What is Geriatric Medicine?

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Victorian workhouse/infirmary
“There is much to recommend geriatrics as a speciality comparable to paediatrics. The creation of such a specialty would stimulate those with a leaning to this type of work and raise the standard of the work done. This branch of medicine forms an important subject for the teaching of medical students......, and the care of chronic sick patients should also be an essential part of the training of nurses. Research into the diseases which accompany advancing age should be encouraged and undertaken.”
Special skills of geriatricians

- Holistic Medicine
- Multidisciplinary team
- Geriatric syndromes
  - Immobility
  - Instability
  - Intellectual decline
  - Incontinence
  - Iatrogenesis
  - Isolation

- Family Medicine
- Most specialists
- Rehabilitation
- Orthopaedics, A&E
- Psychiatry, Neurology
- Urology, gynaecology
- Clinical pharmacology
- ENT, Eye, Social work
Special skills of Geriatricians

- “Jack of all trades”
  And master of none?
Goldilock finished her warm porridge in the right bowl on the right chair (Just Right!)
Who is a geriatric patient?

1. Older than ….yrs
2. Convalescent hospital
3. Old age home
4. Frail (Fried LP et al., 2001)
   1. Slow walking
   2. Muscle weakness
   3. Feel exhausted
   4. Weight loss
   5. Low physical activity
Why Geriatric Medicine?

• Complex needs
  – Multiple assessments and interventions
  – Limited resources for great demand

• Social disadvantages
  – Mental and physical disabilities
  – Limited social network
  – Poverty
  – OAH

• Research
  – Lack of data on older people with multiple diseases
Achievements of Geriatrics in HK

• Second largest medical subspecialty
• Primary provider of convalescent/rehabilitative care
• CGAT
• Post discharge support
• Palliative care
Key elements of Geriatric Practice
- Reflection on my experience
Respect for the sick and poor

“...only those who have had charge of such patients can know anything of their misery and degradation....”
See potential that others don’t see

- An Englishman with a pair of greasy spectacles and a broken watch
- A nursing home resident with old stroke allowed to walk
- A paraplegic nursing home resident walked again after vitamin B12 supplementation
Norwegian scabies
pressure sore
Nasogastric tube
Restraint

Life sustaining interventions can cause great suffering which goes unnoticed.
Embrace palliative care

- A COPD patient died peacefully after BIPAP after he chose to stop BIPAP
- A Ca Colon patient died peacefully without colonoscopy or morphine
Prepared to take Risk
Risky business

• Urinary catheter removed in a stroke patient with “retention”
• Nursing home resident with multiple fractures taken out from bed to the garden
• “Care and support for people with dementia is increasingly defined by our attitude to risk” CEO of Hammond Care (Australia)
• http://www.dementiaconference.com
“We are what we tolerate”
Restraint reduction at Shatin Hospital

Fall rate (per 1000 patient days)

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%

Trunk restraint

- Fall
- Restraint
Solution outside hospital
What is Geriatric Medicine?

• A medical specialty dedicated to quality care of older patients, especially the frailer ones

• Key elements
  – Holistic Medicine
  – Ethical practice
  – Team building (Leadership)
  – Teaching
  – Research
  – Collaboration
  – Advocacy
Challenges

- Increasing demand both in quantity and quality
- More knowledge and potential interventions
- Protocol versus Clinical freedom
- Long term care
Future focus

• Acute geriatric wards
• Delirium
• Dementia
• Frailty
• Diabetes
• Training
• Research
“ill-assorted dumps ... large wards which are devoid of any signs of comfort or interest.”
“I am surprised that the medical profession has been so long in awakening to its responsibilities towards the chronic sick and the aged, and that the country at large should have been content to do so little for this section of the community,” Lancet 1946
“You must be the change you want to see in the world”

MAHATMA GANDHI