

Holistic Health Care for the Elderly Citizens of Nepal

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Contents

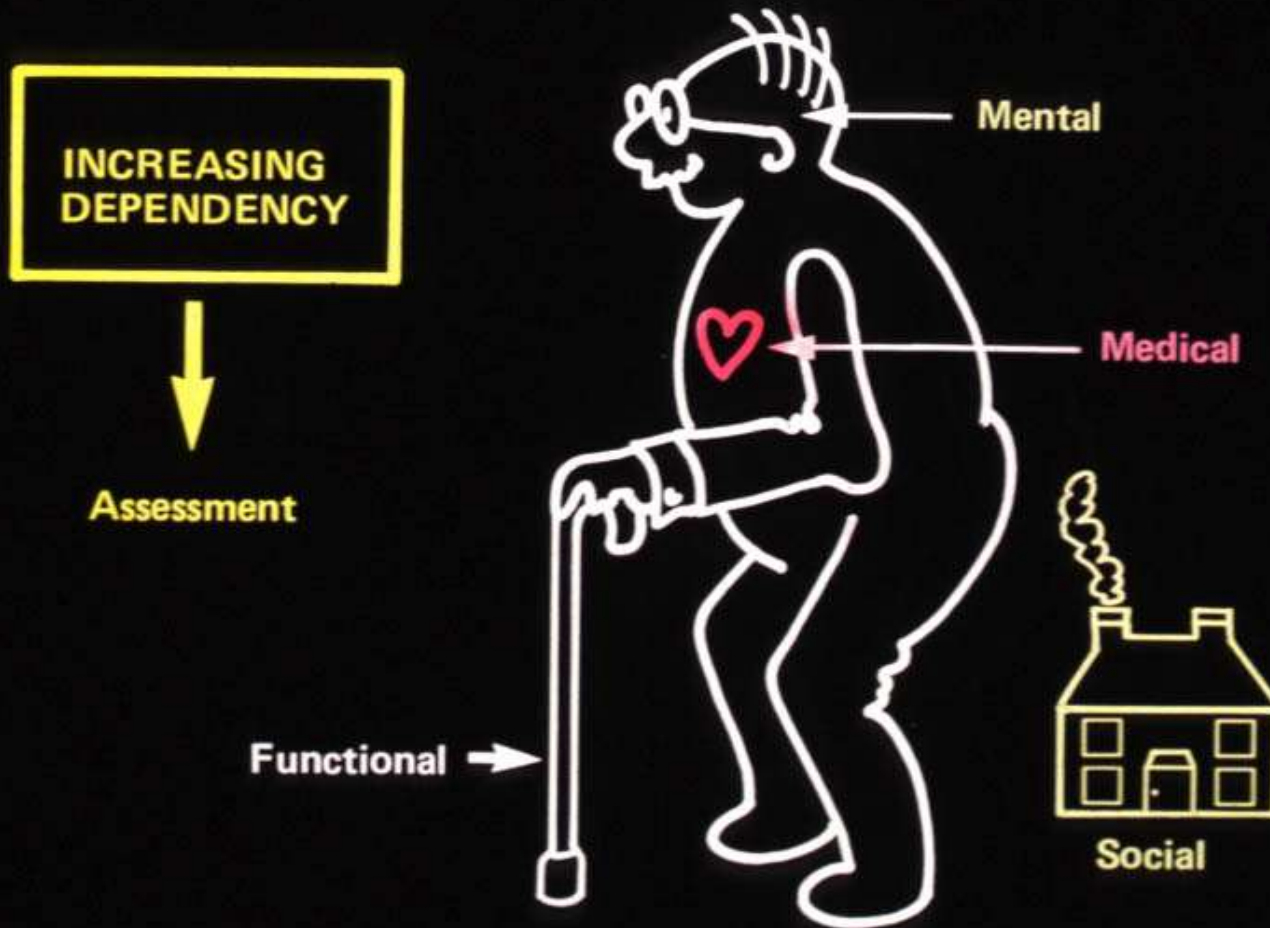
- Background information– Milestones
- About the specialty of Geriatric medicine
- Some statistical data for illustration
- Relevance for Nepal
- Lessons from around the world

Milestones

- 2001: Relevance of Geriatric Medicine in Nepal
RCPE CME lectures
- 2008: Healthy Ageing Conference, IOM, MOHP, PAHS
- 2012: ‘Elderly friendly Hospital’ MMTH
- 2013: International Day of the elderly:
Seminar on Ageing, MMTH
- March 2014: Establishment of Gerontology
Day Unit and OPD at MMTH
- November 2014: First National Course in
Geriatric Medicine for Doctors KTM

Nature of Speciality

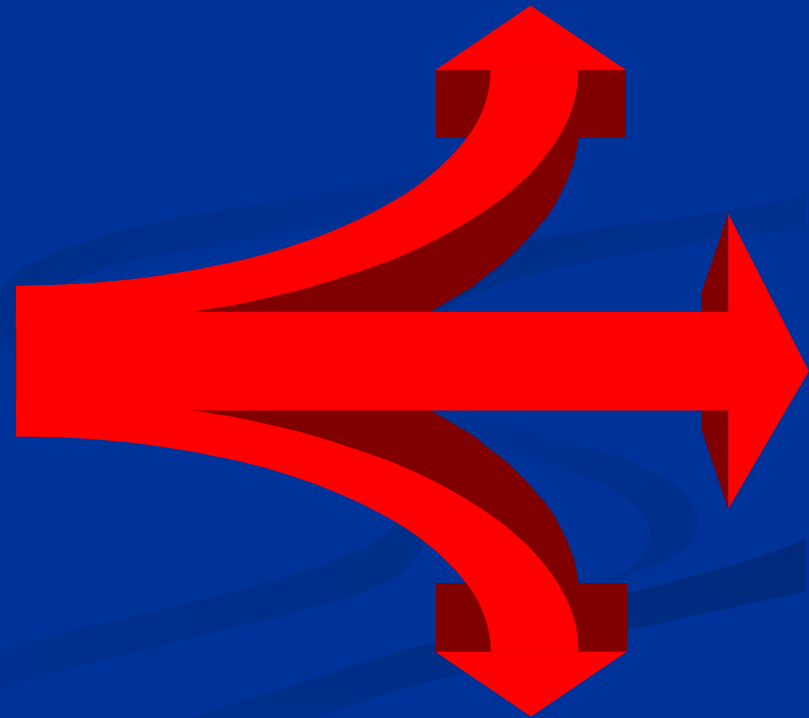
GERIATRIC ASSESSMENT



Purpose of this speciality

Aims are to

- Extend independent living
- Prolong life
- Reduce disability



Born 1856 died 2001, act 144 years

?The oldest Man in the world
Bir Narayan Choudhary
Amjhoki, Chitwan, Nepal



Dr Marjorie Warren- the founder of the specialty



Holistic practice of medicine

General Medicine

Adult medicine

Paediatrics

Geriatric medicine

Wide spectrum

- Clinical considerations,
Diagnosis, Investigations, Treatment
- Rehabilitation
- Prevention
- Social and continued care issues
- Teaching and training
- Research and development
- Subspecialties

Geriatric Medicine

- *Disease, not ageing, produces disability.*

- *Diseases present in nonspecific ways*

 - Multiple pathologies

 - Multiple disabilities

 - Changing clinical picture
and ...needs

- *Response to treatment is often very good*

- Expectations -- nihilistic to ambitious

Is this a priority for Nepal?

- Facts in isolation--

no

- Facts in context--

desirable, but...

- Facts in context with trends and projections - -

essential.

? Vital for effective planning and execution of health services in the near future

Population projections for Nepal

Low variant

CBS, Government of Nepal, 14 August 2014

	2011	2016	2021	2026	2031
Total in Millions	26.5	28.4	30.4	32.2	33.6 (+21.13%)
% 15-24	20.6	22.3	20.79	17.59	16.43 (- 11.1%)
% 15-64	60.17	63.72	65.69	66.29	67.8 (+11.2%)
% 65+	5.43	5.72	5.9	6.2	6.79 (+20.1%)

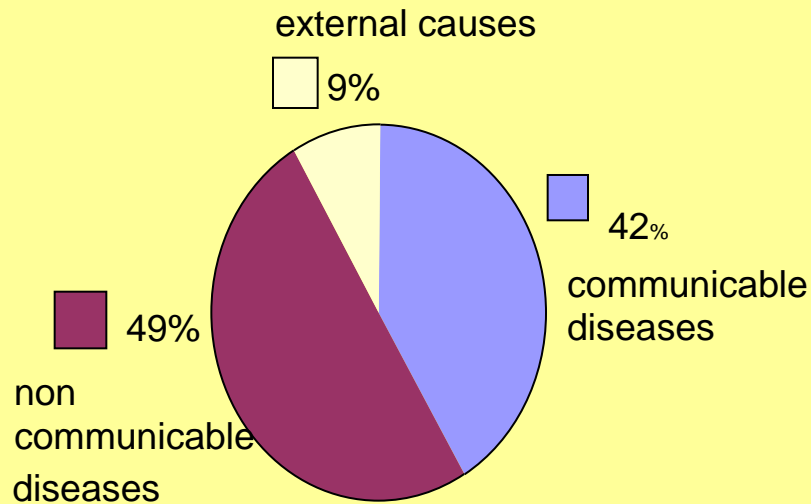
Population projection for senior citizens in Nepal

www.cbs.gov.np 14 August 2014

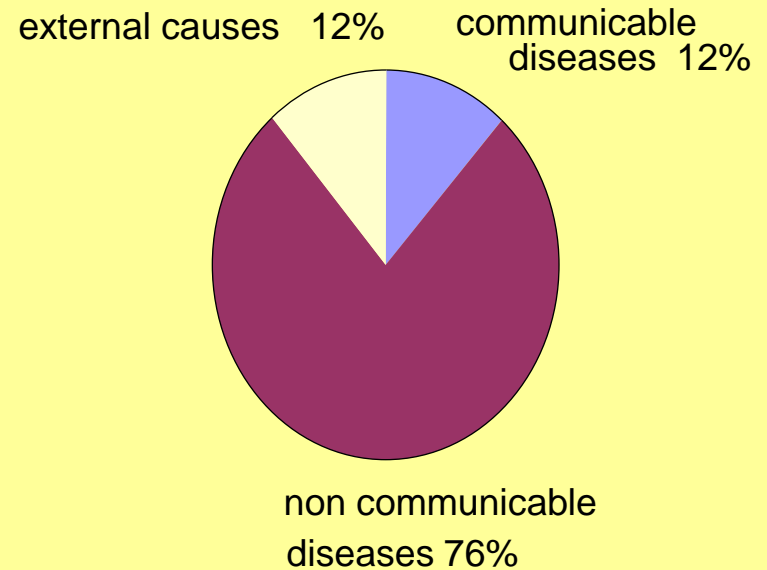
Year/Age	2011	2016	2021	2026	2031
60-69	1311276	1397919	1538926 (+17%)	1769132	2046754 (+35.9%)
70-79	669855	822853	860511 (+28.4)	935747	1052475 (+57.1%)
80+	173279	176432	252721 (+45.8%)	2922373	329263 (+90%)

Causes of death in developing region

1990

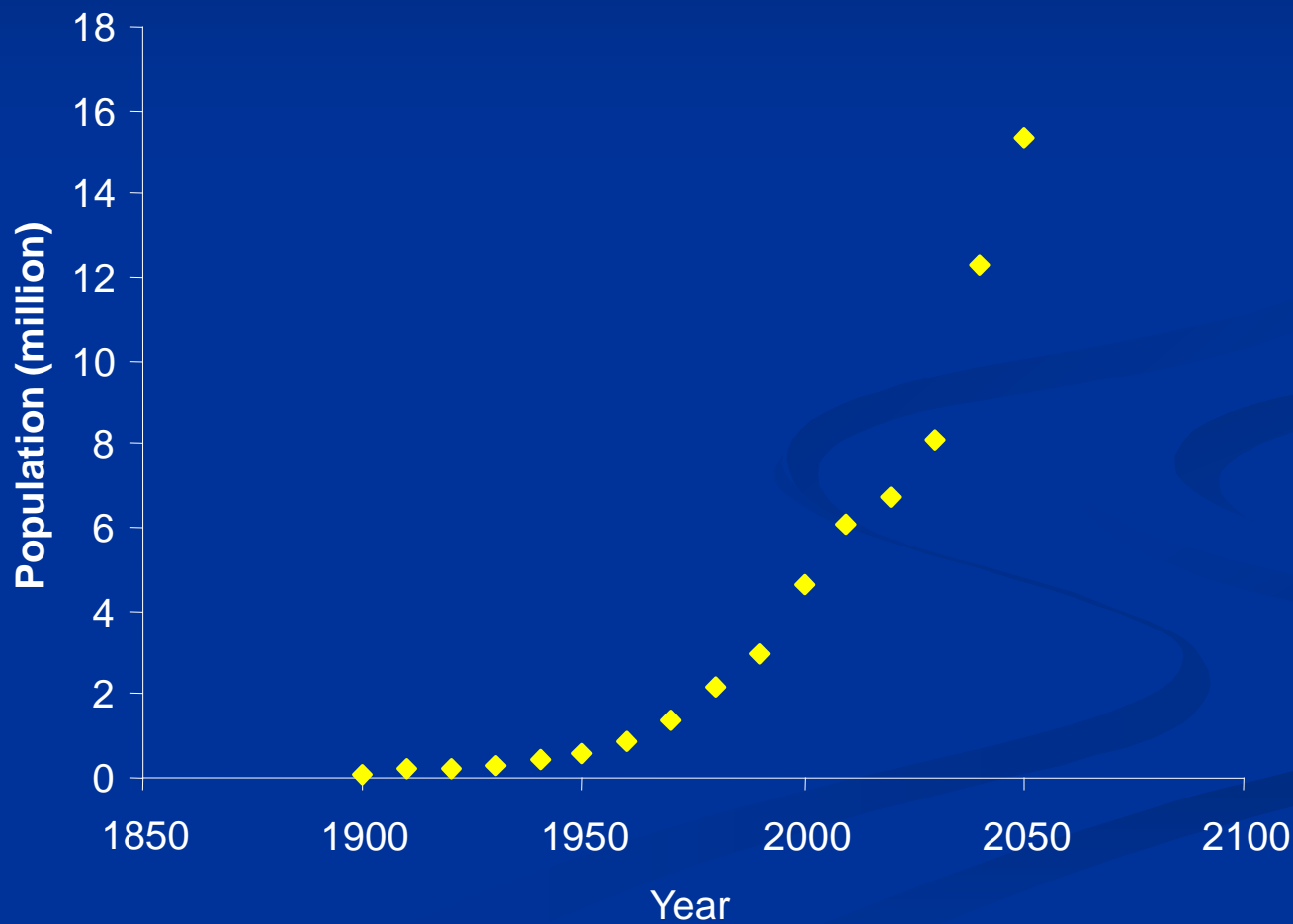


2020



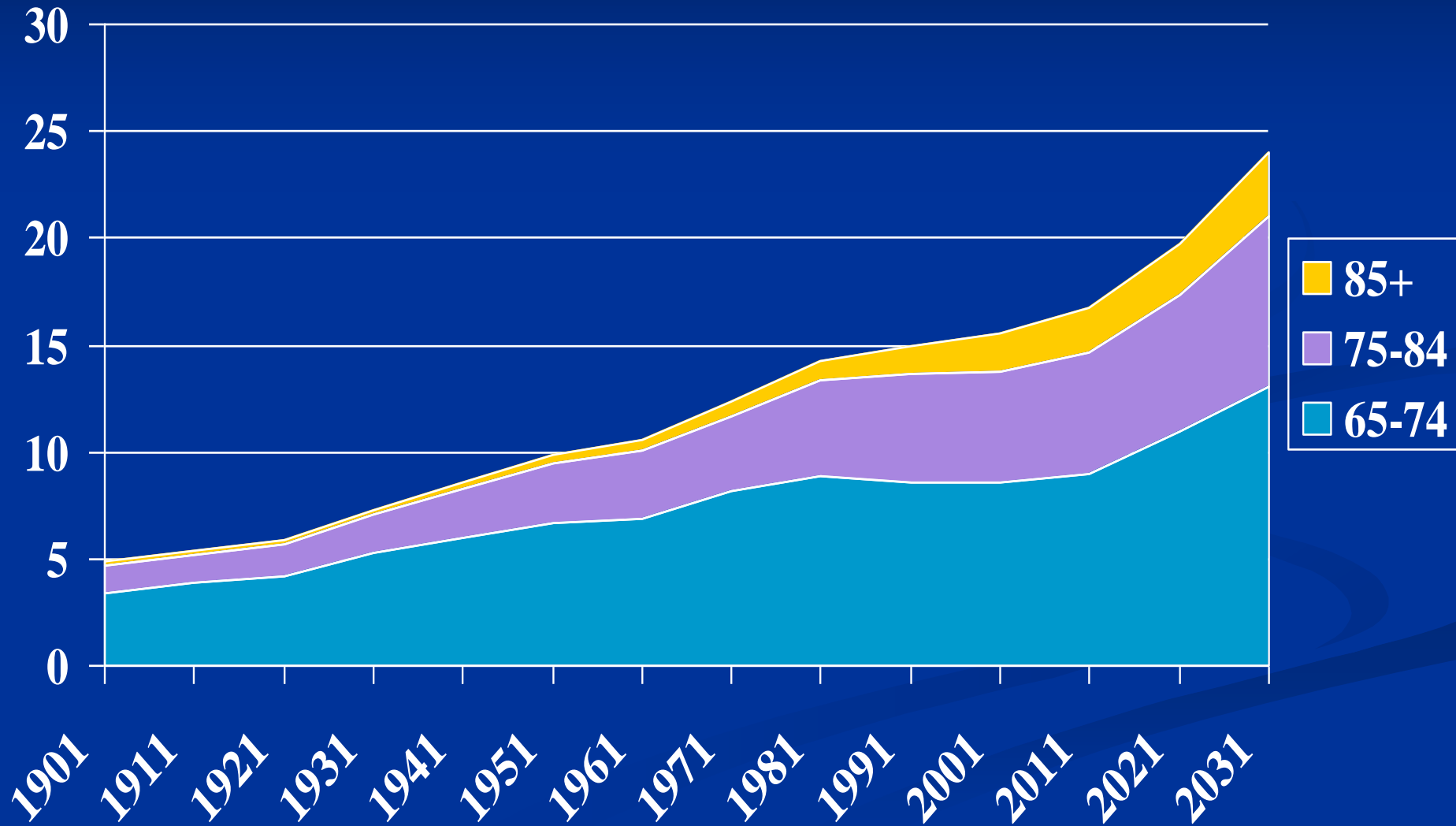
US Population of 85 years and over 1900-2050

(US Bureau of the Census)



SCOTLAND

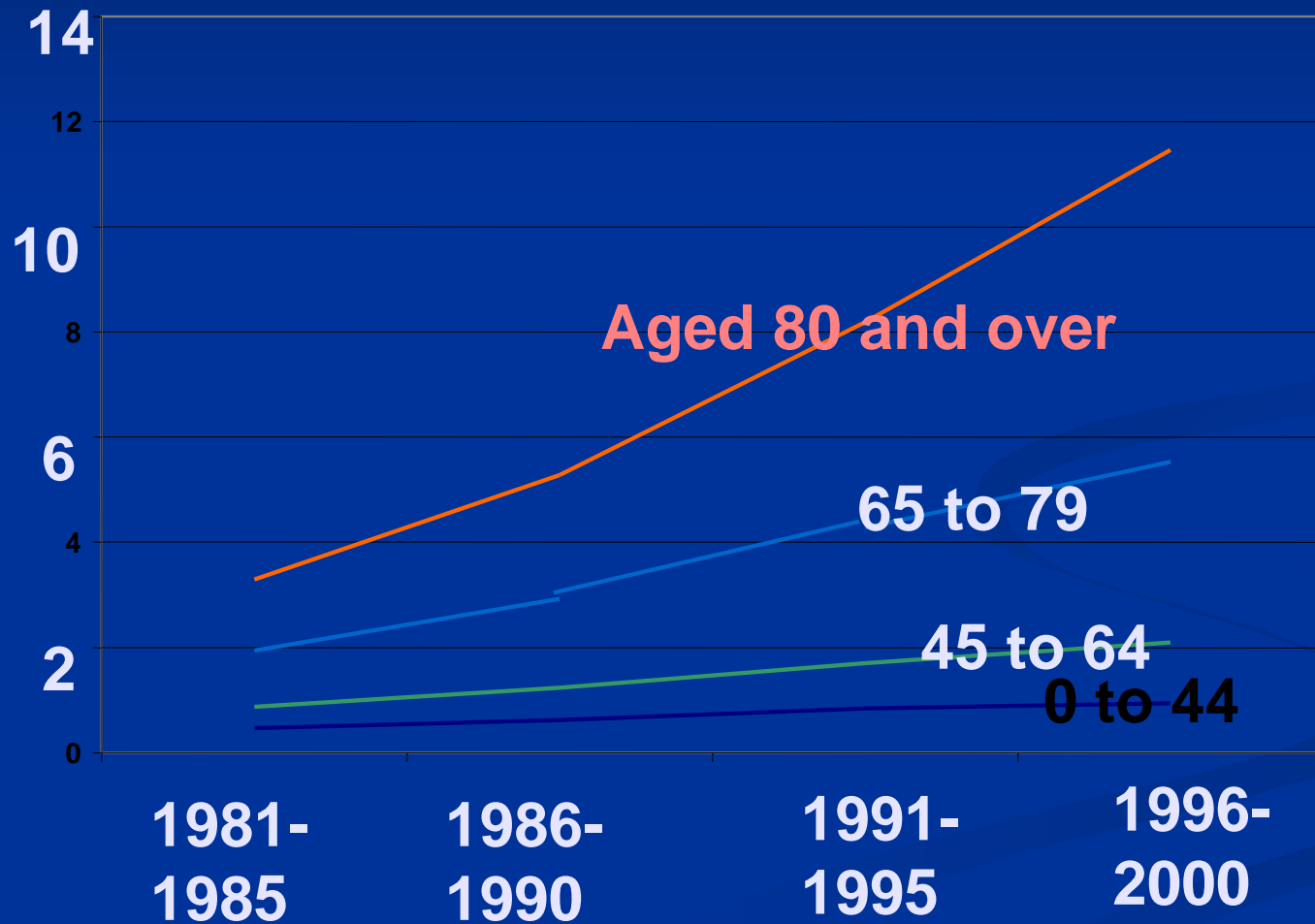
percentage & population projections



% population admitted 4 or more times as emergency in 5 year period

Four age groups. Four five year periods.

ISD Scotland



Lessons from around the world

- More deaths are being prevented by effective treatment for heart attacks and strokes but the disability are rising
- Efficient health services for the older population needs to be started early.
- 66% of hospital resources are being used up by older people
- Effective Primary care can be the answer to cope with increasing demands on health service by the older population.

Why is special training necessary?

- Unusual presentation of illnesses
- Altered physiology, pharmacokinetics, pharmacodynamics
- Multiple morbidity
- Holistic management
- Multiagency, multidisciplinary team
- Ethical issues; how far to go ? When to stop?

Illness in the elderly

- Symptoms are usually not helpful pointers to pathology; often multiple pathology
- Increased chances of error in diagnosis
- Drugs may cause more harm and may not be known
- Comprehensive assessment is needed by a multidisciplinary team
- Can be effectively treated and is very satisfying

Presenting Symptoms in the elderly

- Intellectual impairment— confusional states
- Instability - falls
- Incontinence - urinary and faecal
- Immobility - bed bound

Known as Geriatric Giants

Recurrent falls ? diagnosis



Falls and fracture of femoral neck



Pressure sore after stroke



Components of Geriatric medicine

- Clinical-** Signs and symptoms, investigations, therapy/surgery, rehabilitation, palliation,
- Social-** Living conditions, social interaction, quality of life self-image,
- Psychological-** Cognition, memory, affect,
- Prevention -
- Primary - e.g. flu jab
 - Secondary- e.g. prevention of recurrence of strokes, MI Rx Statins, Aspirin,
 - Tertiary- prevention of complications and sequelae

Components of a modern health service for older people

Patient centered approach at all times

Accurate diagnosis

Appropriate treatment

Adequate social support

Research, epidemiology, frailty indices

Teaching and training.

Components of service (medical)

- Assessment
- Hospital care integrated / parallel systems
- Rehabilitation and resettlement
- Day Unit/hospital
- Psychogeriatric services
- Orthogeriatric services
- Continence services
- Long term care

Components of service (social)

- Housing Sheltered, very sheltered, OPH, PNH
- Domiciliary Home help, M O W, D N
- Social care Day centres, Clubs,
- Support service Chiropody, Optician, Dentist
- Voluntary Welfare organisations, others
- Care for the carer Respite care
- Transportation

How to introduce this service in Nepal ? Policy considerations

- Appreciate that longevity is directly related to improved socio economic status
- Older persons who become ill
need specialist care, not platitudes
- When it comes to an individual, statistics means nothing.

Essential policy considerations

Hospital

- Short stay
- Specialist service
- Multidisciplinary assessment
- Trained manpower

Caution:

- 'Geriatric ward'
- Nursing in Bed
- Unnecessary interventions

Community

- Standardisation of care
- Infrastructure /supportive
- Effective and focussed

Primary care

- Recognition of the importance of the carers

Caution

Inappropriate discharges

Government initiatives in Nepal

- 50% reduction in hospital charges
- Separate track for OPD consultations
- A number of free medications
- ‘Geriatric ward’ in some hospitals
- Included in Long Term Health Plan

Are these appropriate and sufficient?

Services for the elderly in Nepal

Constraints

Perspective

Resources

Main Constraint: **INSTABILITY**

5 years for a government

3 years for a senior civil servant

11 months for a minister

Perspective: Self/party interest++, vision+, **knowledge +/-**

Resources: Sufficient ; GDP + Financial assistance
Manpower wastage, lack of investment,
mis-utilisation

The Challenge Is

*‘Doing the Right Things,
Doing the Things Right
and
Knowing the Difference’*

Thank you for your attention