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Edited by Shamsuddin Akhtar , Stanley Rosenbaum
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Shamsuddin Akhtar

Yale University School of Medicine

Stanley Rosenbaum

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Preface

The “aging tsunami” is on us. This is no longer a Western or a developed world problem, but a global problem. Elderly patients, especially those who are more than 80 years old, are one of the fastest growing segments of the population. Population demographics are changing, and the proportion of elderly patients who are being treated for critical illness continues to increase rapidly. Increasing numbers of elderly patients are undergoing surgical procedures that decades ago would have been considered prohibitively high risk and would not be offered to elderly patients. Thus many elderly patients require intensive monitoring and postoperative care in critical care units.

Geriatric patients develop significant physiologic changes with aging, including an increased incidence of frailty and diminished physiologic reserve. Complicating the care of geriatric patients are concurrent multiple comorbidities and a high rate of polypharmacy. Elderly patients are more likely to develop chronic critical illness and cognitive dysfunction and to consume significant healthcare resources. Recovery from critical illness not only implies physical recovery and survival but also successful return to baseline function and quality of life. Unfortunately, many elderly patients are unable to achieve these goals after acute illness.

This book addresses special considerations in geriatric patients who require critical care. It addresses topics related to chronic critical illness, pharmacologic considerations, immunologic considerations, cognitive issues, and organizational concepts necessary to an ideal geriatric critical care unit. The editors hope that this book will be a useful resource for practitioners and will foster further investigation and the development of evidence-based guidelines focused on the management of geriatric critically ill patients.

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