A Handbook of GERIATRIC CARE

A Handbook of Geriatric Care is a compilation of carefully chosen topics pertaining to Clinical Geriatrics. The chapters have been written by authors with wide ranging experience in treating the elderly, especially in India. This approach has been rendered necessary by the fact that the problems faced by the Indian elderly differ from their American or European contemporaries due to differences in race, nutrition, family set-up, socio-economic factors and climatic conditions. Since this book provides a comprehensive account of the care needed by the Indian elderly, it will be an asset for family physicians who treat elderly patients. Besides treatment part, preventive strategies relevant to our country have also been included. *Geriatric Medicine* is a multi-disciplinary branch of medical sciences that has been added to the academic curriculum of Medical Colleges. The handbook will act as a ready reckoner for the busy practitioners while treating their elderly patients.

About the editor

Dr O.P. Sharma is a consultant physician with special interest in Geriatrics. He is a National Professor of Geriatrics, Sr Consultant, Geriatric Medicine, Indraprastha Apollo Hospitals, New Delhi, Emeritus Clinical Tutor, Apollo Hospitals Educational and Research Foundation and General Secretary, Geriatric Society of India.

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Envisioning the need of family physicians who treat elderly, this handbook has been conceptualized to provide them a ready reckoner dealing with the ailments of the elderly.

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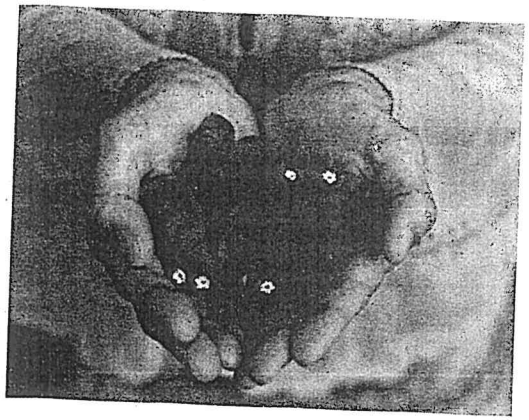

This book is dedicated to the
memory of my late father
Rameshwar Lal Sharma
whose motto
"forward with faith"
set me free on the path of knowledge,
and who, even in his last years,
ignited the light of hope
in all my endeavours

One important feature is the ability to locate the street address and postcode of the user's location anywhere on a map worldwide from a computer or smartphone.

2. GPS smart sole

An innovative technology that puts satellite monitoring in a sole that can be placed into a shoe to provide real-time tracking of a user.

The Smart Sole also has a 2-3 day battery life with normal use and will alert caregivers by email or text notification when the battery is low.

3. iTraq -

A new cellular tracking device , it is the "world's first global location device that can be found anywhere".

It uses cellular towers to determine location, allowing it to be used anywhere there is service around the world.

Limitations of these Devices

Although these are excellent devices for patient safety, there are limitations for their day to day use, especially in Indian scenario.

Most of the Dementia patients are not allowed to go out of their homes by the family / carers.

Many also do not have access to smartphones.

Hence their routine use is restricted.

As mentioned above, certain Devices- Trackers are also available for the patients with high risk of Falls and also for use as alarms inside the Diapers.

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Elder Abuse

Anand P Ambali, OP Sharma

INTRODUCTION

Mistreatment or Elder Abuse in elderly (>60 years) is a universal phenomenon. The first description regarding elder abuse appeared in International literature as granny battering in the Year 1975.[1] Since then the gerontologist and geriatricians are trying to explore the ways to identify and prevent abuse in the elderly population. As hypertension, diabetes, hypothyroidism are silent and detected on clinical examination or blood test, so is the elder abuse which is diagnosed only on history taking.

It is happening with elderly population very silently as the elderly do not wish to reveal about being abused nor the clinicians are trained to identify it. Elder abuse is a violation of the human right.

Merely being elderly does not make them vulnerable to abuse. It is a well known fact that people in all walks of life irrespective of age, sex, race, religion, educational and financial status, are vulnerable to abuse, mostly from family members.

Mistreatment of elderly is now a topic of interest among clinicians and health care providers. In medical college syllabus, elder abuse is not taught hence the clinicians are not aware due to which identification of abuse is missed. On the other hand the elderly do not feel that it should be discussed with clinicians.

It needs to be emphasized that not all the elderly people are abused. Among those abused, few open up easily while few will never reveal about being abused. It is the clinician who need to have an approach to identify abuse and counsel the victim as well as caregivers.

The impact of abuse on the health of an older person is exacerbated by the ageing process and diseases of old age.

DEFINITION AND TYPES

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.[2]

The five types of Elder abuse are - Physical, Psychological, Financial, Sexual and Neglect.

RISK FACTORS

The elderly who are living with dementia, depression, alcohol dependency, behaviour disorders, blindness and are bed ridden due to stroke or unoperated fracture neck femur are more prone for being abused. The social factors like living alone and with extremes of financial status predisposes them.[3]

IDENTIFICATION OF ABUSE

The elderly frequently deny abuse.[4] Identifying abuse needs a high index of suspicion.[5] The features that should alert the clinician are:[6]

1. Delays between injury or illness and seeking medical attention.
2. Differing histories from patient and abuser.
3. Implausible or vague explanations provided by either Party.
4. Frequent Accident and Emergency Department attendance for chronic disease exacerbations despite a care plan and available resources.
5. The functionally impaired patient who arrives without the main carer.
6. Laboratory findings inconsistent with the history provided.

The authors have found additional features that suggest abuse in their clinical experience:

1. Patient not willing to get discharge from hospital despite getting well
2. Frequent episodes of hypoglycaemia due to neglect by care givers. There will be delay in serving food.
3. Recurrent anaemia not responding to treatment due to neglect by care givers. These older people were fed bread with water daily and not tea or milk.
4. There will be less response to pain despite receiving full dose of NSAIDs.
5. The levels of blood sugar and blood pressure does not come to control levels despite maximum dose of many drugs.
6. The elderly reveal about abuse to the nurse incharge than to the consultant.
7. Patients who are unable to continue drugs for chronic conditions with frequent defaults.

WARNING SIGNS OF ELDER ABUSE

The Behavioural warning signs are withdrawal, Confusion, Depression, Helplessness and Fear to communicate.

The Physical warning signs are uncombed or matted hair, poor skin condition or hygiene, patches of hair missing, malnourished, dehydrated, and clothes soiled with foul smell of urine or stools. Torn or bloody, unexplained bruises, burn marks from cigarettes, injuries that are incompatible with explanations.[7]

EFFECT ON HEALTH OF ELDERLY WHO ARE ABUSED

1. It interferes in the control of pain, blood sugar and blood pressure levels.
2. There is need for more doses of NSAIDs especially in postoperative care.
3. The blood pressure levels and blood sugar levels will not get controlled with maximum doses of the drugs.
4. Delay in relief of exacerbations of chronic obstructive lung diseases.
5. Depression and Anxiety
6. Suicidal ideas or attempts
7. Anaemia

WHAT TO DO WHEN ELDER ABUSE IS REPORTED?

Multidisciplinary approach involving physician, social organisation, best friend, psychiatric counsellor, legal advisor, care giver should be involved and counselling should be initiated that continues over weeks to settle the issue and in helping elderly to come out of the suffering. The suspected abuser should be assessed as thoroughly as the victim of abuse.

IS THERE A LAW TO SAFE GUARD THE ELDERLY FROM ABUSE?

Yes. The Maintenance & Welfare of Parents and Senior Citizens Act 2007[8] is a boon to the older people. In view of high dependency of elderly on their family members including the abuser the older people restrain from filing a complaint.

Figure 1.: Questionnaire for Clinician to detect Abuse in Elderly is framed by the author[9]

Sl No	Description – observed by clinician	Yes	No	Marks (One for Yes)
1.	The elderly seek privacy in clinic.			
2.	They visit frequently to hospital with nonspecific symptoms			
3.	Elderly person cries in clinic			
4.	Once admitted, they try to avoid getting early discharge. They keep reporting new symptoms every day to ensure to stay in hospital.			
5.	Signs of Under nutrition and poor hygiene present			
6.	The parameters like blood sugar levels, Blood pressure levels not reaching base line despite many drugs			
7.	They expect prescription written for at least one month, knowing that the son will bring drugs for one week or fifteen days only.			
8.	Joint Pains/Headache or Postoperative Pain do not reduce despite medications with maximum dose.			
9.	Using spectacles with broken glass/ Un Repaired hearing aid/ broken walking stick			
10.	A son approaching a clinician for a certificate stating that his father is old and cannot sign.			
11.	Ideas of Suicide / seeking medication to end life in elderly			
12.	Injuries at unusual sites following fall/ Un explained Bruises over upper limb/ Non-Healing wounds/injuries in genitalia/rope marks on wrists			
13.	Older people request to change the nursing staff, or the son says that he suspects most of the drugs brought are not used for the patient (Suspect abuse in hospital)			
14.	Delay in seeking treatment and difference in history of presentation between patient and caregiver.			
15.	Alcohol / Drug / Tobacco dependence in elderly patient.			

AWARENESS DAY

Purple colour ribbon represents Elder Abuse Awareness.

World Elder Abuse Awareness Day is observed every year on June 15. International Network for Prevention of Elder Abuse (INPEA), World Health Organisation (WHO) and Geriatric Society of India (GSI) are actively involved in creating awareness regarding abuse in society, older people, clinicians and law makers.

A Questionnaire for Clinician to detect Abuse in Elderly is framed by the author.[9] This scale can be used freely by clinicians which is mostly by observation (Table 1).

1) Score of More than 5 strongly suggests Abuse in Elderly
2) Elderly need to be assessed in this scale at least in two or three sittings on different days.
3) This method also helps to assess types of abuse.

CONCLUSION

The authors are of opinion that the elder abuse need to be considered as an occult co-morbid condition as it is present in the elderly patient though not diagnosed. It is a risk factor for decreased quality of life and early death among elderly. The clinicians should avoid ageism and avoid marginalization of the elderly.

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