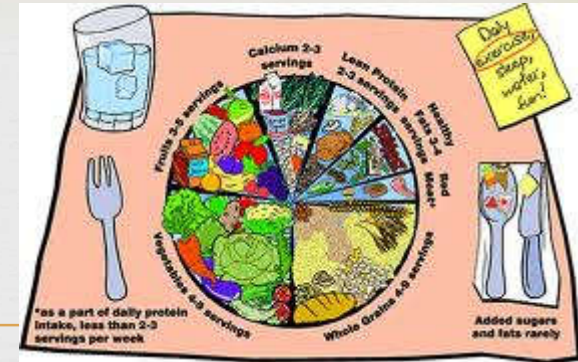
1. Adequate nutrition
2. Social welfare
3. Socioeconomic promotion
4. Health education
5. Health Appraisal

Objectives:



- ❧ 1- Maintenance of health
- ❧ 2- Preventing, if possible
- ❧ 3- Control of health hazards
- ❧ 4- Rehabilitation and management of disability

1. Adequate nutrition

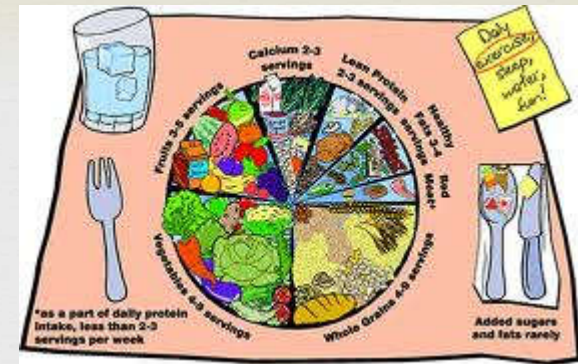


❧ Nutrition education of the elderly and family, for:

- ❧ Adequate diet (quality and quantity of food)
- ❧ Providing sufficient residue food to prevent constipation.
- ❧ Milk (or / and cheese), vegetables and fruits (or fruit juice) must be regularly taken in adequate amount.

❧ Dietary supplementation: To compensate for deficient diet, especially with feeding problems and restrictions of diet therapy

1. Adequate nutrition



❧ Supplementary foods: a variety of “geriatric foods” are available in powder or liquid form, to provide readily digestible and assimilated nutrient (s).

❧ Supplementary medicines.

❧ Management of anorexia and other pathological conditions: which may contribute to nutritional deficiency.

3. Socioeconomic promotion:



- ❧ a- Income: a satisfactory income is necessary for those having independent life.
- ❧ b- Housing: the aged who may live alone under poor housing & social conditions can be referred to a geriatric home.



2. Social welfare



❧ a- Living accommodation:

- ❧ With his family.
- ❧ In geriatric home.
- ❧ In special sanatorium (with disability or chronic disease).



Social welfare



❧ b-Work or activity:

- ❧ According to his health status and social circumstances the aged can perform a suitable manual or intellectual activity.
- ❧ Enrolment of the aged in some work consumes time and breaks monotony of life.
- ❧ Work also leads to self-dependence, and also provides income.

Social welfare



- ❧ c- Establishment of geriatric clubs: Where the aged pass leisure time, perform suitable exercise or game and physical training, and share in social activities.

4. Health education



- ☞ lays stress on healthful lifestyle:
 - ☞ Adequate diet, and feeding system.
 - ☞ Rest and sleep (how many hours).
 - ☞ Exercise and open air walk, if possible.
 - ☞ Avoiding smoking and alcohol.
 - ☞ Healthy personal habits.

5. Health Appraisal



- a- Periodic Medical check-up: for early case finding and management of disease.
- b- Screening tests: can be carried out regularly for particular pathological conditions e.g. are screening for glaucoma and malignancy.
- c- Survey studies: They are needed in developing countries, to measure the magnitude of the geriatric problem, and the causes of geriatric morbidity.

5. Health Appraisal



d- Clinical service:

- ❧ The aged have the right in clinical service, on national or insurance basis, for diagnosis and a management of disease, including first aid and emergency service.
- ❧ *Appliances are also provided:*
 - ❧ Walking sticks, hearing aids, spectacles (glasses), dentures.
- ❧ For those who cannot visit the clinic, home visits for medical care are necessary.



Thank You

