Chauhan et al., J Gerontol Geriatr Res 2017, 6:5
DOI: 10.4172/2167-7182.1000449

Journal of
Gerontology & Geriatric Research

Short Communication Open Access

Fresh Approach for Geriatric Medical Care

Rajesh Chauhan*, Shruti Chauhan and Ajay Kumar Singh

Family Healthcare Centre, 154 Sector 6-B (HIG), AvasVikas Colony, Sikandra, Agra, India

Abstract

Universally it is almost a common knowledge that the elderly is not interested in prolongation of their life. Perhaps the ones who are ambulatory and are able to perform their activities of daily living are not looking forward for a long-drawn-out life, but a life where they feel comfortable without being dependent on anyone. Perhaps most of their time may be spent in contemplating and taking measures on how not to fall ill, and continue being independent.

Keywords: Geriatrics; Innovative medical techniques; Elderly; Medicine; Multimorbidity; Polypharmacy; Nutraceuticals; Geriatric medicine

Introduction

Universally it is almost a common knowledge that the elderly is not interested in prolongation of their life. Perhaps the ones who are ambulatory and are able to perform their activities of daily living are not looking forward for a long-drawn-out life, but a life where they feel comfortable without being dependent on anyone [1]. Perhaps most of their time may be spent in contemplating and taking measures on how not to fall ill, and continue being independent [1,2].

Health seeking behavior of the elderly population usually remains poor, and so is the compliance. There can be a wait for one of their family members to take some time off to take them for check-ups and consultation. There may be financial crunch and dependency. At the same time, there can also be some apathy and a lack of interest towards the existing free healthcare facilities for several reasons, which need to be restructured and reformed according to the needs and purpose of the frail elderly who require these facilities. Much more research is required, and it is expected that in the coming months and years there are more in-depth researches into the medical issues that are essential for the geriatric population.

Geriatric Medical Care

Getting to know a problem, its nature and frequency of occurrence definitely helps in management and in building up appropriate resources. Looking at the imminent boom of geriatric population and advancing age, morbidity in this elderly population group is bound to increase. What would the likely problems be? Once we get to know some details about his question, however incomplete it may be at the start, it may help to formulate our organizing their healthcare needs. Quite obviously the needs will vary to quite an extent with the geographical locations, and many other factors.

There are such long waiting periods for even helping those elderly who are in need of such simple things like hearing aids. Isn't it that we all certainly do have choices, and in that either we can keep toeing the line of whatever the current practice, conventional wisdom, and the conventional text tells us, or once in a while we tend to look beyond as well, and try to see things for ourselves with our own current perspectives and experiences. With this background, maybe some of the newer non-invasive and painless medical techniques that the authors had stumbled upon, and had presented to the world as well, would generate some interest [3].

If one really tries to look beyond the horizon, maybe there could be something worthwhile. A modified whispering test is just one example [4]. This modified test can be performed by one examiner only, and the results are at par with the audiometry testing. Early detection of slight hearing loss can be very rewarding as suitable preventive and corrective steps can be taken to stop further deterioration. Audiometry remains the gold standard, but it can possibly be replaced by 'whispered voice test with masking' as the initial tool. This test finds just a single trained person can perform this simple test, by standing facing the individual being tested and whispering through a half face mask which effectively prevents lip reading. Masking and whispering can be done simultaneously by the observer by holding a 5 X 3-inch paper strip against the external ear, and rubbing a finger over it in small circles. With further research and necessary improvements, this simple test can possibly stand the test of time, and can also be used elsewhere as well for its ease and reliability [4].

There is a need to have a relook at the established modalities of accepted management for many of the chronic morbidities that are common in the elderly population. For example, provision of hearing aids in age-related hearing loss (Presbycusis) which comes about on aging, seems to us like a matter of pure convenience and expediency, which is being followed in the absence of availability of any other genuine and scientifically appropriate modality of remediation for those becoming hard of hearing due to aging. Quite frankly, when it already is a common knowledge that regular exposure to loud sound destroys 'hair cells' within the inner ear, resulting in hearing loss as a consequence, then why must we subject the remaining hair cells now to augmented sounds through hearing aids? Wouldn't this management be putting at risk the remnant population of 'hair cells' through a louder and augmented sound from hearing aids? Dr. Arul Rhaj Technique was a consequential development [5,6]. Although we do not doubt the efficacy of any of these newer techniques that were showcased and penned by us, but despite all that we will like to reiterate as we have been always stating elsewhere also that much more research needs to be done before any of the newer technique is put into use [6].

In the elderly, the distinction between aging and disease could be subtle, and may be passed off as an old age phenomenon. All our faculties and resources must be focused on trying to achieve for them an overall and comfortable graceful aging. As a way forward, would it

***Corresponding author:** Rajesh Chauhan, Family Healthcare Centre, 154 Sector 6-B (HIG), AvasVikas Colony, Sikandra, Agra, India, Tel: 9197600211912; E-mail: drchauhanrajesh@yahoo.com

Received September 06, 2017; **Accepted** September 13, 2017; **Published** September 18, 2017

Citation: Chauhan R, Chauhan S, Singh AK (2017) Fresh Approach for Geriatric Medical Care. J Gerontol Geriatr Res 6: 449. doi:10.4172/2167-7182.1000449

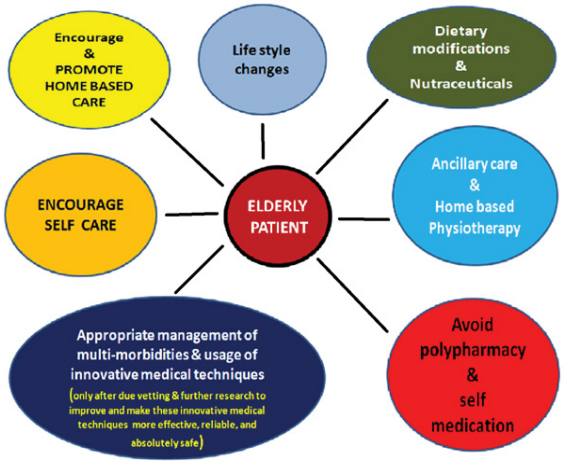

Figure 1: Factors effecting elderly patients.

be totally unreasonable to think of amalgamating various modalities after thorough understanding, careful planning, and research, and be brought under one umbrella for the sake of patients? Maybe it is also a time to look into some newer possibilities as well, that might have come by accidentally, and as nascent or incomplete any innovative technique may be, the world's scientists and medical fraternity should be happy taking them on from here, discarding whatever is unsuitable, and improving whatever can be improved and accepted. Perhaps in the absence of better alternatives, we continue to follow several dated management techniques for some of the most prevalent chronic conditions. There are times when a doctor may be faced with a challenge of managing an acute coronary or a carotid event, and rescuing his or her patient from grave medical consequences and even an imminent death, within only certain limited facilities and resources. To shift such a patient to a secondary or tertiary medical centre may not be possible at all times. Without doubt, some modifications can be done to help the geriatric patients [7].

We have already stated about the approach of individually tailored treatment for the elderly, especially who has multi-morbidities. We must also try opening up for fresh thoughts and reasonable approaches for the management. Following just some dated management practices and approaches will not be so helpful for the elderly patients. If we really care to look afresh, there can be newer ways of managing coronary and carotid artery blocks, coronary micro-vascular disease, primary hypertension, sleep apnea, arthritis of knees, frozen shoulder, lumbar canal stenosis, benign prostatic hyperplasia, type 2 diabetes, presbycusis, etc. As stated by us elsewhere, all these newer medical techniques will require lot more research, and must not be used unless found absolutely safe even in the hands of a novice.

Poly-pharmacy and self-medication are to be avoided. Counseling at every occasion should be attempted. Patients must be encouraged to bring along all medicines that they are taking, regularly or occasionally, either prescribed or OTC. Efforts must be made to pick out unnecessary medicines and also to convince the patients and their care-givers of the possibility of adverse effects and reactions due to unnecessary poly-pharmacy.

Discussion

Finally, the world would do well perhaps by not restraining and limiting the roles and scope of primary care physicians, general practice, experts in family medicine, and geriatricians. Remove them from virtual straightjacket that they are presently in, that is limiting their roles and scope. Don't let their talents be wasted or left unused. They should be able to resolve more and refer less. Newer innovative techniques have already been accidentally developed for multi-morbidities [7]. All these techniques can be simple, quick, painless and usually do not require hospitalization or anaesthesia, and are also non-surgical, and non-invasive as well.

Conclusion

The subtle interplay and the impact of the corporate, the industry, the insurance sectors, the legalities, etc, will also have to managed and looked into by not only by the society and the medical fraternity, but also by law makers and administrators around the world in order to usher in a better, suitable, and appropriate healthcare which can move from hospital based to home based care where an elderly obviously is within his or her own comfort zone most of the times (Figure 1). All this and then some more can come about by bringing about some welcome, effective, and meaningful changes for improving healthcare in the best interests of the elderly patients (Figure 1) [8]. Lifestyle changes, dietary modifications, appropriate and guided use of nutraceuticals would also be as much necessary [9].

References

1. Chauhan R, Singh AK, Kushwah P (2005) Who needs health care? Old people are faced with dilemma as families disintegrate. BMJ 330: 1331-1332.
2. Rajesh C (2017) Rebooting elderly care: The way forward for geriatrics. OAJ Gerontol Geriatric Med 1: 1-4.
3. Chauhan R, Parihar AKS, Chauhan S (2016) Perhaps it's time to move on to individually tailored and focused treatment in the aged population. J Gerontol Geriatr Res S5: 001.
4. Chauhan R (2017) Detecting industrial hearing loss by whispered voice test with masking. Lap Lambert Academic Publishing. Berlin, Germany pp. 1-56.
5. Chauhan R (2017) World's attention is also needed for the frail elderly (geriatric) population as well, who may be stuck with multi-morbidities and with gaps, insufficiencies, and inequities in care. BMJ 3 56: J556.
6. Chauhan R, Chauhan S, Singh AK (2016) Age-related hearing loss (Presbycusis) & our "Dr. Arulrhaj Technique" for restoration of natural hearing. In: Innovative techniques for treating 25 common chronic human diseases. Lap Lambert Academic Publishing, Saarbrücken, Germany. pp. 1-120.
7. Chauhan R, Chauhan S, Singh AK (2014) Innovative medical techniques showcased at International Conferences. Lap Lambert Academic Publishing, Saarbrücken, Germany, 1-132.
8. Chauhan R (2017) Geriatric care outreach models for the world. OAJ Gerontol Geriatric Med 1: 1-2.
9. Scicchitano, P, Cameli, M, Maiello M, Modesti PA, Muiesan, ML, et al. (2014) Nutraceuticals and dyslipidaemia: Beyond the common therapeutics. J Funct Foods, 6: 11-32.