Holistic Health Care for the Elderly Citizens of Nepal

Dr Prasanna C Gautam FRCPE
Kathmandu
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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
Purpose of this speciality

Aims are to

- Extend independent living
- Prolong life
- Reduce disability
Born 1856 died 2001, act 144 years
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

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total in Millions</td>
<td>26.5</td>
<td>28.4</td>
<td>30.4</td>
<td>32.2</td>
<td>33.6  (+21.13%)</td>
</tr>
<tr>
<td>% 15-24</td>
<td>20.6</td>
<td>22.3</td>
<td>20.79</td>
<td>17.59</td>
<td>16.43 (-11.1%)</td>
</tr>
<tr>
<td>% 15-64</td>
<td>60.17</td>
<td>63.72</td>
<td>65.69</td>
<td>66.29</td>
<td>67.8 (+11.2%)</td>
</tr>
<tr>
<td>% 65+</td>
<td>5.43</td>
<td>5.72</td>
<td>5.9</td>
<td>6.2</td>
<td>6.79 (+20.1%)</td>
</tr>
</tbody>
</table>
Population projection for senior citizens in Nepal

www.cbs.gov.np  14 August 2014

<table>
<thead>
<tr>
<th>Year/Age</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>1311276</td>
<td>1397919</td>
<td>1538926 (+17%)</td>
<td>1769132 (+35.9%)</td>
<td>2046754 (+35.9%)</td>
</tr>
<tr>
<td>70-79</td>
<td>669855</td>
<td>822853</td>
<td>860511 (+28.4%)</td>
<td>935747 (+57.1%)</td>
<td>1052475 (+57.1%)</td>
</tr>
<tr>
<td>80+</td>
<td>173279</td>
<td>176432</td>
<td>252721 (+45.8%)</td>
<td>2922373 (+90%)</td>
<td>329263 (+90%)</td>
</tr>
</tbody>
</table>
Causes of death in developing regions

1990

- Communicable diseases: 49%
- Non-communicable diseases: 51%
- External causes: 9%

2020

- Communicable diseases: 12%
- Non-communicable diseases: 88%
- External causes: 12%
US Population of 85 years and over 1900-2050
(US Bureau of the Census)
% population admitted 4 or more times as emergency in 5 year period

Four age groups. Four five year periods.

Aged 80 and over

65 to 79

45 to 64

0 to 44

1981-1985

1986-1990

1991-1995

1996-2000
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

<table>
<thead>
<tr>
<th>Constraints</th>
<th>Perspective</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Constraint: <strong>INSTABILITY</strong></td>
<td>5 years for a government</td>
<td>Sufficient; GDP + Financial assistance</td>
</tr>
<tr>
<td>3 years for a senior civil servant</td>
<td>Self/party interest++, vision+, <strong>knowledge +/-</strong></td>
<td>Manpower wastage, lack of investment, mis-utilisation</td>
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<tr>
<td>11 months for a minister</td>
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The Challenge Is
‘Doing the Right Things, Doing the Things Right and Knowing the Difference’
Thank you for your attention