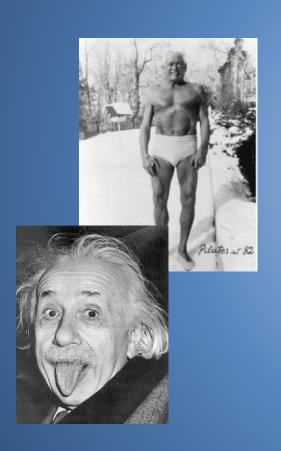
GERIATRIC MEDICINE









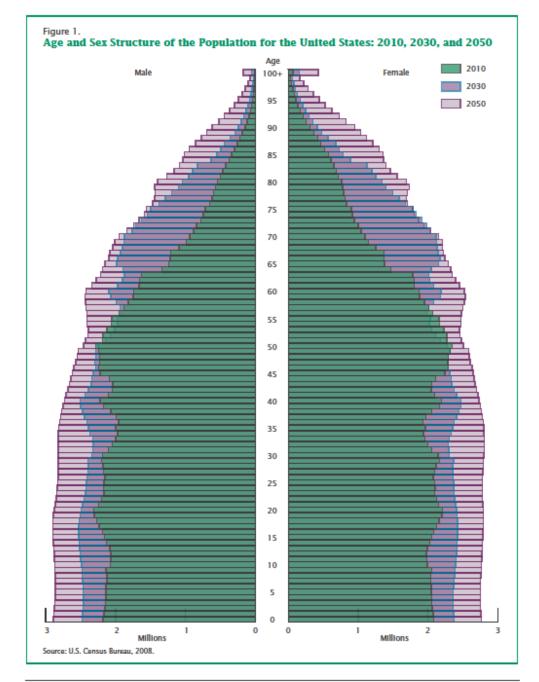
Objectives:

To define the geriatric population

To discuss why I did geriatrics

To understand how geriatric medicine is different







Heterogeneity







HOW DO YOU BECOME

A GERIATRICIAN?



HOW IS A GERIATRIC

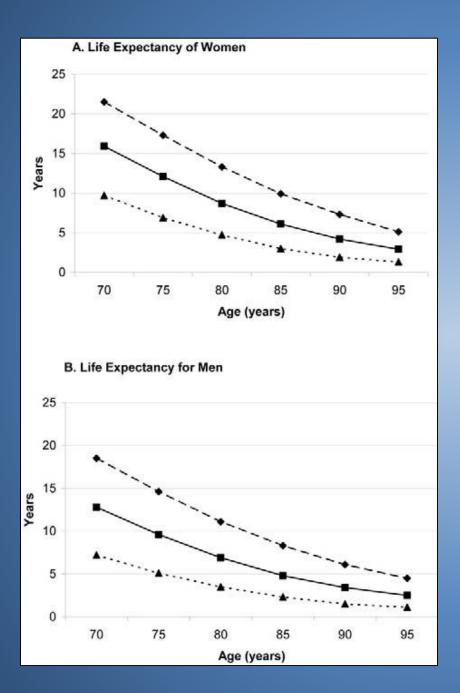
EVALUATION DIFFERENT?



The Comprehensive Geriatric Assessment

- Functional assessment
- Cognitive assessment
- Social issues
- Nutritional status
- A review of medications and their interactions and side effects
- Screening





Quality of Life



WHAT OTHER THINGS DO

GERIATRICIANS KNOW

ABOUT?



Geriatric Syndromes

- Dementia
- Delirium
- Falls
- Incontinence
- Constipation
- Elder Abuse
- Polypharmacy
- Depression

- Malnutrition/FTT
- Dizziness/Syncope
- Insomnia
- Skin Breakdown
- Osteoporosis
- Substance Abuse
- Disability
- Fatigue



Clinical Presentation of Disease

- Physiological changes with aging
- Diseases present differently in older people
 - Heart attacks
 - Depression
- Older people have different symptoms
 - Fever
 - Pain
 - Altered mental status



SOME STATISTICS...



Why do we need more geriatricians?

- 25-39% of outpatient visits to a PCP
- 40% of hospitalized patients are over 65
- 40% of surgical patients are over 65
- Seniors are the highest users of emergency centers



But research shows...

Older patients

- Have shorter clinic visits
- Fewer tests
- Less likely to receive preventive screening
- Less often referred to specialists
- Have more untreated pain
- They are at a disadvantage if they come in with caregivers or family members



Most Common Outpatient Geriatric Complaints

- Constipation
- Insomnia
- Pain
- Weight Loss
- Dizziness
- Hearing Loss
- Visual Impairment



WHY DID I DO

GERIATRICS?



As physicians we treat dis-ease





Bringing Good Health Home!







Questions?

