



Geriatics: A Newly Emerging Specialty

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Geriatics is a newly emerging specialty concerned with clinical, public health and psychological facet of health and disease in the aged [1]. The International organization uses the benchmark of 60 years of age or above to confer to older people (UNFPA, 2012) [2,3]. In several high-income countries, the age of 65 is used as a reference point for older persons [3]. In high financial income countries, 65 is often the age at which persons become eligible for old-age social security benefits [3]. The United Nation defines a country as 'ageing' where the proportion of people over 60 reaches 7%. Thus, India has acquired the label of "an ageing nation" with the contribution of elderly population to demographic figures increasing day by day. The world population has never been as mature as now. Currently, the number of people aged 60 and over are 800 million. In India, as per 2011 census, elderly population accounted for 8.6% and projected to increase to 19% in 2050 [4].

Ageing

Ageing is a multidimensional process. It can be broadly characterized by time-altered changes in an individual's biological, psychological and health related capabilities and its implications for the consequent changes in the individual's role in the economy and the society. Some demographers also distinguish categories of the old: "young old" (60 - 75 years), "old old" (75 - 85 years) and people above the age of 85 years are classified as "very old" or infirm. The world health day" theme in 2012 was ageing and health with the theme "Good health adds life to years". The focus is how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities.

Life expectancy

Expectation of life at birth for males and females has increased more in recent years. In India, the life expectancy has almost doubled during last 70 years.

	Males	Females
1941 census	32 years	31 years
2011 census	67 years	69 years

Table 1

Geriatic morbidities

Globally, the geriatric morbidity pattern during the last century has undergone a sea change. Majority of the infections got subjugated to antibiotic era. Early detection of non-communicable /life style diseases is possible due to rapid advances in all fields such as biochemistry, pathology, bacteriology, virology and radio-diagnosis. Seventy years back, maximum deaths in elderly were because of communicable diseases and internal disorders. Because of the increase in socio-economic status, safe water supply, vast majority of antibiotic and vaccines, the pattern has changed, and the upper hand has been taken by: Diseases of economic affluence because of sedentary life style. Abundance of food diseases associated with environmental pollution, Exposure to radiation hazards (Laptops, mobile Towers, Mobile Phones, Television, etc). The common diseases among the ambulatory elderly are: Hypertension, Ocular morbidities (senile Cataract, refractive errors, Glaucoma), Musculoskeletal disorders, Respiratory diseases (COPD, bronchial asthma), Diabetes Mellitus, Cardiovascular diseases, Hearing impairments and Depression.

Social factors

Certain social factors make them more vulnerable to chronic, disabling and multiple health problems. Some of the factors are as under: Nuclear families, Loneliness because of degradation in family values, Economic inadequacy/Financial distress, Lack of social security systems, Decline in the physical status because of co-morbidities.

Loneliness

For far too many people, loneliness is the sad reality of modern life. It is proven to be worse for health than smoking 15 cigarettes a day. According to researchers, it's been associated with higher risk of heart diseases, diabetes, cancer, and more.

Loneliness ministry of United Kingdom

According to British Red Cross, out of a total population of 65.5 million, more than 9 million people are always or often lonely. Taking cognizance of this fact, government of Great Britain has created a 'ministry of loneliness' in January 2018 to tackle the social and health issues caused by social isolation.

Interventions to improve geriatric health

1. General screening of geriatric age group population to detect:

- a) Unrecognized ocular morbidities like corneal opacity, cataract, and glaucoma.
- b) Undetected DM/its complications.
- c) Undetected HTN /its complications.
- d) Undiagnosed hearing impairment/its complications

2. Domestic lifestyle modifications:

- o Height of the bed should not be more than 6 inches.
- o Height between steps of the staircase should not be more than 6 inches.
- o Banisters on the staircase
- o Rubber tipped Walking sticks to be used by unstable elderly.
- o Sitting room should be well lit.
- o There should be a night bulb in the bedroom.
- o Remote bell for acquiring assistance
- o In nuclear families, ground floor windows should be grilles for security reasons.
- o Protection against cold during winters.
- o Avoid use of the electric blankets and hot water bottles in diabetics.
- o Avoid use of gas heaters and kangaris.
- o Avoid falling sleep with electric blankets in an on mode.
- o Washroom preferably attached to the bedroom.
- o English commode type toilets.
- o Hand grip on the side of toilet seat.
- o Taking bath on a bathing chair, available commercially in the market.
- o Anti-slip floor tiles in washroom.

- o Thick ribbed, soled washroom/ household chappals.
- o Never to take a bath with geyser on.
- o No electrical appliance in the washroom viz washing machine, hair dryer, hair shaver etc
- o Broad toed, rubber soled, ribbed shoes.

3. Action at community level:

- o Footpath height should not be more than 6 inches.
- o Specified road zebra crossings.
- o Footboard of public transport not more than 6 inches.
- o Ramps in public place like railway stations, airports, hospitals, post offices, utility stores, etc.
- o Separate queues for elderly.
- o Modified washrooms in public buildings.
- o Financial assistance:
 - 1. Old age pension for destitute widows.
 - 2. Creation of geriatric medicine department at all levels that is primary, secondary and tertiary levels.

Bibliography

1. National Research Council (US) Panel on Statistics for an Aging Population; Gilford DM, editor. "The Aging Population in the Twenty-First Century: Statistics for Health Policy". Washington (DC): National Academies Press (US); 5, Health Promotion and Disease Prevention (1988).
2. Source, Undesa, Population. Setting the scene Global population ageing. World Population Ageing Dev Wall Chart World Population Ageing Profiles Ageing 19-33.
3. UNFPA, The State of World Population (2012).
4. Yasamy MT, et al. "Mental health of Older Adults, Addressing A Growing Concern". Mental Heal Older People (2013): 4-9.

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