

Improvements and opportunities in geriatric healthcare



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Abstract

Individuals over 60 are considered elderly, and geriatrics is the medical practice focused on their care. Shortly, the globe will confront a difficulty with a rapid growth in the number of elderly people, bringing with it a slew of medical, social, psychological, and economic issues. As most people transition from working age to old age, this shift is attributed to decreased mortality, reduced fertility, improved healthcare services, and increased longevity. This leads to an increase in the old age dependency ratio and places a significant burden on the world. So, it's high time that the health care system adjusts itself to meet the growing health care needs of the elderly appropriately and holistically. Understanding geriatric issues is crucial for timely recognition and management, improving the quality of life for the aging population and reducing the global burden. However, no quick solutions exist; extensive planning, investment, and commitment are required.

Keywords: Geriatrics, elderly, healthcare, ageing population

1. Introduction

Individuals over the age of 60 are considered elderly (1). For the first time, the elderly represent the fastest-growing demographic (2). By 2030, one in every six people worldwide will be aged 60 or older. The number of individuals aged 60 and above is expected to increase from 1 billion in 2020 to 1.4 billion. By 2050, this figure will double, reaching 2.1 billion. Additionally, between 2020 and 2050, the number of people aged 80 and above is projected to triple, reaching 426 million (3,4). This demographic transition is attributed as a result of decreased mortality, decreased fertility, availability of better health care services and greater longevity. In the near future, the globe will confront a difficulty with a rapid growth in the number of elderly people, bringing with it a slew of medical, social, psychological, and economic issues. Since the great majority of people will go from being employed to becoming elderly. Thereby making people more dependent on old age and causing a huge burden on the globe (5,6). Despite this growing challenge, there has been insufficient progress in addressing the healthcare needs of the elderly population. Understanding geriatric issues is crucial for timely recognition and management, improving the standard of life for the aging population and reducing the global burden (5).

1.1. Common health conditions associated with geriatrics

Geriatrics is the practice of providing medical care to the elderly. Gerontology refers to the "study of physical and psychological changes which are incident to old age". People are expected to

experience multiple ailments concurrently as they get older (3). The most prevalent illnesses within older patients which constitute for almost eighty-five percent of all diagnoses among the elderly have been identified by studies (5,6). The common diseases associated with elderly include; Hypertension, diabetes, cancer, cognitive impairment, depression, falls, polypharmacy, urinary incontinence, benign prostatic hyperplasia (BPH), sleep disorders elder abuse and neglect, frailty, chronic obstructive pulmonary disease anorexia/malnutrition/weight loss, osteoporosis, sarcopenia, upper and lower gastrointestinal dysmotility (dyspepsia and constipation).

In India, the elderly suffer from multiple medical problems, i.e. communicable and noncommunicable diseases. In comparison to noncommunicable diseases, the elderly are more prone to communicable diseases due to a loss of immunity and age-related physiological changes. The elderly are more susceptible to Tuberculosis (TB) than younger ones (7). It is estimated that one in two elderly individuals in India suffers from a chronic illness that necessitates lifetime medical treatment (1). Hypothermia is a more prevalent symptom among the elderly than fever. Studies indicate that 20-30% of elderly individuals with serious infections may not experience fever. Like people of any age, the elderly are susceptible to acute illnesses (6). As per Government of India data, thirty percent of deaths among the elderly are due to cardiovascular illnesses. Conditions related to respiration contribute for 10% of mortality, while infections such as tuberculosis account for about 10%. Cancers account for 6% of elderly mortality, while poisoning, violence and accidents account for less than 4%. Nutritional, metabolic, Gastrointestinal (GI), and genitourinary infections have more or less comparable rates (7,8). As to the 2011 census, locomotor and visual disabilities accounted for more than half of the total number of older impaired people (1). According to a previous assessment on morbidity profiles among elderly in our nation, conducted by the Indian Council of Medical Research (ICMR), hearing impairment was the most prevalent illness, preceding vision impairment(1,4). As the age increases, the most common problem with the geriatric population is depression as aging also has an impact on cognitive abilities. Elderly people frequently experience depression, and delirium affects nearly 15% of hospitalized elderly. The activities of daily living (ADL) of the elderly can be greatly impacted by dementia, which can be brought on by non-reversible illnesses including Alzheimer's and vascular damage. It can also increase the burden on caregivers (9). Along with these medical ailments, the elderly face a variety of psychological, social and economic. So there is need of hours to recognize and manage them in a timely manner, for increasing the standard of life of an ageing population.

2.Advancements in elderly healthcare

The American Geriatrics Society was established in 1942. Since the 1970s, geriatrics has been acknowledged in the UK as a distinct field of medicine. At the Madras Medical College Hospital, the country's first geriatric outpatient center established initially in 1978. In-patient care initiated in 1988. Madras Medical College additionally introduced the first MD Geriatrics program in 1996. The National Programme for Health Care of the Elderly (NPHCE), established by the government of India in 2010, seeks to develop a "new architecture for ageing". One of the program's goals is to offer senior citizens services that are devoted, comprehensive, long-lasting, high-quality, and easily accessible. There are just five universities that provide post-graduate geriatrics degrees at the moment, which is obviously too little, too late. The goal of capacity building is to start small, by giving community and primary health care clinics greater resources, equipment, and training. District hospitals will be equipped with 10-bed geriatric units as the next step. Other characteristics include public awareness efforts and in-home visits by was qualified health care personnel. Weekly geriatric clinics are offered by several hospitals in Delhi, Bikaner, Mumbai, Lucknow, Bengaluru, Cochin, Vellore, Jodhpur, Kolkata, Manipal, and Mumbai. Sunday hospitals represent yet another novelty that permits family members to transport the elderly to clinics. Distinct lineups in hospitals have grown popular. Still, most public hospitals do not have adequate facilities for providing geriatric care. Toilets with supporting wheels, armrests, and ramps are still the uncommon rather than the norm. A set of criteria for evaluating Indian hospitals based on how friendly they are to senior citizens has been created and confirmed (10). It can act as a foundation for evaluating and planning improvements for our hospitals. Many geriatric welfare schemes have been created by state governments. These include the supply of no cost eyeglasses and intraocular lenses in Goa, Gujarat,

and Rajasthan, as well as numerous health insurance policies aimed at senior folks. Elderly care must become multidisciplinary and include significant preventative, palliative, and rehabilitative components (2). Currently, tertiary care hospitals provide geriatric healthcare. Most facilities are located in urban areas. Since most old age population in India live in rural areas, it's critical that elderly treatment and primary healthcare services are integrated (11).

3. Conclusion

Individuals over 60 are considered elderly, and geriatrics is the medical practice focused on their care. Shortly, the globe will confront a difficulty with a rapid growth in the number of elderly people. This leads to an increase in the old age dependency ratio and places a significant burden on the world. It's time for the healthcare system to change in order to appropriately and comprehensively address the aging population's expanding healthcare needs. The main problem isn't just about improving care for older people's health, but also tackling their mental, social, and financial needs to better their quality of life. However, no quick solutions exist; extensive planning, investment, and commitment are required.

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