



## Geriatrics-Focus on health care of elderly people

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### Introduction

Geriatrics, or geriatric medicine, could even be a specialty that focuses on health care of elderly people. It aims to plug health by preventing and treating diseases and disabilities in aged people. There is no set age at which patients could even be under the care of a geriatrician, or geriatric physician, a physician who focuses on the care of elderly people. Rather, this decision is set by the individual patient's needs, and thus the supply of a specialist. It is vital to note the difference between the care for aged people, geriatrics, and gerontology, which is that the study of the aging process itself. The term geriatrics comes from the Greek word γέρων geron meaning "old man", and ιατρός iatros meaning "healer". However, geriatrics is typically called medical gerontology.

### Geriatric psychiatry

Geriatric psychiatry, also mentioned as geropsychiatry, psychogeriatrics or psychiatry of adulthood, could also be a subspecialty of psychiatry handling the study, prevention, and treatment of mental disorders in humans with adulthood. Because the population ages, particularly in developing countries, this field is becoming more needed. The diagnosis, treatment and management of dementia and depression are two areas which comes under this field.

### Differences between adult and geriatric medicine

Geriatrics differs from standard adult medicine because it focuses on the unique needs of the aged person. The aged body is different physiologically from the younger physical body, and thru adulthood, the decline of various organ systems becomes manifest. Previous health issues and lifestyle choices produce a special similar type of diseases and symptoms in several people. Smokers, as an example, consume their respiratory system reserve early and rapidly.

Geriatricians distinguish between diseases and thus the results of normal aging. As an example, renal impairment could even be a neighborhood of aging, but renal failure and enuresis aren't.

The geropsychiatric unit, the term for a hospital-based geriatric psychiatry program, was introduced in 1984 by Norman White MD, when he opened New England's first specialized program at a community hospital in Rochester, New Hampshire. White could also be a pioneer in geriatric psychiatry, being among the first psychiatrists nationally to understand board certification within the sector.

### Geriatric giants

The so called geriatric giants are the most categories of impairment that appear in elderly people, especially as they begin to fail. These include immobility, instability, incontinence and impaired intellect/memory.

Sarcopenia, the decline in the muscle mass with age, could also be a big contributor to fall risk, immobility, instability and disability within the geriatric population.

Impaired vision and deafness are common chronic problems among older people. Hearing problems can cause social isolation, depression, and dependence because the person can't ask people, receive information over the phone, or engage in simple transactions, like lecture a private at a bank or store. Vision problems cause falls from tripping over unseen objects, medicine being taken incorrectly because the written instructions couldn't be read, and finances being mismanaged.

### Practical concerns

Functional abilities, quality of life issues and independence are of great concern to geriatricians and their patients. Elderly people generally want to live independently as long as possible, which needs them to be able to engage in self-care and other activities of daily living. A geriatrician could possibly be able to help provide information about elderly care options, and refers people to home care services, assisted living facilities, skilled nursing facilities, and hospice as appropriate.

Frail elderly people may likely better to decline some kinds of medical care, because the risk benefit ratio is different. As an example, frail elderly women routinely stop screening mammograms, because carcinoma is typically a slowly growing disease which may cause them no pain, impairment, or loss of life before they could die of other causes. Frail people are also at significant risk of post-surgical complications and thus the necessity for extended care, and an accurate prediction supported validated measures. Assessment of older patients by family members before elective surgeries can accurately predict the patient's recovery trajectories. One frailty scale uses five items: slowed walking speed, exhaustion, low physical activity, muscle weakness, and unintentional weight loss. A healthy person scores 0 whereas a very frail person scores 5. Compared to non-frail elderly people, people with intermediate frailty scores (2 or 3) are twice as likely to possess post-surgical complications, spend 50% longer within the hospital, and are 3 times as likely to be discharged to a talented nursing facility instead of to their own homes. Frail elderly patients (score of 4 or 5) who were living reception before the surgery have even worse outcomes, with the danger of being discharged to a home rising to twenty times the speed for non-frail elderly people.

In the Japan, "rent a family" services became a business solution to the will for intergenerational engagement and also for aged people. Japan Efficiency Headquarters, a corporation that pioneered the business in 1989, was reported to possess a roll of elderly people that have purchased services to simulate a three-generational family. A typical scenario comprises a visit by the actors rented as "family members" to arrange meals and eat in conjunction with the elderly couple or individual. They'll also do family activities together, like going to the park, chatting, and have grandchildren playing on their laps.

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