

INTEGRATED
HANDBOOK *of*
**FAMILY
MEDICINE**



Author

Dr. Smruti Haval

MBBS D.N.B. (Family Medicine)

Author

Dr. Geeta Pangi

MBBS M. Med. I/C HOD (Family Medicine)

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The authors have checked the information provided in the book to the best of their knowledge, It is as per the standards accepted at time of publication. However, medical science is ever changing with new inventions every day. Hence readers are requested to confirm information particularly drugs, dosage and treatment from other sources as well. Also keep watch on safety warning by companies before using any drug.

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CONTRIBUTORS

GERIATRICS

✓ **Dr. Anand P. Ambali**
MD, PGDGM, MSc (Dementia)
Professor and Head Department of Geriatrics BLDE
(DEEMED TO BE UNIVERSITY)
Shri B M Patil Medical College Hospital and Research
Centre, Vijayapura - 586103,
Karnataka State.

Prof (Dr). Sadhna Sharma
MD (Med), DOMS, DGM, PGDG (CMC, VELLORE)
Professor, Dept of Internal Medicine,
Malla Reddy Vishwa Vidyapeeth (Deemed to be University),
Hyderabad, Telangana.

Dr. Tejeswini CJ
MBBS, MD, PGDGM, Geriatric diploma RCP Ireland
Associate professor, Department of Geriatrics,
JSSMC, Mysuru.

Acknowledgement

Dr. Sai Anudeep Reddy Pallerla
M.B.B.S.
Junior Resident,
Dept. of General Medicine, Malla Reddy Vishwa Vidyapeeth
(Deemed to be University), Hyderabad.

Dr. Sunil Krishna Dipt
M.B.B.S.
Junior Resident,
Dept. of General Medicine, Malla Reddy Vishwa Vidyapeeth
(Deemed to be University), Hyderabad.

MEDICINE

Dr. Waseem Ahmed N
MBBS, DNB
Consultant Physician
Bill Roth hospital, Chennai

SECTION II GERIATRICS

1. PRESSURE SORES/DECUBITUS ULCERS/BED SORES

Dr. Anand P. Ambali

Introduction

- Pressure Sores is considered as one of the geriatric giant. It is seen in older people both in hospital and community settings.
- The pressure sore is complication of many chronic diseases in older people and final pathway leading to death. The people with frailty and sarcopenia are more prone to develop pressure sores. The older people who restrain on the bed are more prone to develop large bedsores.
- Long term immobility leads to development of pressure sores and pressure sores leads to decreased mobility. Both in turn leads to leads to poor quality of life.
- Early Identification should be part of general physical examination in all the older people.
- The pressure sores lead to septicemia and death among older people who are bed ridden and victim of neglect.

Impact on health

It affects quality of life, increased costs of care, prolonged rehabilitation, loss of limb, recurrent admission, leads to sepsis and increases mortality. It can be component of syndrome of skin failure.

Causes

1. Shifting the person from trolley to bed and vice versa in unscientific way.
2. Immobility (especially post-operative)
3. Malnutrition
4. Dehydration
5. Incontinence
6. Neuropathy
7. Reduced conscious level
8. Sedative drugs
9. Vascular impairment and
10. Victim of Neglect /Abuse

Clinical features

- The pressure damage may occur before admission but manifest only later. Inspect the sacrum and heels for early changes like change in color daily in hospitalized patients.
- The common symptoms will be fever, reduced appetite, and pain at ulcer site. Depending on stages they may present with foul smelling discharge and acute confusional state.
- When bone is involved, it will lead to osteomyelitis.



Fig 1: Pressure sores on both buttocks in a bed ridden old man with secondary infection who later succumbed to it. (Ambali AP)

Common Sites for pressure sores

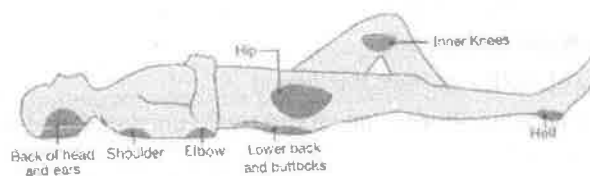


Fig -2 Common sites in patient who is bed ridden

Fig -3 Common sites in patient who is chair ridden

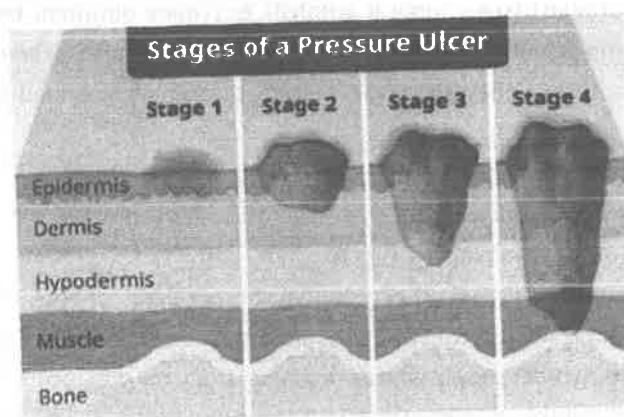


Fig 4 – Stages of pressure sores

Stages / Grading

1. **The affected area of skin is discoloured.** lesion don't turn white when they're pressed. There's no open wound, but it may hurt or itch. It may also feel either warm and spongy, or hard. (Non-blanching erythema)
2. **Broken skin or blistering (epidermis ± dermis only).** The outer surface of the skin (the epidermis) or the deeper layer of skin (the dermis) is damaged. This can lead to loss of skin. The ulcer looks like an open wound or a blister.
3. **Full-thickness skin loss, subcutaneous fat or slough** seen. The skin loss occurs throughout the entire thickness of the skin. The underlying tissue is also damaged, but the underlying muscle and bone aren't. The ulcer appears as a deep wound.
4. **Ulcer down to bone, joint, or tendon.** The skin is severely damaged and the surrounding tissue begins to die (tissue necrosis). The underlying muscles or bone may also be damaged.

Risk assessment tools

1. Norton Scale
2. Braden Scale are available to predict pressure score risk.

Investigations

1. X Ray of the part to rule out osteomyelitis
2. Culture and sensitivity of discharge from the wound
3. Assess Blood counts, C Reactive Protein, Renal and Liver Function, Blood sugar levels, and Electrolytes

Treatment

1. Correction of anemia and adequate nutrition intake helps heal the wound.
2. Good glycemic control and mobilization.
3. Management of Incontinence. Keeping the groin area clean and dry.
4. Debridement of dead tissue – Surgical, autolytic, enzymatic ointment, biosurgicals can be used.
5. Broad spectrum antibiotics depending on culture report and also for anaerobes.
6. Topical application of Honey, silver sulfadiazine, calcium alginate and placenta are tried with varied results.
7. Moist wound dressing helps in healing than open to air wound.
8. Avoid use of povidone iodine and hydrogen peroxide in cleaning wound.
9. Non-Steroidal Anti Inflammatory Drugs to control pain.
10. Prevent another ulcer- inspect other potential sites regularly especially on bony prominences.
11. The healing process starts within 3 months and may take another 3 to 6 months for healing.
12. Nutritional care. In older people who are malnourished, the diet recommendations are 30-35 calories /kg/day, protein intake of 1.5kg/day, 50-60% carbohydrates, 20-25% fats and 1ml of fluid intake per Kcal/day.

Palliative care

- The role of palliative care is considered when it becomes clear that there is no chance of healing of the wound and advance treatment outweighs the benefits.
- The factors like Malnutrition with sarcopenia, multi organ failure, anasarca, and metastatic lesions demands palliative care.
- It aims to reduce suffering and avoid painful procedures. It focuses on protecting comfort and dignity and targets both wounds that may or may not heal. It helps reduces pain and improve quality of life. It should help limiting the impact, reduce pain, odour and exudation. Use of topical lidocaine gel is tried in some cases. We should train the caregiver regarding dressing the wound in home.

Medicolegal aspect

- Occurrence of pressure sores in hospital is considered as poor -quality care. The claimed damages include pain, scarring, infection and cause of death. Lack of wound care, not having done proper assessment and not applied preventive measures can be a potential cause for the litigation. A clinician should always look for bed sores before admitting the patient in hospital, take a photograph and document in case paper as pre-existing wound, to be on safer side.

Prevention

1. Avoid drip sets, and debris between the patient and sheets.
2. Dragging of patients on bed while shifting should be avoided
3. Change of position of patient on bed every second hourly in day time even if water bed is used.
4. It should be part of rehabilitation measure in patients with Stroke, Chronic kidney injury, Alzheimer's, Frailty, Sarcopenia and Undernutrition.

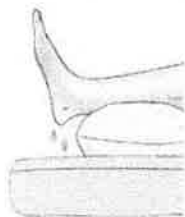


Fig 5. Position of pillow so that two skin surfaces do not rub each other



Fig 6. Air



mattress

Conclusion

- The pressure ulcer is a final pathway for many diseases towards mortality. Early identification and effective management are a key in promoting healthy ageing. The prevention measures in hospital and long-term care should be given more importance. The occurrence of bed sores in hospital suggests poor nursing care while in home suggest the person being neglected. Good nutrition, adequate fluid intake, early and continued mobilization daily prevent bed sores and improves quality of life.

Suggested Reading

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ABOUT THE AUTHORS



Dr. Smruti Mandar Haval

M.B.B.S., D.N.B.
(Family Medicine)

Principal, Annapurna Institute of Paramedical Collage, Sankeshwar Dist. Belagavi. Former Assistant Professor, Department of Family Medicine, USMKLE IMP, Belagavi. Practicing in rural Karnataka. Keen interest in research and published few research papers in various conferences.

Education

M.B.B.S. - N.D.M.V.P., SAMA's Medical College, Nask
Post-graduation - Nable Hospital, Pune

Work Experience

Assistant Professor, Department of Family medicine, USMKLE International Medical Program, Belagavi 590010 (2014 to 2020)

Life member of A.F.P.I., I.M.A., WONCA

Certified International Diabetic Educator by IDF and Project Hope

Diploma in Diabetology, Geriatrics via U.G.C. recognized universities.

Published Question Bank for Family Medicine, Integrated Handbook Family Medicine Volume 1,2,3

Geriatric Gynecology

Blog on Google blog spot drsmrutiaval@blogspot.com help many students national and international level for preparation of examinations.

Keen interest and dedication to build family medicine as a leading branch in India.



Dr. Geeta Pangti

MBBS M. Med.
I/C HOD
Family Medicine

Department of Family Medicine, USMKLE International Medical Program, Belagavi 590010 (Since 2010)

Education

M.B.B.S. J.N.M.C. Belagavi

M.Med. C.M.C. VELLORE

Life member of A.F.P.I., I.M.A.

Work Experience

Total work experience 44 years.

General practice in Athani Belagavi District 10 years.

JRO in HRR 215 ICMR JNMC Belagavi. 7 years.

Former HOD Department of Physiology AMSC Belagavi.

Keenly interested in building the Family Medicine as a leading specialty in India.

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2. ELDER MISTREATMENT

Dr. Anand P. Ambali

- The Elder Mistreatment or Abuse is a bad practice which is imported by the youngsters of our country from western world. Our strong cultural values embedded in *Matrudevobhava* and *Pitrudevobhava*, meaning I see God in my parents, had been in our cultural practice, which probably is a reason why many older people are staying happy and being taken care by their children. The other side of the cultural fad is that the small number of children are abusing their parents to meet their greed or wish to become rich overnight. It is the son who abuses the parents most while daughter in law is next. The financial abuse is rampant in India. The older people among rich and middle class are subject to abuse than those in below poverty line. The older women, mostly widow accepts being victim of abuse because she has to depend on the abuser. The abuser is usually a close relative family member who will be having mental health issues, drug addiction, and financial loss, for which they keep seeking money or property from parents and keep abusing them physically, psychologically and financially.
- The Older person is victim of many types of abuse over a period of time or same type of abuse for a long time.
- Elder Abuse is a problem that exists in both developing and developed countries yet is typically underreported globally. Prevalence rates or estimates exist only in selected developed countries — ranging from 1% to 10%. Although the extent of elder mistreatment is unknown, its social and moral significance is obvious.
- Elder Abuse can take various forms, often originating within the family itself. One significant indicator of elder Abuse is when parents begin to fear their children, unable to express themselves freely and voice their opinions. Approximately 99% of elder abuse cases stem from property disputes. As senior citizens age, they can be seen as liabilities, leading to conflicts over inheritance and responsibility for their care. Physical and emotional Abuse can occur within these dynamics, causing immense suffering to older people.
- The victims of elder Abuse have poor health-related quality of life, get socially isolated and even attempt life to get rid of Abuse. The treating physician should be aware of warning signs and various ways of assistance that can be provided to the victim and the abuser. The older people continue to suffer from the ill effects of Abuse as they are dependent on the abuser and hence remain silent. Most blame themselves for not bringing up their kids with good manners.
- There is provision in law to protect the older people from abuse and also should get maintenance from both daughter and son. Very few older people take the benefits of this law while majority deny in view of maintaining their dignity.
- The physicians are also not aware about identification of abuse in older people, while those who are aware do not wish to interfere in private or domestic affairs of the older people. At times it is difficult to make a decision for the physician, hence a history from both sides at different times should be sought to conclude is it really an abuse or behaviour changes. The caregiver is most important person in maintaining harmony and the issues like burnout and depression following providing long term care should be identified and treated accordingly.
- Identifying abuse in the victims is challenging. Most of the older people do not reveal as it affects their dignity. The various screening tool are available but lack validity. The Government of India has launched an Elder Helpline 14567 for the benefit of older people.

Definition

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. (WHO)

Historical background

The term “granny battering” was used to designate the ill-treatment of elderly persons residing in the UK between 1975 and 1992. Many physicians documented cases of people subject to often severe instances of cruelty and neglect. Later, it was called Elder Abuse.

Facts regarding the Elder Abuse for the Year 2023 (WHO)

1. Around 1 in 6 people 60 years and older experienced some form of Abuse in community settings during the past Year.
2. Rates of Abuse of older people are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed Abuse in the past Year.
3. Abuse of older people can lead to serious physical injuries and long-term psychological consequences.

Types of Elder Abuse

1. Physical Abuse
2. Emotional or Psychological Abuse
3. Neglect
4. Financial Abuse
5. Sexual Abuse

1. Physical Abuse

When an elder experiences illness, pain, injury, functional impairment, distress, or death as a result of the intentional use of physical force and includes acts such as hitting, kicking, pushing, slapping, and burning.

2. Emotional or Psychological Abuse

It refers to verbal or nonverbal behaviours that inflict anguish, mental pain, fear, or distress on an older adult.

3. Neglect

It is the failure to meet an older adult's basic needs. These needs include food, water, shelter, clothing, hygiene, and essential medical care.

4. Financial Abuse

It is the illegal, unauthorized, or improper use of an elder's money, benefits, belongings, property, or assets for the benefit of someone other than the older adult

5. Sexual Abuse

It involves forced or unwanted sexual interaction of any kind with an older adult.

Theories of Elder Abuse

None of the theories fully explain the complex phenomenon, but they offer insight into aspects of Elder Abuse and suggest potential intervention targets.

1. Transgenerational Violence

Family violence is a learned behaviour. Abused children later abuse their parents

2. Psychopathy of the abuser

Mental Health issues lead to abusive behaviour

3. Stressed Caregiver

A caregiver who has become increasingly stressed may be more likely to be abusive

4. Isolation

Greater social isolation due to disability and illness makes them vulnerable to Abuse or neglect.

5. Dependency

Increasing frailty leads to overwhelming care needs, which makes older people susceptible to Abuse.

Risk factors

1. The risk of becoming a victim of Abuse includes functional dependence/disability, poor physical health, cognitive impairment, poor mental health and low income.
2. Stays with the relative who is suspected of Alcohol Abuse, mental illness and a history of violence
3. Burnout in Caregivers and failure to satisfy the basic needs and safe living conditions
4. The risk of becoming a perpetrator of Abuse includes mental illness, substance abuse and dependency – often financial – of the abuser on the victim.

Clinical features

Many older people suffer concurrently from multiple types of Abuse. It may be a one-time incident or be a part of a long-term pattern.

Features suggesting Elder Abuse

1. Delay in seeking treatment
2. Explanation of Injuries that are inconsistent with medical findings
3. Inconsistent history of Injury
4. Prior History of similar injuries
5. Going to multiple medical providers
6. Missed medical appointments

Signs

1. The Patient may seem hesitant or afraid to answer questions
2. The Patient seems fearful of a potential abuser
3. Potential abuser answers all the questions, refuses to provide necessary care, acts angrily towards the Patient, & seems overly concerned at the cost of care of the Patient

General Physical Examination

- a) Look for Pallor, Dehydration, Poor hygiene, shin breakdowns, old and new fractures, genitourinary and rectum for signs of sexual Abuse and extreme frailty.
- b) Unexplained bruises, burns, cuts, or scars
- c) Lack of basic hygiene, adequate food and water, or clean and appropriate clothing
- d) Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- e) Untreated bedsores
- f) Dismissive attitude or statements about injuries
- g) Unreasonably fearful or suspicious
- h) Unexplained vaginal or anal bleeding
- i) Signs of insufficient care or unpaid bills despite adequate financial resources

Physicians lack identification of Elder Abuse due to

1. Lack of awareness
2. Inadequate Training
3. Insufficient information
4. Lack of time to conduct a thorough evaluation
5. Misinterpretation of sequelae
6. Not want to be involved in the legal system
7. Not comfortable in confronting the abuser
8. Afraid of retaliation from the victim

Why do victims not reveal Abuse?

The older people who are victim fear retaliation, are dependent on the abuser, are socially isolated and feel embarrassed or ashamed. They lose faith in outsiders when the insiders are abusing them.

Who abuses most?

One survey in 2022 carried across India stated that 35% of elders suffered abuse at the hands of their sons and 21% reported abuse by their daughters-in-law. The abuse reported ranged from 'disrespect' and 'verbal abuse' to 'neglect' and 'physical violence'.

Screening for Elder Abuse

There are many screening tools. There is no single widely accepted screening tool.

- A. Elder abuse screening tool by Hevalek- Segstrate
- B. VASS– Vulnerable to abuse screening scale
- C. Elder assessment Instrument by Fulmer
- D. Indicator of Abuse Screen by Reis and Namiash

Treatment

1. Elder Abuse is a complex issue. It should be assessed and tailored to the need.
2. Elder Abuse is associated with frequent visits to the emergency department and subsequent hospitalization. Frequent visits to the emergency department with exacerbations of chronic illness should raise suspicion about Abuse in the victim.
3. Document in your case records regarding history and injuries if present.
 - Treat the acute medical and psychological issues on priority
 - Hospitalization of the victim if required or if the abuser is very violent
 - Ensure Patient Safety and Proper Documentation
 - The rehydration and wound dressing
 - Involve social workers, NGO
 - Offer an option for Day care services
 - Provide respite care for the caregiver if burnout is identified
4. Counselling of the victim and the abuser separately
5. Call the police only if there is an imminent threat to the life of the victim from the abuser.
6. Develop follow-up plans
7. Maintain data like photos, statements, descriptions of injuries or video footage of conversations for future legal issues if they arise.

8. To make it medicolegal or not? Talk to the victim and decide. Do MLC, only when the impact is life threatening.
9. Mention in discharge summary (Abuse), because the children (abuser) change the physicians frequently.

The 'S' of prevention of Elder Abuse

Awareness among Abuser and the victim

Speak up

Seek local and legal Support

Stay connected and active

Socialize

Look for Signs and Symptoms

Solve the issue

Stress in caregiver

Respite for caregiver

Promoting intergenerational understanding and respect.

Prevention of Burnout in caregiver

1. Add another caregiver in your team
2. Try not to become overburdened.
3. Divide work chores among family members
4. Relieve the burden of caregiving by respite care
5. Find someone you trust -- such as a friend, neighbour to talk to about your feelings and frustrations
6. Talk to a professional.

Awareness

1. Elder Abuse Awareness Day

World Elder Abuse Awareness Day, designated as June 15, was initiated by the International Network for the Prevention of Elder Abuse (INPEA) in 2006

The logo used for Elder Abuse Awareness is a violet ribbon.

2. Law to protect

Elder Abuse is a punishable criminal offense in India.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, has been passed by the Government of India to empower senior citizens against Abuse.

Elder people need to be made aware about the law.

3. Elder Help Line

The government of India has recently launched helpline -14567. This toll-free number assists in providing health, & social assistance for older people.

Conclusion

- Elder Abuse is the mistreatment of older people by act of omission or commission. The physician should approach the social, environmental, household and family issues. Physicians need to be aware of social problems and have a responsibility to manage the physical and mental health of the victim. A holistic approach should be considered in management strategies. For the abuser, if required, medical and social support should be provided.

Suggested Reading

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ABOUT THE AUTHORS



Dr. Smruti Mandar Haval

M.B.B.S.D.N.B.
(Family Medicine)

Principal, Annapurna Institute of Paramedical Collage, Sankeshwar Dist. Belagavi, Former Assistant Professor, Department of Family Medicine, USMKLE IMP, Belagavi. Practicing in rural Karnataka. Keen interest in research and published few research papers in various conferences.

Education

M.B.B.S. - N.D.M.V.P., SAMAJ's Medical College, Nasik
Post-graduation - Noble Hospital, Pune

Work Experience

Assistant Professor, Department of Family medicine, USMKLE International Medical Program, Belagavi 590010 (2014 to 2020)

Life member of A.F.P.I., I.M.A., WONCA

Certified International Diabetic Educator by IDF and Project Hope

Diploma in Diabetology, Geriatrics via U.G.C. recognized universities.

Published Question Bank for Family Medicine, Integrated Handbook Family Medicine Volume 1,2,3

Geriatric Gynecology

Blog on Google blog spot drsmrutiaval.blogspot.com. help many students national and international level for preparation of examinations.

Keen interest and dedication to build family medicine as a leading branch in India.



Dr. Geeta Pangi

MBBS M., Med.
I/C HOD
Family Medicine

Department of Family Medicine, USMKLE International Medical Program, Belagavi 590010 (Since 2010)

Education

M.B.B.S. J.N.M.C., Belagavi

M Med. C.M.C. VELLORE

Life member of A.F.P.I., I.M.A.

Work Experience

Total work experience 44 years.

General practice in Athani Belagavi District 10 years.

JRO in HRRC 215 ICMR JNMC Belagavi. 7 years.

Former HOD Department of Physiology AMSC Belagavi.

Keenly interested in building the Family Medicine as a leading specialty in India.

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