Introduction

• Geriatrics is the assessment and treatment of disease in a person who is 65 years or older.
  – How fast one ages is a function of genetics, lifestyle, and attitude.
• The process of aging is gradual and starts much earlier than most people realize.
• It is important to understand and appreciate how the life of an elderly person might differ from yours.

• It takes time and patience to interact with an elderly person.
  – Treat the patient with respect.
Generational Considerations
(2 of 2)

- Make every attempt to avoid ageism.
  - Not all older people have dementia.
  - Not all older people are hard of hearing.
  - Not all older people are sedentary or immobile.
Common Complaints and the Leading Causes of Death in Elderly People

Table 33-1: Common Conditions and the Leading Causes of Death in Geriatric Patients

<table>
<thead>
<tr>
<th>Common Conditions</th>
<th>Leading Causes of Death</th>
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<tbody>
<tr>
<td>Hypertension (48%)</td>
<td>Heart disease</td>
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<tr>
<td>Diagnosed arthritis (47%)</td>
<td>Cancer</td>
</tr>
<tr>
<td>Heart disease (32%)</td>
<td>Stroke</td>
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<tr>
<td>Cancer (20%)</td>
<td>Chronic obstructive pulmonary disease</td>
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<tr>
<td>Diabetes (16%)</td>
<td>Pneumonia and influenza</td>
</tr>
<tr>
<td>Sinusitis (14%)</td>
<td>Diabetes</td>
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<tr>
<td></td>
<td>Trauma</td>
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</table>

Special Considerations in Assessing a Geriatric Medical Patient (1 of 2)

- Assessing an elderly person can be challenging because of:
  - Communication issues
  - Hearing and vision deficits
  - Alterations in consciousness
  - Complicated medical histories
  - Effects of medications
The GEMS Diamond

- Created to help you remember what is different about older patients
  - Not intended to be a format for the approach to geriatric patients
  - Not intended to replace the ABCs of care
  - Serves as an acronym for the issues to be considered when assessing every older patient
The GEMS Diamond

**G Geriatric Patients**
- Present atypically
- Deserve respect
- Experience normal changes with age

**E Environmental Assessment**
- Check for hazardous conditions that may be present (e.g., poor wiring, rotted floors, unventilated gas heaters, broken window glass, clutter that prevents adequate egress).
- Are smoke detectors present and working?
- Is the home too hot or too cold?
- Is there an odor of feces or urine in the home? Is bedding soiled or urine-soaked?
- Is food present in the home? Is it adequate and unspoiled?
- Are liquor bottles present? If so, are they lying empty?
- If the patient has a disability, are appropriate assistive devices (e.g., ramps, rails, wheelchairs, or walkers) present?
- Does the patient have access to a telephone?
- Are medications out of date or unmarked, or are prescriptions for the same or similar medications from many physicians? Are any of the medications prescribed to other people?
- If living with others, is the patient confined to one part of the home?
- If the patient is residing in a nursing facility, does the care appear to be adequate to meet the patient’s needs?

**M Medical Assessment**
- Older patients tend to have a variety of medical problems, making assessment more complex. Keep this in mind in all cases—both trauma and medical. A trauma patient may have an underlying medical condition that could have caused or may be exacerbated by the injury.
- Obtaining a medical history is important in older patients, regardless of the chief complaint.
- Primary assessment
- Reassessment

**S Social Assessment**
- Assess activities of daily living (eating, dressing, bathing, toileting).
- Are these activities being provided for the patient? If so, by whom?
- Are there delays in obtaining food, medication, or other necessary items? The patient may complain of this, or the environment may suggest this.
- If in an institutional setting, is the patient able to feed himself or herself? If not, is food still sitting on the food tray? Has the patient been lying in his or her own urine or feces for prolonged periods?
- Does the patient have a social network? Does the patient have a mechanism to interact socially with others on a daily basis?
The aging process is accompanied by changes in physiologic function.

- All tissues in the body undergo aging.
- The decrease in the functional capacity of various organ systems is normal but can affect the way in which a patient responds to illness.
Changes in the Body (2 of 2)

- Normal changes should not be mistaken for signs of illness.
- Genuine symptoms should not be attributed to “just getting old.”
Toxicology (1 of 3)

• The elderly are more susceptible to toxicity because of:
  – Decreased kidney function
  – Altered gastrointestinal absorption
  – Decreased vascular flow in liver
Typical OTC medications used by elderly people include aspirin, antacids, cough syrups, and decongestants.

- Can have negative effects when mixed with each other and/or with herbal substances, alcohol, and prescription medications.
• Polypharmacy refers to the use of multiple prescription medications by one patient.
  – Negative effects can include overdosing and negative medication interaction.
  – Medication noncompliance occurs due to:
    • Financial challenges
    • A motor inability to open caps
    • Impaired cognitive, vision, and hearing ability
Depression is not part of normal aging.
- Occurs in about 6% of the population older than 65 years
- Treatable with medication and therapy
- Associated with a high suicide rate
- Risk factors include:
  - A history of depression
  - Chronic disease
  - Loss (function, independence, significant other)
• For most older people, the later years are ones of fulfillment and satisfaction.
• For others, later life is characterized by:
  – Physical pain
  – Psychological distress
  – Doubts about the significance of life’s accomplishments
• For others, later life is characterized by (cont’d):
  – Financial concerns
  – Loss of loved ones
  – Dissatisfaction with living conditions
  – Seemingly unbearable disability
These conditions create risk and complicate assessment:
- Slower homeostatic compensatory mechanisms
- Limited physiologic reserves
- Normal effects of aging on the body
- Existing medical issues
Physical findings in an older adult may be more subtle and more easily missed.
- Mechanisms are much more minimal.
- Recuperation from trauma is longer and often less successful.
- Many injuries are undertriaged and undertreated.
Factors that affect the elderly while driving include:
- Distraction or confusion
- Decreased hearing and vision
- Equilibrium disorders
- Decreased mobility and reaction times
- Impairment by medications
- Conditions such as hypoglycemia
• Falls are some of the more common MOIs for elderly people.
  – Safety and environment factors:
    • Poor lighting
    • Loose floor coverings
    • Lack of handrails
• Falls (cont’d)
  – Physiologic factors include:
    • Vision and balance issues
    • Decreased visual acuity
    • Decreased strength
• Elderly people are more likely to experience burns because of AMS, inattention, and a compromised neurologic status.
  – Risk of mortality is increased when:
    • Preexisting medical conditions exist
    • The immune system is weakened
    • Fluid replacement is complicated by renal compromise
There is higher mortality from penetrating trauma in older adults, especially in the case of gunshot wounds.

- Penetrating trauma can easily cause serious internal bleeding.
- Trauma can also be caused by abuse.
• Anatomic changes and trauma
  – Changes in pulmonary, cardiovascular, neurologic, and musculoskeletal systems make older patients more susceptible to trauma.
  – A geriatric patient’s overall physical condition may lessen the ability of the body to compensate for the effects of even simple injuries.
Falls may result from:
- Fainting
- Cardiac rhythm disturbance
- Medication interaction

Whenever you assess a fall patient, find out why the fall occurred.
- Consider that the fall may have been caused by a medical condition.
As a result of osteoporosis, older patients are prone to fractures, especially of the hip. Contributing factors include:
- Stresses of ordinary activity
- A standing fall
- Vitamin D and calcium deficiencies
- Metabolic bone diseases
- Tumors
• Elderly patients with osteoporosis are also at risk for pelvic fractures.
• With age, the spine stiffens as a result of shrinkage of disk spaces, and vertebrae become brittle.
  – Compression fractures of the spine occur.
Falls and Trauma (4 of 6)
Because brain tissue shrinks with age, older patients are more likely to sustain closed head injuries.

- Acute subdural hematomas are among the deadliest of all head injuries.
- Serious head injuries are often missed because the mechanism may seem relatively minor.
Other factors that predispose an elderly patient to a serious head injury include:

- Long-term abuse of alcohol
- Recurrent falls or repeated head injury
- Anticoagulant medication
• Any action on the part of an older person’s family member, caregiver, or other associated person that takes advantage of the older person’s:
  – Person
  – Property
  – Emotional state
• The extent of elder abuse is not known for several reasons:
  – It has been largely hidden from society.
  – Definitions of abuse and neglect among the geriatric population vary.
  – Victims are often hesitant to report the problem.
Elder Abuse and Neglect (3 of 7)

• The physical and emotional signs of abuse are often overlooked or not accurately identified.

• Elder abuse occurs more often in women older than 75 years.

• Abusers of older people are often products of child abuse themselves.
Elder Abuse and Neglect (4 of 7)

- Try to obtain an explanation of what happened.
- Suspect abuse when answers are concealed or avoided.
- Suspect abuse when you are given unbelievable answers.
Elder Abuse and Neglect (5 of 7)

- Information that may be important in assessing abuse includes:
  - Repeated visits to the ED or clinic
  - A history of being accident-prone
  - Soft-tissue injuries
  - Unbelievable or vague explanations of injuries
  - Psychosomatic complaints
Elder Abuse and Neglect (6 of 7)

- Information that may be important in assessing abuse includes (cont’d):
  - Chronic pain without medical explanation
  - Self-destructive behavior
  - Eating and sleep disorders
  - Depression or a lack of energy
  - Substance and/or sexual abuse history
Repeated abuse can lead to a high risk of death.

**Table 33-5 Categories of Elder Abuse**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Assault</th>
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<tbody>
<tr>
<td></td>
<td>Neglect</td>
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<tr>
<td></td>
<td>Dietary</td>
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<td>Poor maintenance of home</td>
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<td>Poor personal hygiene</td>
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<tr>
<td>Psychological</td>
<td>Benign neglect</td>
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<td></td>
<td>Verbal</td>
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<td></td>
<td>Treating the person as an infant</td>
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<td>Deprivation of sensory stimulation</td>
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<tr>
<td>Financial</td>
<td>Theft of valuables</td>
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<td></td>
<td>Embezzlement</td>
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