

Geriatric Medicine and why we need Geriatricians!

by Juergen H. A. Bludau, MD



What is geriatric medicine? Why is there a need for this specialty? How does it differ from general internal medicine? What do geriatricians do differently when they evaluate and treat an older adult? These are common questions among patients and physicians alike. Many internists and family practitioners argue, not unjustifiably, that they have experience in treating and caring for older patients, especially since older adults make up almost half of all doctors visits. So do we really need another type of physician to care for older adults? It is true that geriatricians may not necessarily treat older patients differently per se. But there is a very large and important difference in that the focus of the treatment is different. In order to appreciate how significant this is, we need to look at what makes an older adult different from a younger patient.

What Makes Older Patients Different?

Older patients differ from younger ones in five major ways: heterogeneity, homeostenosis, comorbidities, different disease presentations, and the difference between acute and chronic diseases. As a result of these five major differences, older patients cannot simply be treated like their younger counterparts. This is where geriatricians can help. Let's explain each of the five differences in more detail.

- 1. Heterogeneity:* As people age, they become more heterogeneous, meaning that they become more and more different, sometimes strikingly so, with respect to their health and medical needs. Imagine for a moment a group of 10 men and women, all 40 years old. It is probably safe to say that most, if not all, have no chronic diseases, do not see their physicians on a regular basis, and take no long-term prescription medications. From a medical point of view, this means that they are all very similar. Compare this to a group of 10 patients who are 80 years old. Most likely, you will find an amazingly fit and active gentleman who may not be taking any prescription medications. On the other end of the spectrum, you may find a frail, memory-impaired, and wheelchair-bound woman who lives in a nursing home. In between these two extremes, there will be those with gait problems, others suffering from advanced heart and chronic lung diseases. Some will take five prescription medications, others up to 15 or even more. Some need daily help, while others can manage with only occasional support from family members.
- 2. Homeostenosis:* This tongue twister refers to a narrowing or stenosis of our internal body reserves to withstand stress. This means that as we grow older, our bodies are increasingly more susceptible to any stressor, such as an

infection, trauma, and the effects of medications. For example, let's consider the effects of an annoying case of the common cold. A younger person may feel run down and achy, have little appetite, and sleep poorly. Most over-the-counter cold remedies can help a younger person get through the day. The same viral illness and these same effects can cause far more havoc in an older person. A poor appetite can result in significant dehydration and cause dizziness or even a fall, especially if the person is taking medications for high blood pressure. Just a day or two lying in bed and not walking much will make an older person noticeably weaker, again increasing the risk of falls. Many over-the-counter cold medications can cause confusion in addition to constipation.

3. *Comorbidities:* The third important difference in older people is the number of comorbidities, or other medical conditions that are present at the same time. Older patients typically don't arrive at the doctor's office with one medical problem. Instead, they usually have a variety of concerns and illnesses, many (if not all) of which need some type of treatment. The importance of this is that sometimes treatments interfere with one another, or the treatment for one problem might even make another condition worse. This is an excellent example of how the expertise of a geriatrician can help prevent the far too common and at times tragic example of bad interactions among multiple medical conditions.
4. *Different Disease Presentation:* The fourth difference is that diseases may show up in older adults in very unusual ways. The crushing chest pain and feeling of impending doom so commonly thought of as the symptoms of a heart attack are rarely present in an older patient. Instead, an older person may have a stomach ache and feel nauseous or simply feel extremely tired. The cough, breathlessness, and fever that are hallmarks of pneumonia in younger people may instead be replaced by confusion, poor appetite, and even a propensity to fall in older adults. Therefore, the medical history of older patients often needs to be much more thorough than that of younger patients.
5. *Chronic versus Acute Diseases:* Finally, the types of diseases of older patients are often very different from those of younger patients. Older patients often visit their physician for a worsening of a chronic condition. This can pose challenges

in diagnosis and require careful consideration of treatment options because usually these patients are already on some kind of treatment regimen for their chronic condition.

Memory impairment, another common condition among older patients, also makes assessment more complicated. For example, the history may be incomplete and/or need to be corroborated by a caregiver.

So how do geriatricians do it? Instead of treating each of the many medical conditions separately in older patients, geriatricians focus specifically on those conditions that affect a patient's functional abilities. Put another way, geriatricians monitor patients' chronic conditions by watching for any changes in function and treating these conditions keeping in mind the goal of improving function.

By following these principles, geriatricians are able to improve the quality of life of older patients even though we cannot cure many chronic diseases.



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Dr. Bludau regularly speaks at local, national and international conferences. Dr. Bludau's interests are the primary care of dementia patients, the development of improved out- and inpatient geriatric services, and the geriatric education of nurses. To that extent he has developed a curriculum for practicing nurses and has given several courses at Beijing Hospital No. 1 and Fudan University School of Nursing in Shanghai. Dr. Bludau is the Executive Medical Director, Geriatrics & Home Health.