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This set of PowerPoint slides is a modification of a set of slides originally written by my medical partner Dr. Nicole Z. Lawrence MD. She has graciously allowed me to work from them.
Geriatrics Overview
How are older patients different from all other patients and why does it matter?
Objectives

• What is a geriatrician?
• How are the needs of older patients different from younger patients?
Geriatric Medicine

- The branch of medicine that focuses on health promotion and the prevention and treatment of disease and disability in later life
- Board certified, fellowship trained after residency in either internal medicine or family medicine
- Gerontontology?
Geriatric Medicine

• This group of patients are considered to have a high degree of frailty and active multiple pathology, requiring a holistic approach. Diseases may present differently in old age, are often very difficult to diagnose, the response to treatment is often delayed and there is frequently a need for social support.

• Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy, the main aim of which is to optimize the functional status of the older person and improve the quality of life and autonomy.
Traditional Medicine

Disease → Treatment → Cure
…in the geriatric patient

= Too many medications, too many doctors, minimal coordination, decreased quality, functional impairment
Geriatric Medicine

- Sensory Impairment (Visual and Hearing)
- Gait Impairment and falls
- Understanding of care systems
- Incontinence
- Dementia
- Depression
- Delirium
- Poly-pharmacy
- Sleep Problems
- Pressure Ulcers
- Hospital and nursing home care
- Psychosocial aspects of aging
How older patients are different from other patients?

- As people age, some physiologic changes are inevitable
- Other changes, while not universal, are far more common than among younger people
- Older people also face unique psychosocial challenges
- These changes and challenges can lead to a variety of geriatric syndromes and issues
- These in turn can lead to poor health outcomes, functional decline, frailty, disability and dependence
Physiologic Changes Associated with Aging

• Examples of universal changes
  – Decreased night vision
  – Decreased muscle mass
  – Loss of hair pigment
  – Decreased lung vital capacity
  – Decreased height
  – Decreased gait speed
Physiologic Changes Associated with Aging

• Examples of changes (including diseases) that are increasingly common, though not inevitable, as people age
  – Hearing loss
  – Macular degeneration
  – Hypertension
  – Heart disease
  – Cancer
  – Parkinson’s disease
  – Dementia
Social Problems More Common with Aging -
The Age of LOSS

- Loss of vocation
- Loss of close family
- Loss of community
- Loss of physical and mental functions
- Loss of mobility

Social isolation
Functional Reserve Theory

• Most of the body’s organ systems have some degree of redundancy – for instance, there are more kidney cells than absolutely needed so that kidney function can continue even if cells are lost to disease or other insult

• As people age, functional reserve diminishes so that an acute insult can have much more severe consequences, whether it is in kidney function or cognitive function or even social function
The Challenges of an Aging Population – Why it matters

- In the 2000 US Census, 12.5% of the US population was >64
- By 2030, it is predicted that 20% of the US population will be >64
- As the elderly population increases the care needs and expenditures for that care will increase
Figure 3: The Graying of the United States
Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)

Year (as of July 1)

<table>
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<th>Year</th>
<th>Number (in millions)</th>
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Aging presents a unique set of challenges both to individuals and to the health care professionals who care for them.

The range in presentation is tremendous: there are 90 year olds who are still working and living independently in the community while there are 70 year olds who require institutional care.

Early signs of serious problems are easy to miss on routine examination.

Addressing geriatric issues and syndromes can help the elderly maintain function and independence.

Even patients without apparent deficits may have little functional reserve so that an acute illness or insult can lead
Our Column

• I write a column now for the Daily Breeze and other papers titled “Senior Living”. Every two weeks there is a new subject. The last two were on osteoporosis and memory loss. Here are the links:


• We hope you follow the column and ask questions at office@skyparkpfc.com
Let’s talk about a few cases and how a geriatrician might approach the issues differently than other specialists or generalists might.

This is where you ask me questions and I will respond. Give me a case example in your experience.