

The Emory "BIG 10"[®]

Basics in Geriatrics



Emory University
Division of Geriatric
Medicine and Gerontology



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1. Aging is not a disease

- a. Aging occurs at different rates
 - 1) Between individuals
 - 2) Within individuals in different organ systems
- b. Aging alone does not generally cause symptoms
- c. Aging increases susceptibility to many diseases and conditions ("homeostenosis")
- d. Aging people are heterogeneous – some are very healthy, some are very ill

2. Medical conditions in geriatric patients are commonly chronic, multiple, and multifactorial

- a. Older individuals commonly have multiple chronic conditions, making management complex and challenging
- b. Acute illnesses are superimposed on chronic conditions and their management
- c. Treatment for one chronic or acute illness can influence the management of other underlying conditions
- d. Multiple factors are generally involved in the pathogenesis of geriatric conditions

3. Reversible and treatable conditions are often underdiagnosed and undertreated in geriatric patients

- a. Older individuals, caregivers, and health professionals mistakenly attribute symptoms to "old age"
- b. Many conditions present atypically in the geriatric population
- c. Systematic screening for common geriatric conditions can help avoid undiagnosed, treatable conditions
- d. Geriatric "syndromes" are commonly undiagnosed and therefore not managed optimally, such as: delirium, gait instability and falls, urinary incontinence, pain, and malnutrition

4. Functional ability and quality of life are critical outcomes in the geriatric population

- a. Functional capacity, in combination with social supports, is critical in determining living situation and overall quality of life
- b. Small changes in functional capability (e.g., the ability to transfer) can make a critical difference for quality of life of older patients and their caregivers
- c. Standard tools can be used to measure basic and instrumental activities of daily living and overall quality of life

5. Social history, social support, and patient preferences are essential aspects of managing geriatric patients

- a. Understanding the patient's life history and preferences for care are critical (place of birth, education, occupation, family relationships, spirituality, resources, willingness to take risks and utilize resources for care, etc)
- b. Living circumstances are critical to managing frail older patients
- c. Caregiver availability, health, and resources are critical determinants of care planning for frail older patients

6. Geriatric care is multidisciplinary

- a. Interdisciplinary respect, collaboration, and communication are essential in the care of geriatric patients and their caregivers
- b. Various disciplines play an important role in geriatric care, e.g. nursing, rehabilitation therapists, dieticians, pharmacists, social workers, etc.

7. Cognitive and affective disorders are prevalent and commonly undiagnosed at early stages

- a. Aging is associated with changes in cognitive function
- b. Common causes of cognitive impairment include delirium, Alzheimer's Disease, and multi-infarct dementia
- c. Geriatric depression is often undiagnosed
- d. Screening tools for delirium, dementia and depression should be used routinely

8. Iatrogenic illnesses are common and many are preventable

- a. Polypharmacy, adverse drug reactions, drug-disease interactions, drug-drug interactions, inappropriate medications all common
- b. Complications of hospitalization, such as falls, immobility, and deconditioning can be serious and life-threatening

9. Geriatric care is provided in a variety of settings ranging from the home to long-term care institutions

- a. There are specific definitions and criteria for admission to different types of care settings
- b. Funding for care in different settings varies and depends on many factors
- c. Transitions between care settings must be coordinated in order to avoid unnecessary duplication, medical errors, and patient injuries
- d. Integrated, multi-level systems provide the most coordinated care for complex geriatric patients

10. Ethical issues and end-of-life care are critical aspects of the practice of geriatrics

- a. Ethical issues arise almost every day in geriatric care
- b. Advance directives are critical for preventing some ethical dilemmas
- c. Principles of palliative and end-of-life care are essential for high quality geriatric care