



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



Specificities and challenges of medical care for the elderly

“Healthy Ageing across the Lifecycle”

Parallel session III: “Wellbeing in Later Life”

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CPME

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Biological characteristics of aging

- Structural changes (at the level of DNA, proteins, cells, tissues, organs and whole body)
- Functional changes (decreased reactivity, adaptability, possibilities to repair and metabolic pathways)



Psychological characteristics of elderly

- Attention indivisible and dependent on vision
- Impaired fresh memory
- Impaired learning
- Concrete and literal thinking
- Impaired critical selfassessment



Psycho-social aspects of aging

- 'Empty nest' syndrome
- Isolation from the society ("ageism")
- High prevalence of diseases
- Disability
- Financial constraints



Senility

- "Early" senility: 60-75
- "Middle" senility: 75-90
- "Late" senility over: 90



Senility

- ~ 17% of the population (rising)
- ~ 60% of patients throughout the health care system (growing)



Special needs of elderly patient

- Social (family, community, public and private)
- Psychological
- Medical (diagnostic, therapeutic, rehabilitative)



Social needs - role of family doctor

- Cooperation with the patient's family (including supporting family)
- Cooperation with social care institutions
- Cooperation with the local community (neighbors, parish)



Psychological needs - the role of family doctor

- Time spent not only medical routine, but also on real conversation
- Attention focused on the real needs of the patient
- Acceptance of old age
- Tolerance (also limited tolerance for unhealthy behavior)



Health needs - prevention

- Active lifestyle (including exercise)
- Balanced diet (including obesity prevention)
- Preventing dehydration
- Tobacco



Suffering of the elderly

- "Of aging"
- "In aging"



Suffering „of aging”

- Falls
- Urinary incontinence
- Osteoporosis
- Dementia
- Prostatic hyperplasia



Falls

- Risk of falling - age, sex, poor construction, falls in the past, some health conditions (neurological, ophthalmological), drugs (psychotropic, hypotensive, pain-killers)
- Results of a fall - anxiety leading to less activity, fractures (~ 50% of falls)
- Prevention - removing obstacles (lighting, thresholds, carpets ...), broadening the base (auxiliary equipment), Emergency Procedures



Bedsores

- Necrotizing skin lesions usually around bony eminence (sometimes deeper tissue) due to ischemia (due to pressure, friction, maceration)
- Factors: loss of subcutaneous tissue, weak defensive mechanisms, impaired blood flow (heart failure, atherosclerosis, diabetes, anemia), malnutrition, immobilization



Bedsores - prevention

- Daily viewing of skin
- Frequent (at least every 2 hours) changing patient's position
- Therapeutic equipment (mattresses, washers, pads)
- Keeping skin clean and dry



Urinary incontinence

- Factors: decreased bladder capacity, impaired reflexes, urinary retention, decreased pelvic muscle and sphincter tension, prostatic hyperplasia
- Additional factors: urinary tract infections, drugs (psychotropic, diuretics)
- Protective procedures: aids (pads, diapers, catheters), skin-protecting cosmetics



Suffering "of aging" cd.

- Osteoporosis - prevention and treatment: Calcium and Vitamin D supplementation, exercise, smoking cessation, reducing of coffee and alcohol)
- Benign prostatic hyperplasia
- Dementia - provision of care (instruction and supporting families, social services)



Suffering "in Aging" - diagnostic difficulties

- Frequent senile "masks"
- Predominance of on-specific complaints and symptoms
- Difficulties in collecting information
- Reluctance of patients to undergo more testing



Most common diseases "in aging," and their specificities in the elderly

- Hypertension: the need for treatment, sometimes it is better tolerated than antihypertensive therapy
- Coronary heart disease: common painless ischemia (including myocardial infarction)
- Chronic heart failure – drugs cumulating
- Cerebrovascular - problem of adequate hydration
- Diabetes – easy way to hypoglycemia



Illness in the elderly

- “Start low – go slow”

Care for the ageing society

- Start immediately – change much



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Thank you very much for your attention

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