

GERIATRIC HEALTH

HEALTH PROBLEMS OF ELDERLY

Problem due to ageing process

- Deterioration in vitality and lowering of biological efficiency accompanies ageing.
- Problems due to ageing process are senile cataract, glaucoma, nerve deafness, osteoporosis, emphysema, failure of special senses, and changes in mental outlook.

Problem associated with long term illness

- Degenerative diseases of heart and blood vessels: The inner wall of arteries gets stiffened and leads to diminished blood supply, thrombus formation, rupture of blood vessels, high blood pressure, and atherosclerosis resulting in cardiovascular diseases.
- Cancer: In men, prostate cancer is most common while in women breast cancer and cervical cancer is common in India.
- Accident: Bones are fragile due to decalcification and breaks down easily. Fracture of neck of femur is very commonly seen.
- Diabetes: About 75% of diabetics are above 50 years of age.
- Diseases of locomotor system: Myositis, neuritis, gout, rheumatoid arthritis, osteoarthritis, spondylitis of spine etc.
- Respiratory illness: Chronic bronchitis, asthma, emphysema
- Genitourinary system: Enlargement of prostate, dysuria, nocturia, frequent and urgency micturition.

Psychological problem

- Mental illness: Impaired memory, dislike of change
- Sexual dysfunction: Between 40 to 50 years there is menopause in women and decrease in sexual activity in men which leads to physical and emotional disturbances, irritability, jealousy etc.

- Emotional disorder: It results from social maladjustment. Failure to adapt to leading to bitterness, inner withdrawal, depression, weariness of life and even suicide.

Social problems

- Isolation and Loneliness: Limited social interaction, loss of spouse
- Limited social support: Reduced family or community support, dependency
- Limited access to health care: Chronic health issues and medical expenses
- Economic challenges: Retirement or Inability to work
- Cultural and social changes

PREVENTIVE HEALTH CARE IN ELDERLY

DISEASE PREVENTION

Primary	Secondary	Tertiary
<ul style="list-style-type: none"> ➤ Health habits <ul style="list-style-type: none"> • smoking • alcohol abuse • obesity • nutrition • physical activity • sleep ➤ Coronary heart disease risk factors ➤ Immunization <ul style="list-style-type: none"> • influenza • pneumovax • tetanus 	<ul style="list-style-type: none"> • Screening hypertension • diabetes • dental caries • sensory impairment • medication side-effects • Colo-rectal cancer • breast cancer • cervical cancer • prostatic cancer • nutritionally-induced anaemias • depression, stress 	<ul style="list-style-type: none"> ➤ Rehabilitation <ul style="list-style-type: none"> • physical deficits • cognitive deficits • functional deficits ➤ Caretaker support ➤ Introduction of support necessary to prevent loss of autonomy

<ul style="list-style-type: none"> ➤ Injury prevention iatrogenesis prevention ➤ Osteoporosis prevention 	<ul style="list-style-type: none"> • urinary incontinence • fall risk • tuberculosis • syphilis (high-risk) • stroke prevention • myocardial infarction • Vision loss • Hearing loss 	
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ii)HEALTH PROMOTION

HEALTHY AGEING

By adopting a healthy lifestyle from an early age, one can reduce the risk of diseases due to elderly to a great extent.

Diet and nutrition

- Adopting this healthy diet will reduce the risk of cardiovascular diseases; cancer; obesity
- Consume a diet, rich in fruits and vegetables, high in fibre content, rich in calcium, low in saturated fats, oils, sugar and salt.

Exercise and weight reduction

- Indulging in physical activity of 30-45 minutes 5-6 times a week.
- Physical activity helps to control weight; improves blood circulation; lowers blood pressure and blood glucose levels
- Improves emotional wellbeing and relieves stress.
- Increases flexibility; improves balance and increases bone density.

Refrain from tobacco and alcohol abuse

- Smoking cessation at the age of 50 years reduces the risk of dying within the next 15 years by 50% otherwise it is associated with oral, lung and oesophageal cancer.
- Older people are more sensitive to the effects of alcohol than younger people. Alcohol consumption is associated with liver diseases, stomach ulcer, gout, depression, osteoporosis, heart disease, breast cancer, diabetes and hypertension.

Participation in social activities

- In old age, people tend to get socially isolated. Therefore, an active effort should be made to mingle with others of the same age group as well as by family members.

iii) National policy for older persons

- Provides interventions- financial security, nutrition, shelter, education, welfare, protection of life and property of older citizens

iv) Social assistance via family, social network and social welfare programmes, pension schemes etc.

v) Mental health support by counselling or therapy

“Active aging” is necessary in the Kerala scenario now

- Kerala is experiencing a demographic shift with an increasing proportion of elderly citizens
- Active aging initiatives are essential to adapt to this changing age structure.
- Implementation of health promotion programs including regular health check-ups, fitness activities and preventive measures.
- Senior friendly infrastructure- accessible public spaces, transportation, health care facilities.
- Social engagement-community events, support group

- Employment opportunities
- Technology integration- Providing access to technology and digital Literacy programs

NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY

Objective: To provide separate, specialized and comprehensive health care to the senior citizen at various levels of state health care delivery system including outreach services.

Beneficiaries: all elderly above 60 years in the country

Activities undertaken under the programme

- **Department of Geriatric at 20 super specialized institution-** 30 bedded Inpatient facility, referral treatment, research and manpower development, developing IEC materials, guidelines etc.
- **Geriatric unit at district hospital** - 10 bedded Geriatric ward, OPD services exclusively for Geriatric patients.
- **Rehabilitation unit at CHC falling under identified districts** - health clinic twice a week, grant-in-aid has been provided for manpower, equipment, training, physiotherapy.
- **Activities at PHC under identified district:** weekly Geriatric clinic, referral services, one time grant for procurement of equipment.
- **Activities at sub centre under district:** ANM/Male health workers posted in subcentre will make Domiciliary visits, arrange suitable callipers and supportive devices from PHC, Provision of treatment for minor ailments and rehabilitation equipment.

Q) What are the critical factors that you consider when taking the history of a 43 years old women who has presented to you with 8 weeks of amenorrhea. What advice you will give her?

[META+IMPULSE]

Medical history

Symptoms of pregnancy

- Amenorrhea: Duration and associated symptoms
- Nausea and vomiting
- Fatigue: Level and impact on daily activities
- Breast changes like change in size, tenderness or nipple discharge

Problems related to menopause

- Vaginal Hot flashes
- Mood changes
- Night sweat
- Dryness

Any relevant medical history

- Diabetes
- Hypertension
- Thyroid disorders
- Polycystic ovarian syndrome
- Weight loss
- Other chronic conditions

Menstrual history

- Menarche
- Last menstrual period
- Regularity and duration of cycles
- Any irregularities in cycle

Obstetric history

- Number of pregnancies
- Miscarriages
- Abortions
- Living children
- Current or past use of contraceptive

Family history

- Reproductive disorder or endocrine disorder

Personal history

- Eating habits
- Medications used
- Surgical history of C section, Hysterectomy, Ovarian procedures

Advice based on history and examination

- Pregnancy test using UPT to confirm or rule out pregnancy.
- Ultrasound to evaluate uterine size, shape and foetal viability if pregnant.
- Blood test to check hormonal imbalances, thyroid function or others.
- If pregnant, it is a high-risk case so explain about complications.
- Family planning and contraceptive usage.
- If it is due to menopause explain about the stages of menopause
- Vasomotor symptoms like hot flashes and sweats.
- Musculoskeletal symptoms like muscle and joint pain.
- Urogenital symptoms like vaginal dryness.
- Life style changes and interventions
- Explain about benefit and risk of treatment of menopausal symptoms.
- Long term health implication of menopause.

As a medical officer of a PHC, prepare an **action plan** to ensure geriatric friendly health services in your area.

Program name: SWANTHANAM

Goal: Geriatric friendly health services in Kadamakudy panchayat by 2026

Objectives:

- 1)To estimate the strength of geriatric population requiring medical interventions.**
- 2)To provide accessible, affordable and high-quality health care services/treatment to an ageing population.**
- 3)To promote the concept of Active and Healthy Ageing.**

Strategies:

Objective	Strategies
1)To estimate the strength of geriatric population requiring medical interventions	<ul style="list-style-type: none">● Cross sectional study● Screening for NCD● Intersectoral approach
2)To provide accessible, affordable and high-quality health care services/treatment to an ageing population.	<ul style="list-style-type: none">● Geriatric clinic● Medical and supportive measures● Referral services● Follow up by ASHA, JHI● Health education
3)To promote the concept of Active and Healthy Ageing.	<ul style="list-style-type: none">● Education and communication through ASHA, JHI● Behavioural change communication

Activities

Strategies	Implementation plan/Activities Age group of 45 years and above
<ul style="list-style-type: none"> • Screening for NCD 	<ul style="list-style-type: none"> • Conducting screening camps for elderly based on simple clinical examination relating to eye, ear, BP, sugar etc. • Conduct survey through home-to-home visit
<ul style="list-style-type: none"> • Intersectoral approach 	<ul style="list-style-type: none"> • Linkage with other supportive groups and day care centre operational in the area.
<ul style="list-style-type: none"> • Geriatric clinic 	<ul style="list-style-type: none"> • Weekly geriatric clinic run by a trained medical officer
<ul style="list-style-type: none"> • Medical and supportive measures 	<ul style="list-style-type: none"> • Provision for free medicines. • Arrange callipers, spectacles, hearing aid and other supportive devices for disabled elderly persons
<ul style="list-style-type: none"> • Referral services 	<ul style="list-style-type: none"> • To CHC or district hospital or medical colleges for complicated cases. • First referral unit for elderly
<ul style="list-style-type: none"> • Follow up by ASHA, JHI 	<ul style="list-style-type: none"> • Domiciliary visits for bed ridden elderly persons and for follow up patients
<ul style="list-style-type: none"> • Health education 	<ul style="list-style-type: none"> • During health and village sanitation camps to provide awareness regarding preventive and rehabilitative aspects of geriatric
<ul style="list-style-type: none"> • Education and communication through ASHA, JHI 	<ul style="list-style-type: none"> • Health education related to healthy ageing like importance of exercise, good dietary habits, stoppage of smoking and alcohol
<ul style="list-style-type: none"> • Behavioural change communication- 	<ul style="list-style-type: none"> • short film making and display

Explain the method of action in detail

Stakeholders: staff of PHC- HI, JHI, JPHN, ASHA workers, day care centres etc.

Beneficiaries: geriatric group above 45 years of age

Activities	Time required	Anticipated budget
Screening camp	2 months	50000
Survey	3 months	25000
Geriatric clinic	1 year	200000
Medicines	5 months	100000
Supportive devices	1 year	200000
Follow up services	2 year	50000
Referral services	1 year	10000
Health education	3 months	20000
Short film making	2 months	10000
Domiciliary visit	1 year	25000