



REVIEW ARTICLE

CONCEPTUALIZING A GERIATRIC CARE FACILITY

ABSTRACT

Geriatric care has started receiving attention from policy makers, program planners, developers and investors. A major challenge on building geriatric care facility is offering promising life styles with dignity to the seniors. Given here in this extract is a conceptual idea (a dream) of such a facility. This facility base its foundations to the theoretical contentions of normal ageing and perspectives of ageing from biological, medical, clinical and psychological faculties. Emphasizing medical treatment to the needy and by treating "the cause rather than symptom", facilities might avoid development of iatrogenic problems. Geriatric rehabilitation and respite are of importance and which requires an interdisciplinary team. In addition, geriatric facilities are required to adopt structures and systems that are 'elderly friendly' in order to offer pleasant life style.

Key words: Geriatrics, Elderly Friendly, Institution, Interdisciplinary.



DERLEME

GERİATRİK BAKIM HİZMETLERİNİ KURGULAMA

Öz

Geriatric bakım; politika belirleyicilerin, program planlama ve geliştiricilerin, araştırmacıların dikkatini çeken bir konu olmaya başlamıştır. Yaşlılara yönelik sağlıklı yaşam davranışlarının saygın bir biçimde sunumunu kapsayan bir geriatric bakım hizmetini oluşturmak konusunda zorluklar bulunmaktadır. Bu yazıda ilgili konu hakkında bir yaklaşım sunulmuştur. Bu yaklaşım temellerini yaşlanmanın normal sürecinden ve yaşlılığın biyolojik, tıbbi, klinik ve psikolojik açımlarından almaktadır. Gereksinimine göre tıbbi tedavinin öncelenmesi ve semptomlardan çok nedenlerin tedavi edilmesi iyatrojenik sorunların gelişimini engelleyebilir. Geriatric rehabilitasyon ve respite disiplinler arası çalışmayı gerektiren bir öneme sahiptir. Buna ek olarak geriatric uygulamalar; olumlu yaşam davranışlarını sunmak için sistemlerin ve yapılanmaların yaşlı dostu sağlık hizmetlerine adapte edilmesine gereksinim vardır.

Anahtar sözcükler: Geriatri, Yaşlı Dostu, Enstitüler Disiplinlerarası.

İletişim (Correspondance)

Asharaf SALAM
Al Arab Medical University, Faculty of Public Health
LİBYA
Tlf: +218928198269
e-posta: asharaf_a@hotmail.com

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Al Arab Medical University, Faculty of Public Health
LİBYA



INTRODUCTION

Geriatrics and psycho-geriatric management issues receive attention all over the world recently. National population, all over, is ageing and which affect health status and health complaints that are of importance to service administration. Existing health care systems undergo reforms to accommodate health challenges posed by population ageing. Super-speciality health care facilities and professionals are results of such challenges in health care service administration. Since diseases and disabilities are increasingly concentrating on older ages, medical discipline viz., Geriatrics would be of high importance to address this challenge. Geriatric facilities shall address not only health concerns of elderly but also the effect of modernization and urbanization on health and healthcare.

Basic tenets of geriatric care vary from that of other health specialities. Considering elderly care as a sensitive issue involving sentiments, development of geriatric facilities follow principles that are capable of handling such sentiments. This paper examines concepts and principles of geriatrics and outlines a facility that sounds well in the context of modernization and urbanization. Alongside these examinations and outlines lies the vision of an ideal facility.

1. Promoting Normal Ageing

Geriatric care facilities are expected to promote normal ageing process while professionally tackling processes which are away from normality. It is expected that individuals undergo a process called normal ageing in which time dependent series of cumulative, progressive, intrinsic and harmful changes manifest at reproductive maturity and shall continue. Such changes that occur over time independent of any specific disease or trauma to the body is termed primary ageing or normal ageing. Leading to functional declines and susceptibility to death, normal ageing indicates advanced level of health status of a population. Geriatric facilities might play an important role in promoting normal ageing through promoting concepts like successful ageing, positive ageing etc.

2. Coping With Secondary-Abnormal-Ageing

Such geriatric interventions help in reducing incidences of secondary ageing i.e., ageing process characterized by disabilities resulting from forces such as diseases. Such deviant ageing process is different from normal ageing process. Such an ageing process, as pointed out by epidemiologists, increases

susceptibility to diseases namely, arthritis, osteoporosis, Parkinson's disease, cancer, cardiovascular diseases, dementia, Alzheimer's disease and so on.

3. Building Networks

Geriatrics, within the health system, to be enabled to deal capably with growing elderly population especially chronic care in old age, functional assessment, continuum of care, paying for long term care etc. As alongside strengthening care giving within the geriatric speciality, networks are to be built in line with biomedical advances, rationing health care, provision of long term care, medical interventions for chronic diseases, etc. In order to strengthen health interventions are policies and practices such as retirement pensions, social security measures etc., to which geriatric speciality might facilitate networks (1).

4. Developing an Holistic Perspective

Care in old age demands an holistic perspective by integrating approaches from different dimensions. Such an integration contributes to building facilities that better serve the elderly population. Perspectives of ageing and associated changes vary (2). From a medical perspective ageing is associated with functional impairment resulting in loss of adaptive responses to stress and an increasing risk of age related diseases. Genetically ageing occurs due to increase in chromosomal structural abnormalities, DNA cross linking, frequency of single strand breaks, decrease in DNA mutation and loss of DNA telomeric sequences. Biological theories also agree that ageing is a natural phenomena mediated by genes and physiological changes. Physiologically ageing is accompanied by a progressive constriction of homeostatic reversal of organ systems – homeostenosis – characterized by a gradual, independent organ system resulting from intrinsic living processes, damage caused by extrinsic factors and damage from age related diseases. Clinical geriatrics is based on concepts that integrate physical health and mental health and which emphasize prevention and treatment of disease. Geriatric medicine is important in promoting healthy ageing as it adopts innovative approaches and models relevant to ageing individuals. Psychogeriatric issues are of (i) experience of loss in terms of vision, hearing, taste and smell; discomfort due to disability and diseases; loneliness due to loss of spouse and children's absence (ii) come in terms with meaning of life and (iii) come in terms with one's own death.



It is important for an entrepreneur for understanding ageing process from different dimensions so as to develop the facilities from a holistic perspective. An holistic geriatric facility shall deep root its function to science and technology.

5. Stressing The Concept of Ageing-Physiological Vs. Psychological

Physiologically ageing is heterogeneous not producing abrupt decline in function but attenuated by risk factors viz., smoking, sedentary life style and obesity. Physiological age refers to the ability of persons to be independent and perform usual activities of daily living and maintain normal body functions (3).

Life experiences including consumption of alcohol, smoking, diseases, environmental pollution, nutrition and exercises influences homeostenosis and structural changes associated with ageing. Psychological age refers to the capacity to adapt through fortitude, resilience, courage, humor and grace. It is the lack of physiological abilities and psychological capacities that create burden on ageing.

Geriatric facilities shall recognize ageing process from both physiological and psychological dimensions. Such recognition permits regards to ageing individuals physical capabilities and mental strengths.

6. Institutionalizing a Policy of Restrictive Use of Medicines

Medical care in old age is debated both within and outside geriatrics. There are consensus that geriatrics is based on 'treating the cause, rather than the symptom'. Cause of a majority of geriatric problems are non-medical requiring either constant attention to the body or psycho-social and community care giving mechanisms.

Medicines play a secondary importance in the care of geriatric patients. For example, osteoporosis, a marked loss of bone mass which is a major concern of geriatric population incur a heavy annual expenditure (4). Risk factors predisposing osteoporosis are of genetic and constitutional or behavior related. Non modifiable genetic factors include family history, race etc., whereas smoking, alcohol abuse, dietary deficiency of calcium, sedentary life style etc., include modifiable behaviors that could be targeted through education. Post menopausal women are at a great risk who deserve special screening tests for excessive bone loss. Older persons with complaints of loss of bone mass require constant and long term care with a mix of rehabilitative and palliative approach.

7. Constant Attention to Avoid Iatrogenic Illnesses

Medicines in geriatrics react differently. Medical interventions that are intended to improve patient's health sometimes lead to unintended, harmful effects in the form of iatrogenic illnesses (5). Such illnesses befalls elderly more than others and this assertion has emotional appeal as well.

It is important for a geriatrician to respond to patient's multiple interactive problems that might extend beyond biomedical aspects and functional domains (6) as they are susceptible to simultaneous occurrence of chronic diseases and iatrogenic problems. It makes assessment as an essential component of geriatric medicine in order to disentangle multiple interactions and to determine etiology of problems causing impairment and to develop effective strategy to improve functioning.

8. Creating Rehabilitation and Respite Care

Role of medicine in geriatrics popularized rehabilitative and therapeutic care. Geriatric care facilities are important in offering rehabilitative and respite care to the needy, according to their state of being.

Geriatrics deals with medical treatment for old age; aiming at restoration of maximum capacity – both physical and emotional – to the disabled older persons by emphasizing a rehabilitative approach (7). Common problems of concern to geriatrics are orthopedic, deafness, respiratory, cardiac and neurological disorders and are characterized by complexity due to multiplicity, vulnerability and chronicity. Within this framework, efforts of rehabilitation are made to sustain independence and regain full functionality and enable socialization, stimulation, improvement and mobilization.

Geriatric rehabilitation is enabled through a team consisting of physician, physiotherapist, occupational therapist, social worker, psychologist, prosthetist, nurse, pharmacologist, speech therapist, recreation therapist and dietician. Geriatric rehabilitation teams take care of problems viz., incompetence due to various diseases like Alzheimer's, Parkinson's etc., in addition to incontinence, immobility, impaired homeostasis and so on.

Cardiac rehabilitation is yet another important area of concern within geriatrics and which is defined as the process by which patients are restored and are maintained an optimal physiological, vocational and social status. Short term goals of cardiac rehabilitation are physical reconditioning that is sufficient for resumption of customary activities, education of



patients and family about disease process and psychological support. Long term goals include identification and treating risk factors that influence progression of disease, reinforcing healthy behaviors, optimizing physical conditioning and facilitating occupational and vocational activities (8). Respite services receive utmost importance in current day's geriatric care setup. It is the need for a temporary relief from care giving responsibilities that created demand for respite services (9). Often relinquishment of care giving role is due to the deterioration of physical or mental health of care givers and which draw attention to assisting them in care giving and extending support in performing their role which might delay use of more costly forms of care.

9. Developing an Interdisciplinary Team

Geriatric care is a result of an interdisciplinary team approach with focus on therapeutic care. It is an approach to the care of elderly in which members from different disciplines collectively set goals and share resources and responsibilities (10). Members of a geriatric interdisciplinary teams consists of physician, nurse, social worker, pharmacist, physiotherapist, occupational therapist, psychogeriatrician, nutritionist, chiropract, dentist, etc. Team members meet regularly and discuss about structure, process and communication in order for maintaining efficiency, continuous improvement and respect for the process. This approach considers elderly and their care givers as part of the team and include them in discussions about drug treatment, rehabilitation, dietary plans and therapy. It also paves way for listening, communicating genuine interests, considering ideas, respecting opinions and follow up with other members of the team. This approach has been evolved from multidisciplinary teams that create discipline specific care plans and implement them without explicit regard to their interaction. Yet another team approach is the transdisciplinary teams in which each team member be familiar with the roles and responsibilities of other members that tasks and functions become interchangeable. Interdisciplinary team care for the older adults take into account the complexity of medical and social problems that are best met through multiple healthcare disciplines working in collaboration (11).

10. Discouraging Long Stay

Hospitals are part of health care for the aged and are (12) and are supported by medicare and medicaid. It is important that alternative health care arrangements to be made more effective

for older patients with multiple co-morbidities, co-disabilities and decreased functional effectiveness. Hospital use of elderly shall likely to grow as along increase in life expectancy. Demand for hospital based care and that for long term care are expected to increase in the context of modernization as it substitutes family care. Caution is needed as hospitalizations and long term stay create burden on national health system; at the same time deprive older persons against care from family.

Pressures to reduce length of stay involves short term prospective payment or on a longer term restoration of upward pressure on bed use as a result of rapidly growing health needs of elderly. At the same time, cost of hospital based care increases due to growth in technology and increase in staff cost. Despite this cost factor, hospitals proved to be the ideal site of care of elderly as their social and psychological domains reflect multiple problems and co-disabilities. The hospital model of care for elderly take into account individual needs for diseases involving surgical, pharmacologic, immunologic or radiologic interventions combined with rehabilitation and psychotherapy. Care of the aged requires a long term and rehabilitation focus of quality care and thus hospitals play a crucial role as a caring community; thereby enabling a shift from high tech (advanced equipments and professionals) to a high touch (long term management combined with nursing, outreach and community services) facility.

11. Building Elderly Friendly Institutions

Two most important considerations in institutionalized geriatric care are staff and infrastructure built into serve the elderly people efficiently (13). Caliber and experience of staff in a responsive and understanding atmosphere provides high quality care to people living in geriatric nursing homes. Intimate services including warmth, patience, responsiveness and respect require special qualities and sensitivity. Only a skilled, competent and tactful professional team groomed at a friendly atmosphere can ensure such a high standard of care to elderly members.

Staff in a residential home are of (i) managerial (ii) day care and night care (iii) administrative and clerical and (iv) ancillary. Selection of the staff team requires a critical recruitment process, a well laid out job description, right terms and conditions, well prepared staff handbook, an in depth induction process and a formal probation period. Duty hours, dress code, regular feedbacks, staff meetings, staff supervision and stress management are also important.



Design of building usually have an important influence on residents quality of life as well designed homes add to (i) safety and security (ii) privacy (iii) protection (iv) stimulation for daily activities (v) easy access around the home (vi) delivery of high quality care and (vii) conforming with legal standards. Location and setting, building design, size of home and living units, common facilities, residents own accommodation, suitability of accommodation and design are important in the life of an elderly.

CONCLUSIONS

Given above is a dream; a dream concept of a geriatric facility. A facility of the above specifications is a dire requirement. It is a space, an arrangement and a hope of an ageing Individual to avail professional services and care with dignity and respect.

The facility that develops will base its interventions and modus operandi on perspectives of ageing as of management, medicine, biology, physiology, genetics and psychology.

While realizing use of medicine in treatment and cure of geriatric health concerns, this facility avoid unnecessary medication and hospitalization leading to iatrogenic diseases. A special stress might be laid on rehabilitative care for restoring maximum capability and potential to lead a normal life in the community without or with support of others. A firm commitment to lead older persons to family life to be made as the mission.

Manpower strength in such a facility would be of question to many. It is clear that geriatric care requires not only medical professionals but also professionals from allied disciplines. Professionals from all related disciplines are groomed and integrated into the facility. This interdisciplinary team cares for older persons and enable them to lead a healthy and normal life within their families.

Structure and design of not only the facility but also of each and every part, corner, walls, baths, toilets, sitting and living space get equipped to accommodate older persons. All those together say, "WELCOME MY DEAR, WE SHALL TAKE CARE OF YOU".

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