
Geriatric Medicine

Balakrishnan Kichu R. Nair
Editor

Geriatric Medicine

A Problem-Based Approach



Editor

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*With love to my wife Usha Parvathy and
my daughters Narayani and Gayatri*

Foreword

The specialty of geriatric medicine can trace its origins to London in the 1930s and to the pioneering work of the indomitable and extraordinary Dr Marjory Winsome Warren (1897–1960). When tasked with providing clinical supervision for the several hundred ‘inmates’ of an old workhouse which formed part of the West Middlesex County Hospital, Dr Warren took the revolutionary step of clinically assessing these people and amazed the medical world when she identified a range of clinical disorders which could be diagnosed and treated. In writing of her work and in inviting others to share in it, the specialty of geriatrics (from ‘geron’—an elder) was born.

Following Dr Warren’s untimely death in a road traffic accident, the torch for geriatric medicine was carried onwards by a raft of dedicated clinicians (not all of them doctors) who she had taught and inspired. Throughout the latter part of the twentieth century, scientific rigour was added to the art of geriatric medicine, and throughout the western world, the specialty gradually became recognised and even became mainstream. The acceptance of geriatric medicine as a clinical specialty was paralleled by a broader acceptance that sick elderly people were as entitled as any others in society to high-quality health and social care.

In the twenty-first century, the specialty of geriatric medicine continues to evolve. New challenges arise as do new ways of meeting such challenges; these evolving challenges and strategies form the central focus of this text. What, one wonders, would Marjorie Warren make of it all? In the first place, she would surely be familiar with much of what this modern text of geriatric medicine contains. The ‘geriatric giants’ (immobility, instability, incontinence, intellectual impairment) that were promoted by her acolyte and colleague Sir Bernard Isaacs in the 1960s feature prominently, though Dr Warren would have much to learn about new insights and novel diagnostic and therapeutic approaches to such long-recognised clinical problems.

With her pioneering spirit, she would probably be every bit as interested to read about ‘new’ clinical problems, paradigms and practices – of modern approaches to the management of such things as atrial fibrillation, depression, heart failure, osteoporosis and stroke – a condition in which she had a particular interest. She could only be fascinated to learn about such things as the concepts of frailty, the application of ethical principles to the challenges of old age and the relevance of advanced care directives to the specialty that she was instrumental in creating. She would surely understand and applaud the sections in the text on the development of better

ambulatory care and residential care services for elderly people and would be pleased to read of the expanding role of palliative care to the challenges of old age. In short, this text would have brought her up to date on the continuing evolution of the specialty of geriatric medicine, on the current challenges that impact on the health of older people and on the strategies that exist or are being developed to deal with these challenges. The text would assure her that the future of geriatric medicine lies in good hands.

Along with all of this, it is likely that Dr Warren would be greatly interested in the problem-based learning (PBL) approach taken in this text – a method of teaching and learning which was introduced into the health sciences some decades after her death. Being a practical person and a keen teacher, she would surely have appreciated an approach whereby each of the topics under discussion is presented and analysed in a specific clinical context, thus ensuring that the information provided is clinically relevant and that theoretical considerations have a practical application. Moreover, she would be pleased by the way in which PBL emphasises the primacy of the individual patient, a major consideration for Dr Warren as exemplified by the following quote which remains relevant today:

‘in modern medical practice, suffering tends to be reduced to a mathematical equation. We speak of morbidity and mortality rates, incidence of disease, and survival time. Assessment of disease in these terms gives direction to further study and indicates its urgency. But there is a danger of mistaking a calculated solution for a remedy, forgetting that finally we are treating not a disease, but a person’.

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and Foundation Dean
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Limerick, Ireland

Preface

‘There is no wealth like knowledge, and no poverty like ignorance’.

— *Buddha (c. 400–500 BC)*

We live in a triumphant era of increasing numbers of older people around the globe, thanks to major advances in medicine and public health. Older adults comprise a population of heterogeneous people who need medical care that is tailored to each individual and supported by scientific knowledge. Healthcare providers all over the world are recognising the complexity and vulnerability of older adults, and many are seeking practical and up-to-date information. We hope you will be thrilled with this expertly written, evidence-based compendium of geriatric medicine.

The authors are experts in geriatric medicine from Australia, New Zealand, United States of America, Canada and India who were selected on the basis of their expertise and passion for their topics. Each chapter begins with a problem, discusses the issue and ends with how the problem can be sorted out. The challenges of multimorbidity are explored. It is common, for example, to have atrial fibrillation and dementia. Opportunities to intervene in multiple domains are highlighted and shown to promote wellness and recovery in numerous ways.

The book starts with the epidemiology of aging, followed by physiology, frailty and pharmacology. We then discuss care in varied settings for older patients, including acute hospital, ambulatory and residential care settings. Special sections address common issues like atrial fibrillation, osteoarthritis, systolic hypertension, diastolic dysfunction, dementia and behavioural disturbances in dementia. We draw attention to syndromes that are often under-diagnosed and under-treated such as delirium, falls and incontinence. Important themes such as ethics, palliative care and advance care planning are highlighted.

To treat older people, all healthcare providers need to have up-to-date knowledge about geriatric syndromes, medication effects and the interaction of multiple comorbidities. We hope this book provides a practical and user-friendly way of gaining knowledge and skills in geriatric medicine. We urge you to read the whole book to strengthen your ability to provide the best medical care possible to your older patients. We predict your personal satisfaction in caring for older adults will grow exponentially as you hone your expertise!

I would like to add a ‘disclaimer’ that the cases mentioned in the book are typical but not ‘real’ patients and any similarity would be coincidental.

I want to thank the authors for their cooperation and patience with me. I thank Elizabeth Cobbs in particular for her ongoing support and encouragement.

As Francis Peabody said, 'the secret of caring for the patient is caring for the patient'. This book is written for the caring doctors and students by caring professionals.

Newcastle, NSW, Australia
September 2016

Balakrishnan Kichu R. Nair

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About the Editor

Balakrishnan Kichu R. Nair, AM, MBBS, MD (Newcastle) is an internationally respected, award-winning physician in the field of geriatric medicine. He is passionate about medical education, innovation and leadership in medicine. His research has been published in numerous peer-reviewed journals. In recognition of his contributions to medical education, he was appointed a member of the Order of Australia in 2009. He is currently a Professor of medicine and Deputy Head of school at the University of Newcastle, Australia. Additionally, Professor Nair is a senior specialist and the Director of the Centre for Medical Professional Development with the Hunter New England Health.