Community Health Nursing II — Unit 6: Geriatric Health Care

Geriatric Health Care

Definition

- **Geriatric health care** addresses the health, function and wellbeing of older adults through prevention, treatment, rehabilitation and supportive care.
- In Indian health and social-care planning, an older person is commonly considered to be aged 60 years or above.
- **Gerontology** studies ageing, while **geriatrics** focuses on healthcare in later life.
- Chronological age alone does not describe a person's abilities, preferences or need for assistance.

Goals

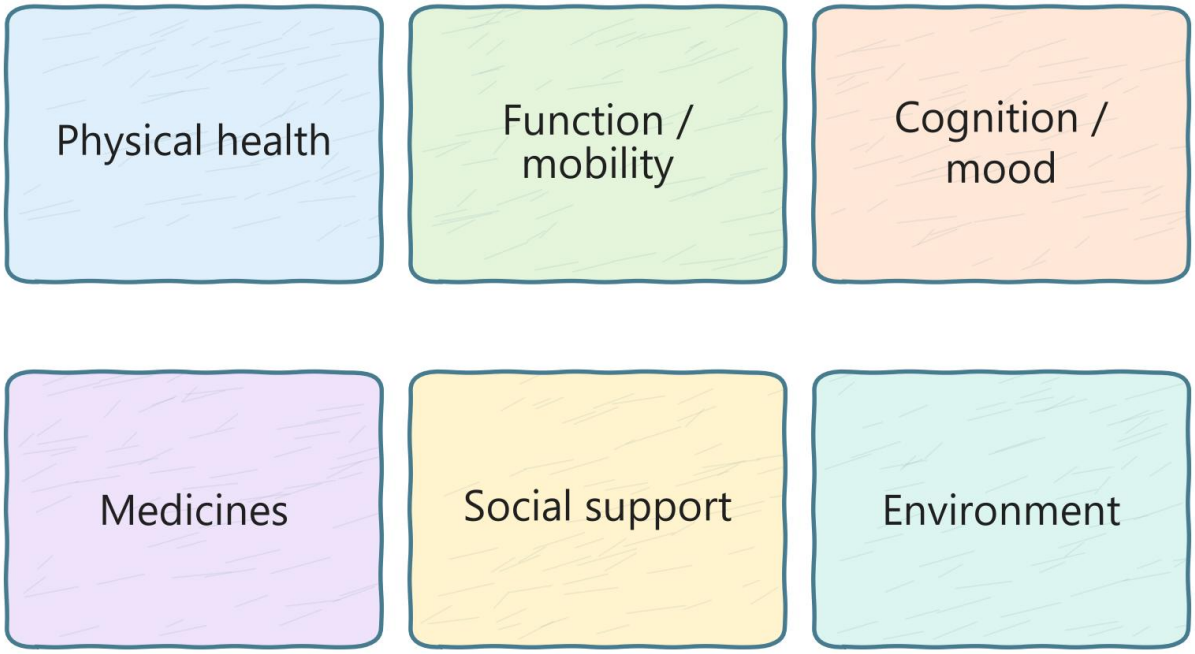
- Preserve independence, comfort, dignity and meaningful participation in family and community life.
- Identify treatable illness early and prevent avoidable disability, hospitalisation and caregiver strain.
- Coordinate care when several diseases, medicines and social needs are present together.
- Make decisions with the older person and respect their goals rather than assuming that relatives should decide everything.

Normal Ageing and Illness

- Ageing can reduce physiological reserve, so a minor illness may cause a larger decline in function than in a younger adult.
- Reduced muscle strength, slower recovery and changes in vision or hearing may occur, but the degree varies greatly.
- Depression, severe memory loss, repeated falls, incontinence and persistent pain should not be dismissed as inevitable ageing.
- Infection or acute illness may present with reduced appetite, weakness, a fall or confusion instead of a high fever.

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Comprehensive Geriatric Assessment



Domains of geriatric assessment

Meaning

- **Comprehensive geriatric assessment** is a coordinated assessment of medical, functional, mental and social needs that leads to an individual care plan.
- It combines the person's own priorities with examination, appropriate screening and information from caregivers when consent permits.
- Establish the usual level of function so that a new change can be recognised.

Assessment Domains

1. Physical Health

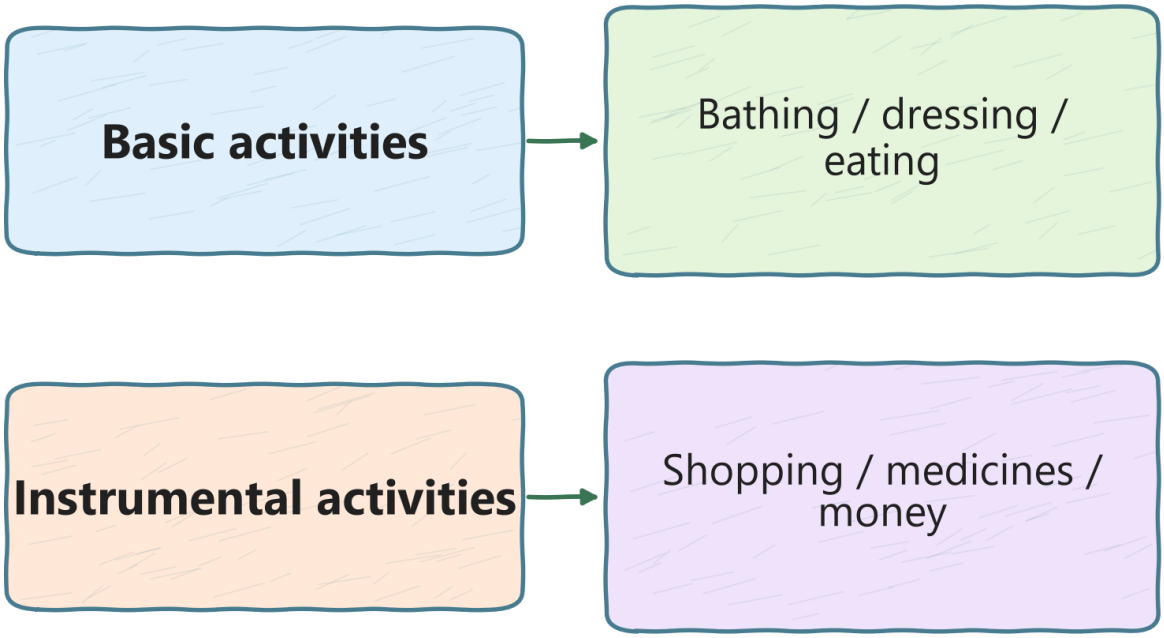
- Review symptoms, chronic diseases, pain, nutrition, oral health, continence, sleep, vision and hearing.
- Measure relevant vital signs and assess gait, balance, strength, skin and the systems related to current symptoms.
- Ask about dizziness on standing and consider postural blood-pressure measurement when appropriate.

2. Functional Ability

- **Activities of daily living** include bathing, dressing, toileting, transferring, continence and feeding.
- **Instrumental activities of daily living** include shopping, cooking, transport, managing medicines and handling money.

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- Record what the person can do independently, what needs assistance and whether this has recently changed.



Daily living tasks

3. Cognition and Mood

- Ask about memory, orientation, attention, behaviour, mood, sleep and loss of interest.
- Use a validated tool appropriate to language, education and sensory ability when trained to do so.
- A screening score supports assessment and does not by itself establish dementia or depression.

4. Medicines

- Ask the person to bring all prescribed medicines, over-the-counter products, supplements and traditional remedies.
- Check the reason for each medicine, dose, actual use, duplication, side effects and difficulty obtaining supplies.
- Include eye drops, inhalers, injections and medicines taken only when needed.

5. Social and Environmental Needs

- Assess living arrangements, income, food security, transport, social contact and the availability and wellbeing of caregivers.
- Check home lighting, stairs, loose rugs, toilet access, cooking arrangements and emergency communication.
- Ask privately about neglect, financial exploitation and physical or emotional abuse when concern arises.

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Care Planning

- Agree on a small number of meaningful goals, such as walking safely to the toilet or managing medicines correctly.
- Prioritise urgent and reversible problems before adding burdensome investigations or treatments.
- Assign responsibilities, arrange referrals and specify when progress will be reviewed.

Common Chronic Health Problems

Common Conditions

1. Hypertension and Cardiovascular Disease

Recognition

- Measure blood pressure correctly and confirm persistent elevation through the clinical pathway rather than diagnosing from one isolated reading.
- Ask about chest discomfort, breathlessness, swelling, palpitations, dizziness and reduced exercise tolerance.
- Older adults may have atypical symptoms of a heart attack, including weakness, breathlessness or confusion.

Management

- Support prescribed medicines, appropriate activity, nutrition and tobacco cessation and monitor tolerance.
- Individualise treatment goals through the prescriber, especially when frailty, falls or postural symptoms are present.
- Sudden chest pain, severe breathlessness, collapse or new neurological symptoms requires emergency referral.

2. Diabetes Mellitus

Recognition and Risks

- Assess glucose control, symptoms of hypoglycaemia, foot condition, vision, renal problems and ability to use treatment safely.
- Poor food intake, kidney impairment and some glucose-lowering medicines can increase hypoglycaemia risk.
- Confusion, sweating, falls or unusual behaviour may be the first sign of low glucose.

Management

- Coordinate meals, medicines and monitoring and involve a chosen caregiver when assistance is needed.

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- Check feet for wounds, reduced sensation and unsuitable footwear and refer ulcers or spreading infection promptly.
- Treatment targets should balance symptom control and long-term benefit against hypoglycaemia and treatment burden.

3. Chronic Respiratory Disease

- Assess cough, breathlessness, sputum, activity limitation, smoking and exposure to indoor or occupational pollutants.
- Teach and recheck inhaler technique because poor technique can make appropriate treatment ineffective.
- Encourage indicated vaccination, activity and pulmonary rehabilitation where available.
- New severe breathlessness, cyanosis, chest pain or reduced consciousness requires urgent assessment.

4. Osteoarthritis

- **Osteoarthritis** is a joint disorder associated with pain, stiffness and reduced function, commonly affecting knees, hips and hands.
- Support joint-friendly activity, strengthening, weight management when appropriate and correctly fitted walking aids.
- Review pain medicines for renal, gastrointestinal, cardiovascular and fall-related risks.
- A hot, acutely swollen joint with fever needs assessment for infection or another acute cause.

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