Editorial

The Role of Primary Care Physician in Geriatric Care

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General practice is the first point of medical contact for patients with the health issues and is a key component of primary care. Primary care provides continuing and comprehensive health care for the individual and not only treats the patient when they are ill, but works with the patient when they are healthy to establish strong health maintenance skills by practicing disease prevention and health education. Geriatric population is a rapidly growing worldwide; this rise of the aging population has had an impact on the practice of medicine (Jamison DT, Sandbu ME, 2001). Clinical practice in primary care focuses on the unique needs of the geriatric population which is different from other patient population. The aged body is different physiologically from the younger adult body, older patients tend to develop a more severe disease state and have co-morbidities leading to longer lengths of stay in the hospital (Zafar SN, Ganatra HA, Tehseen S, Qidwai W, 2006). The chronic non communicable disease and risk for falling increases in the older population, resulting in an increase in serious outcomes and associated health care costs (Graham Ellis, Martin A Whitehead, 2011).

The natural and progressive ageing process and chronic non communicable diseases with inactivity and disability can gradually lead to decreased physical performance with the result that many elderly are at increased risk of morbidities and fall (Katz S, Downs TD, Cash HR, Grotz RC, 1970). It is mandatory to have a competent clinician in respect of diagnosis and providing best cost-effective management of diseases in geriatric population at primary health care level. Effective management of chronic diseases and disability can reduce the fall rate in an elderly population and to ensure a safer environment for them. The deterioration in physiological capacity is due to normal aging process and lack of stimulation and training which can be addressed by regular exercise (M.PowellLawton and ElaineM. Brody, 1969).

Primary care physician or community health worker usually initiates an assessment of potential problem in geriatric patients. Like any effective medical evaluation, the geriatric assessment needs to be sufficiently flexible and adaptable (Zafar S. N, Ganatra, H. A, Tehseen S, Qidwai W, 2006). Effective primary care management of geriatric health issues, with its goal of caring for healthy and functional elderly patients, may perhaps be better described as comprehensive health screening (Wolfgang Lutz, Samir KC, 2010).

Elderly population has more non communicable diseases than younger people and they are often difficult to manage. These problems require multi-disciplinary approach to handle them (Finlayson ML, Peterson EW, 2010). Using simple and easily administered assessment tools, primary care physicians can improve the identification of specific problems that are common in the elderly and also shift their focus from disease-specific intervention to preventive care and proactive medical management. Disease management in elderly not only need professional skills but also requires family support as well as social rehabilitation for them to make them effective member of community (Wilson A, 2012).

Caring for patients with a chronic or terminal illness by primary care physician is an opportunity to use updated knowledge and skills give patients the opportunity to discuss their fears and anxieties. Cure may not always be a possibility but empathy and care will always be required as some of the diseases are not curable. Primary care physician needs to be aware of this problem and manage the geriatric issues comprehensively for better patient outcome (Wenger NS, Roth CP, Shekelle PG, 2009). Effective primary care management of geriatric health issues requires comprehensive health screening by physician. The unique needs of the elderly require a multidisciplinary and comprehensive medical approach for medical care and health promotion.

REFERENCES

- Jamison DT, Sandbu ME (2001). Global health. WHO ranking of health system performance. Science. 2001; 293:1595–1596.
- Zafar SN, Ganatra HA, Tehseen S, Qidwai W (2006): Health and needs assessment of geriatric patients: results of a survey at a teaching hospital in Karachi. J Pak Med Assoc 2006, 56:470-4.
- 3. Comprehensive geriatric assessment for older adults BMJ (2011); 343.
- 4. Katz S, Downs TD, Cash HR, Grotz RC (1970). Progress in development of the index of ADL. Gerontologist. 1970; 10(1): 20–30.
- 5. Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. Gerontologist. 1969; 9(3):179–186.
- 6. Zafar S. N, Ganatra, H. A, Tehseen S, Qidwai W (2006). Health and needs assessment of geriatric patients: results of a survey at a teaching Hospital in Karachi. Journal of Pakistan Medical Association. 56(10), 470–473.
- 7. Lutz W, Kc S: Dimensions of global population projections: what do we know about future population trends and structures? Phil Trans Biol Sci, 365: 2779.
- 8. Finlayson ML, Peterson EW (2010): Falls, aging, and disability. Phys Med Rehabil Clin N Am, 21:357-373.
- 9. Wilson A (2012). Improving life satisfaction for the elderly living independently in the community: care recipients' perspective of volunteers. Soc Work Health Care; 51:125–139.
- 10. Wenger NS, Roth CP, Shekelle PG (2009). A practice-based intervention to improve primary care for falls, urinary incontinence, and dementia. J Am Geriatr Soc; 57:547.

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