THE HANDBOOK OF GERIATRIC MEDICINE

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INTRODUCTION

The world is ageing and Malaysia is no exception. The total population of Malaysia increased by an average of 2.6% per annum between 1980 and 1991 but stayed static at 2.6% between 1991-2000 and for the first time in many decades the population growth declined to 2.0% in the last decade (2000-2010).

In 1991 the proportion of the Malaysian population aged 65 years and over was 3.7% and in 2000 was 3.9%. In 2010 this proportion increased to 5.1%, so out of a current total population of some 28.3 million, approximately 1.44 million Malaysians are aged over 65 years. This increase in the number of older individuals will continue to rise as improvements in nutrition and public health, reduced perinatal mortality, coupled with advances in medicine, will contribute to an increased life expectancy and to the demographic changes in this country.

Already the life expectancy in Malaysia for those born in 2010 is 71.9 years for men and 77 years for women. What is of course more useful in older individuals is the expected life expectancy for those who have reached 65 years. In 2010 life expectancy from 65 years was 14.1 years for men and 16.2 years for women. Furthermore the survivorship up to age 65 years is high. 75.5% of men and 85.7% of women will survive to 65 years. Together with better survivorship and longer life expectancy at the age of 65 years, we will see more and more individuals aged 65 years or older. Whilst chronological age may not demarcate biological old age, 65 years and over provides a convenient benchmark for demographers, as despite the relative good health and vigour of many of those aged over 65 years, this age group is more likely than any other to suffer from multiple chronic illnesses including cardiovascular and degenerative diseases. In fact the commonest cause of death amongst those aged 65 and over is still cardiovascular disease just like in younger individuals.

Furthermore the elderly frequently have multiple comorbid diseases and hence are more likely to be on multiple medications. Being on multiple medications is not a help as they are also more prone to the adverse effects of those medications.

Since many illnesses, often referred to as the Giants of Geriatrics, become more common with increasing age, these demographic changes have considerable implications for health care. An ageing population brings with it a disproportionate increase in common conditions such as degenerative disorders, stroke, cancer and dementia with their attendant disabilities. The difference between life expectancy and health expectancy is an estimate of the number of years a person can expect to live in poor health or with a limiting illness or disability. To cope with the ageing of its population Malaysia needs to develop sufficient expertise in acute Geriatric Medicine, rehabilitation of older people; the management of long-term conditions in older people with multiple complex problems within Primary Care; as well as an infrastructure for home and institutional care. There is an urgent need to train physicians, nurses, allied health professionals, and care home workers to enable them to deliver a safe and effective system of health and social care for older people. Whilst public health measures may extend life expectancy further, they will do so at the relative expense of increased prevalence of currently incurable conditions such as dementia and Parkinson’s disease.

A SYSTEM THAT CARES FOR OLDER PEOPLE

A healthcare system focused on acute medical care will be ill-prepared to address caring for older people, which requires a whole system approach.

With the exception of Pediatricians and Obstetricians, all doctors will older people and so their training should provide them with exposure to expertise. With an increasing proportion of the population being elderly, no matter they age, the absolute numbers of those with complex medical problems will also increase. In England and Wales this means that 40% of the National Health Service and 50% of budgets are consumed by older people's services.

As Malaysia ages older people will be responsible for an increasing percentage of general practice consultations and acute hospital admissions (Table 1). In Malaysia they make an average of 6 consultations per year as compared to the national average of 4 consultations per year for younger people. In the UK 35.8% of hospital activity is consumed by people of age 65 years. As older people are more likely to be housebound than younger people, the need for more domiciliary care will arise. These facts alone would mean that both health and social care systems have to be developed to meet these demands.

### TABLE 1: PATIENT VISITS BY AGE GROUP AND SEX TO THE FAMILY PRACTICE CLINIC, UNIVERSITY MALAYA MEDICAL CENTRE, KUALA LUMPUR

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50 years</td>
<td>30.2%</td>
<td>30.7%</td>
<td>30.4%</td>
</tr>
<tr>
<td>51 - 60 years</td>
<td>24.1%</td>
<td>26.1%</td>
<td>25.3%</td>
</tr>
<tr>
<td>&gt; 60 years</td>
<td>45.7%</td>
<td>43.2%</td>
<td>44.3%</td>
</tr>
</tbody>
</table>

ASSESSMENT OF OLDER INDIVIDUALS

Older individuals require a comprehensive Geriatric assessment, as most have often multiple problems and require long-term management of chronic diseases. Understanding of the usual trajectory of common diseases, can facilitate sensible chronic care management for an individual as well as planning of programmes (ie incorporate care pathways), that can hopefully maintain older people in a community, avoid unnecessary hospital admissions.

Furthermore, in both community and hospital settings older people have an increased prevalence of mental health problems such as delirium, dementia and depression. General practitioners need to be trained to enable them to recognize and manage these problems in older age. Specialist nurses in old age Psychiatry also need to be trained to enable them to recognize and manage these problems in older age. Specialist nurses in old age Psychiatry also need to be trained to enable them to recognize and manage these problems in older age. Specialist nurses in old age Psychiatry also need to be trained to enable them to recognize and manage these problems in older age. Specialist nurses in old age Psychiatry also need to be trained to enable them to recognize and manage these problems in older age.
TABLE 2: PREVALENCE OF PSYCHIATRIC ILLNESS IN OLDER PEOPLE IN GENERAL HOSPITALS VS COMMUNITY VS CARE HOMES IN THE UK

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>COMMUNITY PREVALENCE</th>
<th>HOSPITAL PREVALENCE</th>
<th>CARE HOME PREVALENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>12%</td>
<td>29%</td>
<td>30-50%</td>
</tr>
<tr>
<td>Delirium</td>
<td>Not known</td>
<td>20%</td>
<td>Not known</td>
</tr>
<tr>
<td>Dementia</td>
<td>5%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>3%</td>
<td>8%</td>
<td>Not known</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.5%</td>
<td>0.4%</td>
<td>Not known</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>2%</td>
<td>3%</td>
<td>Not known</td>
</tr>
</tbody>
</table>

BURDEN OF CARE

As a consequence of the falling birth rate in Malaysia, 27.6% of the Malaysian population were below age 15 years in 2010 compared to 33.3% in 2000 and 36.7% in 1991 (crude birth rate of 31 per 1000 in 1987 vs 24.5 per 1000 in 2000).

The burden of care will increasingly fall on older people. Looking at examples in developed countries, for example, in England and Wales in 2001, 17% of over-65s cared for someone else (Figure 1); one-third did so for more than 50 hours per week.

FIGURE 1: CARERS BY AGE AND SEX, APRIL 2001, ENGLAND AND WALES

The main burden of health care for older people will lie within Primary Care. Appropriate and thorough assessment of older people takes time, which will need to be allocated accordingly. Links between primary and secondary care need to be established and strengthened to provide a seamless service for older people.

Failure to integrate the care of older people into Primary Care programmes will lead to an excessive burden of care falling onto hospital services, with acute beds becoming overwhelmed. Community teams comprising Geriatricians, specialist nurses and general practitioners with a special interest in older people (GPwSIOP) will need to be set up.

allied health professionals and medical staff need to work together as a team to manage older people.

The increasing acceptability of long-term institutional care in Malaysia should drive the development of care home medical services. Dementia is the commonest diagnosis in care homes; care home residents also tend to have multiple complex medical problems which will, at different times, be active. Specialist services for older people need to be available to those living in care homes as much as those living in their own homes. Specialist nurses or GPwSIOP could provide the foundations of this care home medicine, with support for education, audit, clinical governance and research coming from the departments of Geriatric Medicine.

CONCLUSION

Services for older people are still in its infancy in Malaysia. The demand for care of older individuals will keep rising and there is an urgent need to develop such services. Rather than just copy developed countries that have such services, it is better to learn from them and adapt and develop services that not only offer a high level of care for older people but one that also meets the cultural and social setting of the local community.

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