

REVIEW ARTICLE

Health and Social Problems of Geriatric Age Group

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ABSTRACT

There is a rapid increase in the geriatric population. In our nation, more than 5% of males and 4 to 5% of females belong to geriatric group. Although the proportion of elderly people in our nation compared with developing countries is on the lower side, the absolute number is on the higher side as compared with the developed world. Growing is a natural process for every being, hence geriatric stage cannot be prevented. However, a handful of things can be done by the family members of the elderly in helping them to lead a normal life, which is their uttermost necessity to perform their daily routine activities with ease. The commonest problem the elderly face is joint pain and diminished mobility. All the aspects of health status, lifestyle, life satisfaction, mental state, or well-being together reflect the multidimensional aspect of lifestyle of an individual. Mental health problems with the geriatric age people remain neglected most of the time. There is a different presentation of tuberculosis in older people as compared with that observed in young adult patients. There should be a separate classification of tuberculosis treatment for elderly people. Hence, diagnosis has to be made at the earliest and treatment not delayed, which, in the current scenario has led to a rise in morbidity and mortality in the geriatric group.

Keywords: Elderly, Geriatric, Health issues, Health policy.

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INTRODUCTION

“And in the end it’s not the years in your life that count, it’s the life in your years.” —Abraham Lincoln

There is a rapid increase in geriatric population. In our nation, more than 5% of males and 4 to 5% of females belong to geriatric group. Although the proportion of elderly people in our nation is, compared with developing countries, on lower side, the absolute number is on the higher side as compared with the developed world.

Growing is a natural process for every being, hence becoming a geriatric cannot be prevented. However, a handful of things can be done by the family members of the elderly in helping them to lead a normal life, which is their uttermost necessity to perform their daily routine activities with ease. The commonest problem the elderly face is joint pain and diminished mobility.¹ All the aspects of health status, lifestyle, life satisfaction, mental state or well-being together reflect the multidimensional aspect of lifestyle of an individual. Mental health problems with the geriatric age people remain neglected most of the time.² There is a different presentation of tuberculosis in older people as compared with that observed in young adult patients. There should be a separate classification of tuberculosis treatment for elderly people. Hence, diagnosis has to be made at the earliest and treatment not delayed, which in the current scenario, has led to a rise in morbidity and mortality in the geriatric group.³

Research shows that geriatric population who suffer an acute illness or those who have an aggravating factor for a chronic condition require urgent medical care. On the contrary, the medical unit that looks after their initial care do not possess much experience in the implication of treatment for geriatric age group.⁴

Elderly people have lesser regenerative and immune abilities and are thus more prone to diseases. Geriatric age group in many countries is referred to a time in one’s life when he/she is no longer able to carry out their routine activity or their active involvement is hampered. Presently, the United Nations agreed on the cut-off of 60+ years for the geriatric age. Worldwide, population >60 years is increasing faster than ever before. As per the current scenario, it is estimated that till 2050, there will be 22% old age population which was 11% in the year 2000. Most of this increase is occurring in developed countries.⁵

Impact of SIRS

Systemic inflammatory response syndrome (SIRS) is very rarely presented in the emergency department. As a prognostic indicator, SIRS was defined as a serious condition related to systemic inflammation, organ dysfunction, and organ failure. It is a subset of cytokine storm, in which there is abnormal variation of cytokines.⁶ From the very beginning, the use of SIRS has been much questioned, especially in defining sepsis of the true-positive and true-negative cases in clinical settings. Most of the patients who present with inflammation and systemic pathologies

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do not come under the definition of SIRS. Only one-fourth of patients with SIRS had an infectious pathology, as seen in the emergency. It has a higher mortality rate with patients having noninfectious pathology, and a long hospital stay is also seen in such patients. Amongst the geriatric age group, SIRS is used with biochemical inflammatory markers for sepsis. It is also a marker of organ failure as well as mortality. One-year mortality is reported for SIRS in geriatrics. There is an increase in emergency calls for SIRS which is similar to rapid response team in emergencies. Identifying emergencies may help to reduce the time for emergency call. Identification of severely ill patients may help to reduce intensive care unit admissions and mortality.⁷

Elderly Patients suffering Tuberculosis on DOTS

Elderly are more prone to get tuberculosis. It has been said several times that there is difference in elder tuberculosis patients, as compared with others; research studies come up with different findings. As different findings are noticed, geriatric Koch's positive patients should be considered as separate entities. A delay in the establishment of a diagnosis may lead to an increase in morbidity and mortality in the geriatric age group. The ratio of pulmonary tuberculosis to extra pulmonary tuberculosis is more in elderly. A high default rate is one of the main reasons for the lower rate of favorable outcome in the elderly. Poor tolerance to therapeutic drug, some other illness factor presenting along with tuberculosis, absence of any accompanying person are some of the reasons for not visiting the directly observed therapy, short-course (DOTS) center regularly. New door-to-door DOTS provision should be suggested and reasons for default cases should be managed.³

Importance of Geriatric Dentistry

Geriatric dentistry deals with dental care of geriatric population. It includes age-related changes and is concerned with its diagnosis, prevention, and treatment under the supervision of dental faculties. The term geriatrics comes from a Greek word "geron" meaning old man and "iatros" meaning healer. Demographic changes, such as increasing life expectancy, and an increase in the proportion of geriatric population, have brought attention to geriatric dentistry.⁸

Preventive Ambulatory Geriatric Rehabilitation

Ambulatory geriatric rehabilitation is a community-based outpatient intervention which aims to improve the independent living of elderly. It was introduced in 2008.

Ambulatory geriatric rehabilitation helps in hampering nursing home admissions, and the risk of incident

fractures is declined. Ambulatory geriatric rehabilitation is a preventive tool which inhibits hospital admissions and decreases the total health care cost from health insurance perspective. It aims to provide good quality of life and living standards to elderly.⁹

GERIATRIC ENDOCRINOLOGY

Geriatric people have a higher rate of endocrine dysfunction. Thus, such aspects should be taken into consideration. Geriatric physiology is different from that of adult people, so the pattern of disease and morbidity is also different. There is much noted difference in endocrinology and metabolism.

Pituitary disorders, diabetes mellitus, arthritis, osteoporosis, adrenal insufficiency, thyroid disorder, and endocrine malignancies are common in geriatrics. All pathological ranges are different for the elderly, as their physiology is different. Psychosocial factors, awareness, and mode of thinking unique to the elderly play a vital role in the management of endocrine and metabolic disorders.¹⁰

GERIATRIC HEALTH POLICY IN INDIA

The Need for Caregiver and Elder Advocacy in India

India is a developing nation and it still has much to achieve in maternal and child care, nutrition, etc. Our country is yet to be sensitized toward the need for comprehensive geriatric care which otherwise will get absorbed in the myriads of problems our country is facing. Active campaigning and advocacy will be required to promote legislation, influence public policy, conduct research, and provide health education on burning issues of concern for geriatrics.

Public-Private Partnership

Geriatric care cannot be singlehandedly managed by the government and public sector organizations, primarily because of the gargantuan numbers involved, which will only be increasing as the years go by. An amalgamation of ideas and services from public, private, and nongovernment organizations is needed for addressing the issue successfully. A separate unit, similar to the Ministry of Women and Child Development, should be set up to look into both the social and health care-related issues of the elderly, giving equal weightage to both.

Intersectoral Cooperation

Population aging should not be addressed in isolation. A keen understanding of the societal and familial changes that occur in response to the growing economic and

geopolitical changes in the country is essential to provide an effective health, social, and economic support to the elderly. Expertise from various areas, such as anthropology, sociology, economics, and health should be brought together to bear the diverse societal changes and certain other transformations that will help in better planning and implementation of programs.

Timely Implementation and Amendment of Existing Policy

The national policy for older persons is definitely a stance taken in the right direction. However, the start of the policy at the right time with a provision for the evaluation of the process and outcome, thereby making timely amendments at periodic intervals, is equally important for the geriatric population to draw the maximum benefits out of it.¹¹

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