INVITED ARTICLE

PREVENTION IN GERIATRIC MEDICINE

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ABSTRACT

This article highlights the importance of preventive geriatric medicine, the reasons why it is often neglected and ways in which an effective Geriatric Service can promote the practice of preventive Geriatric Medicine.

Keywords: Prevention, preventive Geriatric Medicine, health screening, services for the elderly, health education

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One of the most important and challenging aspects of Getriatric Medicine is Prevention. It is hoped that knowledge and practice of prevention in Geriatric Medicine will help limit and delay onset of disability and thus contain in a humane and economical way the rising demands from an ageing population(1).

Preventive Geriatric Medicine covers three levels:

1. **Primary Prevention**

   This aims at preventing onset of disease. Examples include screening for precursors or risk factors of disease and immunisation against specified infectious disease. It should ideally be focused on the younger population.

2. **Secondary Prevention**

   This implies the earlier detection of disease and thus affording a better chance of curing or at least halting its progression.

3. **Tertiary Prevention**

   This is the detection of established disease and disability in patients who are not receiving appropriate treatment and support.

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Prevention in the elderly is often neglected for several reasons:

1. **The under reporting of symptoms by the Elderly.**

   This has been well documented in previous studies in developed countries like the United Kingdom(2).

   In spite of comprehensive, free health services provided by the government in these countries, startling numbers of serious problems unknown to and untreated by the patient's physician were discovered.

   This is often related to the 'ageist' view of senescence that old age is related to illness, loss of independence and feeling sick.

   Associated mental illness in the elderly such as depression and dementia may be another reason.

   A third reason could be symptom concealment by elderly patients due to fear that something would be found which when treated, would produce functional loss and jeopardize independent living.

2. Ageism and ignorance of gerontologic information by the carers and the attending doctors further aggravate the problem.

3. **The Health System**

   Our health system is basically 'passive', ie. it requires the elderly patient or carer to seek active treatment when symptoms developed.

   Screening examinations are presently being done at the Senior Citizens Health Care Centre, but at the moment, it is still the elderly or carer who need to initiate the examination.

   But aged persons without advocates and usually without jobs, burdened by society's and their own ageist view of functional loss in the elderly, cannot be relied upon to initiate appropriate health care for themselves, especially early in the course of an illness when intervention is most likely to have a favourable outcome(3).

   Knowing the obstacles involved, an effective Geriatric Service must possess a firm commitment to prevention in the widest sense.

   This approach will necessitate close collaboration with other services especially primary medical care and social services.

Aspects to be covered include:

1. **Public Education**

   The elderly and their carers need to be educated and informed that ageing is not a disease, that disability in old age is often due to disease and that early treatment may prevent disability.

   Positive attitudes towards ageing and the aged should be actively promoted.

   Health Education on healthy life-styles should be aimed at all age groups.

   Pre-retirement seminars or courses should also be made available to the elderly. These could provide information and advice in the areas of financial planning, health maintenance, recreation and time management towards a successful retirement(4).

   As the elderly have a diminished immune competence, there is also a place to encourage immunisation against influenza in an encroaching epidemic.

2. **Promotion of Preventive Geriatric Medicine amongst the Professionals**

   Our medical education lacks input of Geriatric Medicine. Medical students should be taught Geriatric Medicine to become effective practitioners in the practice of preventive Geriatric Medicine. Aspects to be covered are:-

   (a) Distinction between ageing and disease
   (b) Impact of ageing on disease
   (c) Multiple pathology
   (d) Atypical presentation of diseases in old age

   Preventive Geriatric Medicine should also be undertaken in all other specialities besides the Geriatric Unit. Much disability can be prevented if doctors are made aware of problems encountered in the elderly. A frail elderly admitted for treatment of pneumonia or some other curable illness may end up being bed-ridden from being confined to bed by 'concerned' doctors and nurses.

3. **Adding a more active case-finding facet for our elderly to our health system**

   A study by Williamson et al (1964) on the unreported needs of the elderly showed certain disabilities to be more unreported than others(2).

   Well conducted research on our own population will be helpful to identify areas of unreported needs.

   As a start, the health system may target case finding on at-risk patients such as:

   (a) Elderly staying alone either widowed or single.
   (b) Elderly in public and private nursing homes.
   (c) Those recently discharged from hospitals, especially the strange misclassified 'social admissions'.
   (d) The very old 85 and over.
   (e) Those with known chronic disabling conditions such as arthropathy, stroke, parkinsonism etc. Also those known to be dementing or with history of depression.

4. **Services for the Elderly**

   The provision of community services such as Health Care Centres and adequate housing, especially the provision of sheltered housing, has a significant role in preventive Geriatric Medicine.

   Even the installation of an electronic alarm system may have a powerful preventive effect by reducing the level of anxiety felt by old person who may be haunted by the fear of 'something happening' and being unable to summon help.

   As mentioned in earlier articles (5, 6), there will be increasing numbers of disabled elderly in the future. Home adaptation as well as community support would prevent the handicap that result from the disabilities, thus improving the quality of life of our elderly citizens. It is therefore important that facilities, aids and financial help for home adaptations should be made easily available to our disabled elderly.

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