

GERIATRIC MEDICINE: CONCEPTS AND DIRECTIONS

Dr. RK Penhall

**Department of Geriatric and Rehabilitation Medicine
Royal Adelaide Hospital**

Definition

GERIATRIC MEDICINE is concerned with the clinical, social, preventative, remedial and rehabilitative aspects of health and illness in the elderly.

The Components of Assessment

- (i) medical diagnosis**
- (ii) assessment of social resources**
- (iii) measurement of disability**
- (iv) assessment of rehabilitation potential**

Medical Diagnosis

Ageism: signs and symptoms = age not disease

Result: under-diagnosis and over-treatment

Social Resources

Quality and quantity of the social support system

Assessment

(a) Resources

Family support (intact, limited, nil)

Home and its architecture

Local services

Money

Disability

Activities of Daily Living Assessment

Rehabilitation Potential

Rehabilitation consists of matching a disabled person to their living environment through learning techniques of disabled living, the provisions of aids and services, and the modification of that environment.

Impact of Events on Health

- longitudinal study

<u>Event</u>	<u>Control</u>	<u>Strain index</u>
Undesirable	Full	No correlation
“	None	Strong correlation
“	Partial	more – predictably low less – predictably high

Stumer & MacFarlane
J. Health & Social Behav. 1980

Degree of Support

72 people, av age 78

Simple jigsaw – 4 twenty minute practical sessions

Group 1: verbal encouragement – improvement

Group 2: direct assistance – deterioration

Group 3: nil done – unchanged

**Avorn & Langer
J. Am. Geriatric Soc. 1982**

Residential situation

Nursing home residents

Floor 1 – lecture on what they could do

Floor 2 – lecture on what staff would do

By 3 weeks – first group happier

More active

More social

Improved

Sustained at 18 months

**Langer & Roden
J. Perspect. Social Psychol. 1976**

Supportive behaviours

Provision of material assistance

Provision of information

Sick care

Expressions of respect and love

Will increase autonomy if teaching

Encouraging

Enabling

Will decrease control if constraining

“doing for”

Warning

Special Situations

- 1. medications**
- 2. the bed**

1. Medications

- multiple prescriptions**
- experiments in usage**
- recognition of adverse events**
- risk situations**

2. the bed

Look at a patient lying in bed. What a pathetic picture he makes! The blood clotting in his veins, the lime draining from his bones, the scybala stacking up in his colon, the flesh rotting from his seat, the urine leaking from his distended bladder, and the spirit evaporating from his soul.

(R Asher: The Dangers of Going to Bed: BMJ 1947)

Multi-disciplinary Team

To work well they require:

- dependable members committed to the same goals**
- open communication**
- mutual trust**
- absence of hostility or indifference**
- constructive handling of conflict**
- functional leadership**

Multi-disciplinary Team

Troubles arise if there is:

- divisive record systems**
- divisive architecture**
- differential accountability**
- historical hierarchies**
- lack of team skills**
- overdetermination of roles**
- personalities unsuited to team work**

The required steps in the thorough management of a patient with stroke are:

- **Diagnosis and early management**
- **Assessment**
- **Goal setting**
- **Training**
- **Re-entry (discharge)**
- **Review**
- **Empathy for psychological reactions**

Goal setting

This is the crucial part of management in any rehabilitation process.

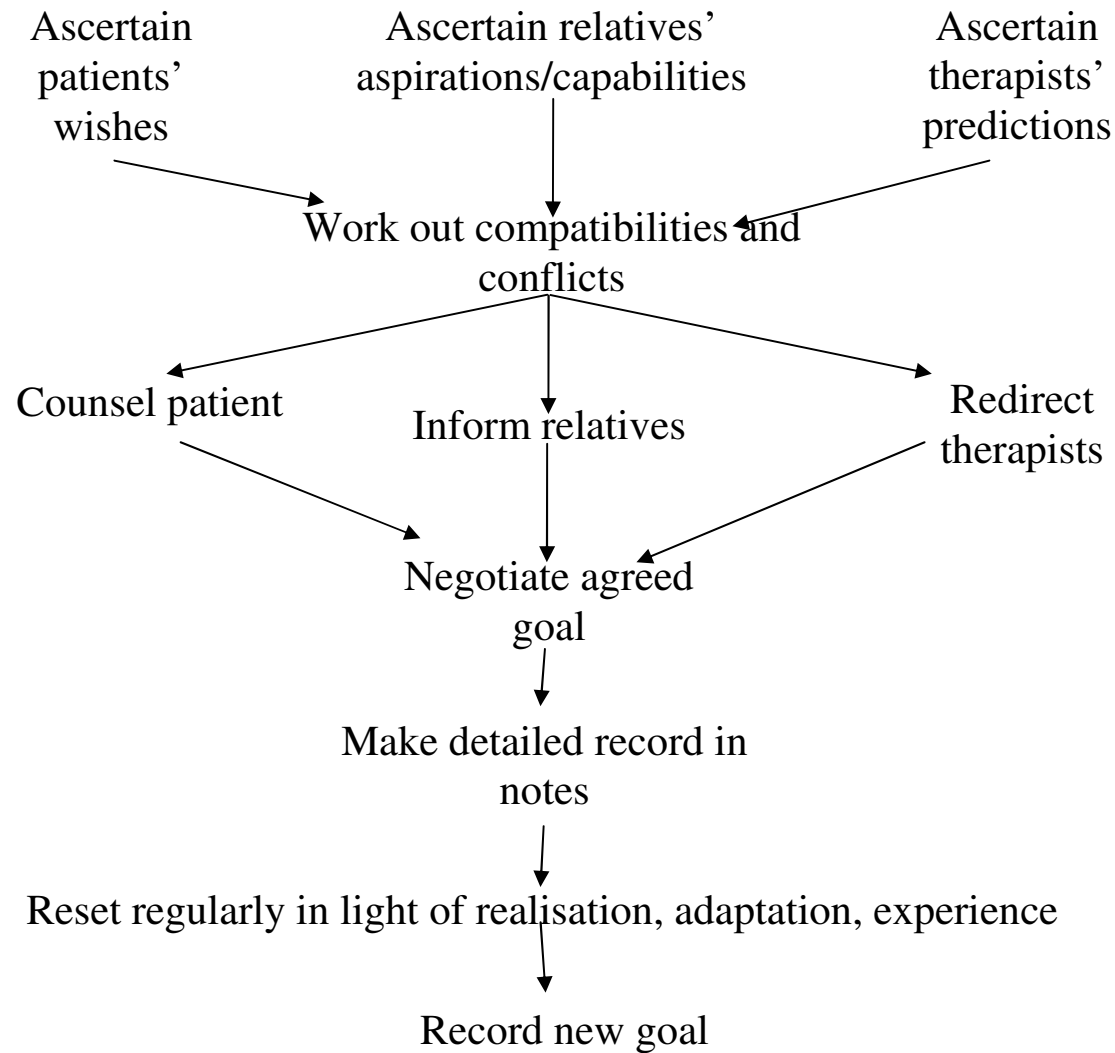
- **Impairment: what is wrong**
- **Disability: what can't do**
- **Handicap: social consequence**

(WHO)

Blake:

**“He who should do good to another must do it in
Minute Particulars; General Good is the plea of the
scoundral, hypocrite and flatterer...”**

Goal Setting Flow Chart



Training or Re-training

- (a) A.D.L. Training**
- (b) Neuromuscular Re-education**
- (c) Perceptual Training**
- (d) Speech Therapy**
- (e) General Conditioning**
- (f) Training of the family**

Re-entry (Discharge)

It requires:

- **Forward planning**
- **Trial home visit**
- **Provision of aids**
- **Liaison with community services**
- **Plans for continuing therapy**
- **Review arrangements**

Review

- **ADL functioning**
- **Social functioning**
- **Sexual functioning**
- **Overall medical situation**

Outcome Basis Indices are:

- **Independence in self care**
- **Ambulation**
- **Accommodation**
- **vocational**

Psychological Adjustment

- (a) diminished self worth and self respect**
- (b) the awareness of social stigma**
- (c) physical dependence on others**
- (d) the loss of freedom of choice of action**
- (e) adaptation to major disability**
 - Denial acceptance**
 - Loss potential**
 - Present future**
 - Sick different**
- (f) dealing with the sadness which follows loss**

Depression may need specific treatment

Hippocrates:

“Healing is a matter of time, but it is also a matter of opportunity”