Case Studies in Geriatric Medicine

This case-based approach to geriatric medicine is suitable for all health professionals and trainees who provide care for the elderly, including interns, residents, geriatric fellows, physicians in practice, and nurse practitioners. Illustrated with more than 40 cases based on the authors' experience in clinical practice, the examples range from the healthy elderly to those with advanced cognitive or physical impairments. Discussions are evidence based with extensive references, emphasizing differential diagnosis, atypical presentations in late life, age-appropriate medical management, interdisciplinary methods, and care in the context of different health care settings. The authors have distilled a wealth of practical and clinical experience in this area to produce a user-friendly guide to geriatric medicine. This is the ideal study guide for certifying examinations and highly suitable as a textbook for courses in geriatric medicine and gerontology.

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Preface

Case Studies in Geriatric Medicine condenses a rapidly growing body of knowledge about aging and geriatric care. The intent of this volume is to reach clinicians at all levels of experience – to intercept the student before nonage-adjusted principles become too firmly imbedded, and to enhance the well-honed skills of the experienced health care provider. The case-based learning approach will propel the reader to think about the total patient, to consider the medical as well as the psychosocial, ethical, and complex interdisciplinary aspects of caring for elderly patients.

Cases are identified by the patient's symptom or syndrome, so the reader can arrive at "the right answer" through a process of question and answer. Cases are grouped by syndrome category (for example, early, moderate, and late dementia; hypothermia and hyperthermia), and categories or individual cases may be studied in or out of sequence as desired. The question and answer format will serve as a skill enhancer and a supplemental guide for geriatric certifying examinations, and hopefully will make the learning process enjoyable. Current and some "classic" references are provided throughout for additional reading.

As the body of knowledge has expanded, basic geriatrics principles have endured. Awareness of these principles is essential to the mastery of geriatric medicine.

Chronologic and biologic age are not well matched

While some people are "old at 18," many 90-year-olds appear or act in ways that are surprisingly youthful. Behavior that is merely youthful should not be regarded as inappropriate; depression and social crises should not be considered to be "expected at that age." New physical complaints should not be ignored or ascribed to "old age."

When considering treatment options, clinician as well as patient should resist age biases, but must also realistically consider projected life span, benefits, and burdens.

Evidence-based geriatric practice is encumbered by pitfalls of aging research

Cross-sectional studies by age group differ in their definition of the age groups under study; for example, one must question the validity of comparing subjects "under 65" with "65 and older" if the average age of the two cohorts varies only by a few years. Longitudinal studies are plagued by dwindling numbers in the oldest age groups, and the findings may be confounded by extrinsic factors that have changed over time. Many studies exclude subjects over 75 years of age, and most studies of older adults include few patients in the oldest age groups. Biologic heterogeneity increases with age, making it practically impossible to draw conclusions about an aged cohort when one can be studied. A carefully selected "healthy" cohort of people over 85 may represent a biologic elite and their study results cannot be extrapolated to the majority.

All of these factors must be carefully considered when applying research findings to elderly patients.

Disease more often presents "atypically" in the elderly

This important observation is related to physiologic changes of aging and the existence of overt and occult disease of late life. Atypical presentations are given little emphasis in most general medical textbooks but are to be expected in geriatric practice. Among frail elderly, "atypical" presentations are in fact "typical."

Silent pathology is often present

A quiescent process, such as atherosclerosis, may remain silent until an additional insult is superimposed. Diminished reserve, such as impaired baroreceptor function, may not be apparent until the organism is stressed. Disorders not yet symptomatic, such as preclinical Alzheimer's disease, may remain asymptomatic unless acute illness occurs, or an iatrogenic factor, such as a medication, is added.

Drugs are potential poisons

Compared with younger adults, older patients take more drugs, develop more adverse effects, and tend to exhibit a certain spectrum of effects, such as altered

mental status, urinary symptoms, weakness, or changes in behavior. If a symptom occurs, the first question should be "what medications has the patient taken?" More often than not, it is prudent to discontinue a medication rather than add one.

Older patients often have multiple diseases and functional impairments

Although the astute clinician seeks to "unify" multiple symptoms and explain them on the basis of one pathologic process, diverse symptoms in an elderly patient are more often due to several problems occurring at one time in more than one organ system. These problems may be etiologically unrelated but physiologically intimately interrelated. Thus, a health care provider must not only sharpen his or her "subspecialty" skills, but must become a skillful generalist who treats the complex patient as a unified whole.

Geriatrics is a multidisciplinary field

The primary care provider for the complex geriatric patient requires the assistance of professionals from the fields of social work, rehabilitation, nursing, nutrition, podiatry, dentistry, and other disciplines, such as the medical subspecialties. Family, friends, or neighbors are often an integral part of this multidisciplinary team.

Geriatrics is an interdisciplinary field

The primary care provider is the gatekeeper and needs to organize all of the people in the item above for the benefit of the patient.