

HOW ELDERLY PATIENTS ARE **DIFFERENT?**

- Evaluation of the elderly usually differs from a standard medical evaluation.
- For elderly patients, especially those who are very old or frail
 - History-taking and physical examination may have to be done at different times
 - Physical examination may require 2 sessions because patients become fatigued

- The elderly also have different, often more complicated health care problems, such as multiple disorders, which may require use of many drugs (sometimes called **polypharmacy**) and thus greater likelihood of a high-risk drug being prescribed
- Diagnosis may be complicated, resulting in **delays or missed diagnoses**, and sometimes drugs are used inappropriately.
- **Early detection of problems** results in early intervention, which can prevent deterioration and improve quality of life often through relatively minor, inexpensive interventions (eg, lifestyle changes).
- Thus, some elderly patients, particularly the frail or chronically ill, are best evaluated using a **comprehensive geriatric assessment** which includes evaluation of function and quality of life, often by an interdisciplinary team.

Multiple disorders

- On average, elderly patients have 6 diagnosable disorders, and the primary care physician is often unaware of some of them.
- A disorder in one organ system can weaken another system, exacerbating the deterioration of both and leading to disability, dependence, and, without intervention, death.
- Multiple disorders complicate diagnosis and treatment, and effects of the disorders are magnified by social disadvantage (eg, isolation) and poverty (as patients outlive their resources and supportive peers) and by functional and financial problems.
- Clinicians should also pay particular attention to certain common geriatric symptoms (eg, **delirium, dizziness, syncope, falling, mobility problems, weight or appetite loss, urinary incontinence**) because they may result from disorders of multiple organ systems.

Multiple disorders

- If patients have multiple disorders, treatments (eg, bed rest, surgery, drugs) must be well-integrated;
- Treating one disorder without treating associated disorders may accelerate decline.
- Also, careful monitoring is needed to avoid iatrogenic consequences.
- With complete bed rest, elderly patients can lose 5 to 6% of muscle mass and strength each day (causing sarcopenia), and effects of bed rest alone can ultimately result in death.

Missed or delayed diagnosis

- Disorders that are common among the elderly are frequently missed, or the diagnosis is delayed.
- Clinicians should use the history, physical examination, and simple laboratory tests to actively screen elderly patients for disorders that occur only or commonly in the elderly ; when diagnosed early, these disorders can often be more easily treated.
- Early diagnosis frequently depends on the clinician's familiarity with the patient's behavior and history, including mental status.
- **Commonly, the first signs of a physical disorder are mental or emotional.**
- If clinicians are unaware of this possibility and attribute these signs to dementia, diagnosis and treatment can be delayed

Polypharmacy

- Prescription and OTC drug use should be reviewed frequently, particularly for drug interactions and use of drugs considered inappropriate for the elderly
- When multiple drugs are used, computer-based management is more efficient.

Drug Categories of Concern in the Elderly

- Some drug categories (eg, analgesics, anticoagulants, antihypertensives, antiparkinsonian drugs, diuretics, hypoglycemic drugs, psychoactive drugs) pose special risks for elderly patients.
- Some drugs, although reasonable for use in younger adults, are so risky they should be considered inappropriate for the elderly.
- **The Beers Criteria** are most commonly used to identify such inappropriate drugs

The Beers criteria

- The 2012 American Geriatrics Society updates to the Beers criteria further categorize potentially inappropriate drugs into 3 groups:
- **Inappropriate**: Always to be avoided
- **Potentially inappropriate**: To be avoided in certain diseases or syndromes
- **To be used with caution**: Benefit may offset risk in some patients

Caregiver problems

- Occasionally, problems of elderly patients are related to neglect or **abuse** by their caregiver .
- Clinicians should consider the possibility of patient abuse and drug abuse by the caregiver if circumstances and findings suggest it.
- Certain injury patterns are particularly suggestive, including
 - Frequent bruising, especially in difficult-to-reach areas (eg, middle of the back)
 - Grip bruises of the upper arms
 - Bruises of the genitals
 - Peculiar burns
 - Unexplained fearfulness of a caregiver in the patient