

**A Guide for a  
Geriatric Social Worker  
(Caregiver)**



**Chief Editor  
Dr.O.P.Sharma**

Dr A P Ambali

# A GUIDE FOR A GERIATRIC SOCIAL WORKER (Caregiver)

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Self-published by author.

First edition 2022

ISBN : 978-93-5627-049-7

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Mode of Payment : 9433889458@GooglePay

Price : 350/=

Printed by- **SNEHART**, College Pally, Barrackpore; Kolkata-700121, West Bengal.

## CONTENTS

Preamble		
Acknowledgement		
List of Contributors		
Chapters		
A. Introduction		
1. Introduction	Dr. Kaushik Ranjan Das	13
B. Historical Aspect.		
2. Historical aspects of Elderly Health Care	Dr. O.P.Sharma	16
C. Basics.		
3. Gerontology	Dr.Kaushik Ranjan Das	18
4. How Geriatric Medicine is Different ?	Dr. Kaushik Ranjan Das	21
5. Age related changes in the body, Components of Geriatrics , Hidden diseases, Common diseases,	Dr. Krishnanjan Chakraborty.	24
6. Geriatrics and other systems of medicines prevailing in India.	Dr. Kaushik Ranjan Das	31
D. Overview of Basic Medical Science :		
7. Human Anatomy .	Dr. Mainak Gupta	34
8. Human Physiology.	Dr. Debapriya Bakshi	46
9. History taking.	Dr. Anand P Ambali	53
10. Geriatric Assessment including basic examinations	Dr. Aniruddha De	55
11. Pathological aspects,diagnostic tests and laboratory values related to Elderly care.	Dr. Asoke Das	58
E. Preventive Aspects		
12. Preventive aspects of diseases in elderly	Dr.Rahul Bhattacharyya	62
13. Interventions for Prevention of diseases in Elderly	Dr.Kaushik Ranjan Das	64
14. Diet and Nutrition in Elderly.	Dr.Arijit Das	76
15. Assisting devices :	Dr. Vivek Handa	81

F. Overview of important diseases in Elderly	Dr.Chinmoy Kumar Maity	89
16. Infections : Respiratory tract infections, UTI , Diarrhoea, Dysentery, Skin infection	Dr. Soumik Ghosh	91
17. Dyspepsia and Constipation	Dr. Sandeep P Tamane	100
18. Hypertension	Dr. A.K.Singh	102
19. Ischaemic heart disease and Cardiac arrhythmia	Dr. Kausik Majumdar	104
20. CVA	Dr. Arunansu Talukdar	109
21. COPD / Asthma.	Dr. Sachin Desai	113
22. Dementia.	Dr. Kaushik Ranjan Das;	116
23. Movement disorders in Elderly	Dr. Jayanta Sharma	
	Dr. Suddhasatwya Chatterjee	119
24. Musculoskeletal disorders in Elderly	Dr. P.S. Shankar.	122
25. Frailty Syndrome.	Dr. Bappaditya Chowdhury	126
26. Depression and other mental disorders.	Dr. Kaushik Ranjan Das	128
27. Overview of Diabetes Mellitus and Thyroid Function Disorder		
28. Diabetes mellitus and Disorder of thyroid function	Dr. J.K.Sharma	132
29. Some Geriatric Giants -Falls ,Incontinence, pressure sore.	Dr.Taruni Ngangbam;	133
30. Common eye problems.	Dr. Krishnanjan Chakraborty	
31. ENT Problems in Elderly .	Dr. Pradnya Mukund Diggikar	141
32. Oro-Dental in Elderly .	Dr. Dipankar Dutta	152
33. Women's(Elderly) Health .	Dr. Rivutosh Chakraborty	155
34. Environmental and occupational diseases.	Dr. Sharmistha Chatterjee	159
	Dr. Sudhir Kumar	162
G. Emergency conditions .		
35. Neurological Emergencies in Elderly.	Dr. Jayanta Sharma	168
36. Emergency conditions: Respiratory distress, Chest pain.	Dr. Purna Chandra Dash	175
37. Abdominal pain, Urinary retention.	Dr. Samudra Gooptu.	179
H. Palliative care .		
38. Alzheimer's Disease.	Dr. Prabha Adhikari	181
39. Advanced parkinsonism:	Dr. Prabha Adhikari	183
40. End stage renal disease .	Dr. Prabha Adhikari	185
41. Advanced cirrhosis of liver	Dr. Prabha Adhikari	187

42. Heart Failure	Dr. Prabha Adhikari	189
43. End of life Care.	Dr. Prabha Adhikari.	191
44. Palliative care in elderly with emphasis on care givers role.	Dr. K.B.Lingegowda	193
I. Social Issues and Interventions.		
45. Social issues in Geriatric care.	Dr. Kaushik Ranjan Das	195
46. Elderly and In built environment	Dr. Kaushik Ranjan Das	201
47. Geriatric Social Worker	Dr. Kaushik Ranjan Das	210
48. Geriatric Nurses	Dr. Kaushik Ranjan Das	214
49. Care Giver issues	Dr. Kaushik Ranjan Das	218
50. Geriatric Care & Family bonding.	Dr. Kaushik Ranjan Das	221
✓ 51. Elderly abuse	Dr. Anand P Ambali	224
52. Necessity of Geriatric Caregivers-An experts view	Dr. H.S.Pathak	232
53. Guide to Geriatric Care Giver	Dr. Taruni Ngangbam	234
54. Laws, constitution and other provisions	Dr. Soumi Chakraborty	236
55. Pre-retirement planning	Dr. (col.) Pramod Kumar	247
56. Insurance and Mediclaim	Dr. Mainak Gupta, Dr. Aniruddha De	253
57. WILL	Dr. Krishnanjan Chakraborty	260
58. Living Will	Dr. Aditi Choudhury	264
59. End of life care.	Dr. Garima Handa	267
J. Others-		
60. Loneliness & Companionship	Dr. Priyadarshini Sharma	274
61. Caregivers	Mrs. Shanti Sharma	276
62. Home Health Care	Dr. Dhiresk Kumar Chowdhury	278
63. Basic Care(First Aid)	Dr. Kaushik Ranjan Das	288
64. Important days in history of Geriatrics:	Dr. Dhiresk Kumar Chowdhury	290
65. Important contacts:	Dr. Dhiresk Kumar Chowdhury	291

## 9

## HISTORY TAKING

\* *Dr. Anand P Ambali*

This is the most important component of geriatric care. Unless we do not understand what the senior wish to convey and we are convinced by ourselves that the senior has understood what we said, then only the conversation is successful.

**Challenges** :The challenges in communications are decreased hearing, poor vision, reduced concentration and forgetfulness in older people. The most important aspect in communication is to 'listen'.

**For Successful History Taking** :Always talk to older people facing them and without mask. Always prefer to use gestures, short sentences, wait for reply at-least for 30 seconds and do not shout. By the end of the history taking, we should come to know what is the major problem to be solved, plan the next step, inform the plan to the person, once he agrees then proceed with consultation with doctor, investigations and treatment. The history taking should be natural and can include some humour and allowing the person to share their wisdom. The history taking may never end in a single setting and should be done in multiple sessions. The interaction should include to know the physical, mental and social status of the older person.

## PHYSICAL HEALTH

1. How are you doing today?
2. What is the thing that bothers you most?
3. How is your appetite?
4. How long you sleep in night? Is it disturbed?
5. How many times you get up in night to pass Urine, and is there any difficulty?
6. How are bowel movements? Hard or soft of constipated
7. Do you feel fullness in stomach after eating?
8. What is the status of your teeth?
9. How many medicines you consume regularly?
10. Which are the activities you have stopped recently? Gardening, driving, cooking etc
11. Have you had a fall in last one year? If yes how many times?

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12. Have you received vaccines recently?
13. Do you have stool or urine incontinence?

### SOCIAL HISTORY

1. How many new friends you have made this year?
2. Who helps you in emergency?
3. How frequently you meet your friends?
4. How best you spend your day?
5. What are your hobbies? Singing, dancing, painting, gardening etc
6. Are you allowed to attend family functions and rituals like marriages, receptions?
7. Do you feel you should move to old age home?

### MENTAL HISTORY

1. Do you feel lonely?
2. Is your taste for food good?
3. Do you have suicidal ideas?
4. Do you have difficulty in getting sleep?
5. Do you feel that you are neglected in home?
6. Does any member in family manhandles you, misuse your finances, scolds you, medicines are not purchased regularly and touch you inappropriately?
7. What is the new thing you learnt this year? Computer, new mobile, guitar playing, cook new dishes etc
8. Do you fear death?
9. Have you made advance directives?
10. Do you have privacy in home?
11. Have you lost any close friend or relative recently?

**Economic Status** :Details of economic status is also indispensable part of Geriatric history taking.

The answer to all the questions mentioned above by older people, has relevance for the care giver. It has to be understood in depth to know the older person in a better and complete way. After analysis of the answers, one can plan the further course of actions required. All these questions can be asked over few settings and not in a single setting. The older person may not answer to all the questions and we should not force to reply.

Look at their face. If tears in eyes it suggests Abuse and, if denial of symptoms it suggest depression.

Try to know the older people as a human and not just diseases in him. This will build confidence and bonding. Once this bonding develops, they will open up and share even unasked questions

At end of each conversation, always thanks them for sharing their wisdom.

Do not use distractors like mobile phone while taking history. This irritates the older person.

Do inform them your contact details so that they can dial you in emergency.