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Mini Review

Geriatric Syndromes and Incident Chronic Health Conditions

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INTRODUCTION

Geriatric syndromes are characterised as phonotypical manifestations of underlying, cumulative dysfunctions associated with ageing that affect several organ systems. 4 Urinary incontinence falls, depressed symptoms, and vision and hearing loss are a few examples of geriatric syndromes. Geriatric syndromes are signs of health deterioration and are linked to later disability, institutionalisation, hospitalisation, and mortality. Additionally, cross-sectional research has demonstrated that geriatric syndromes co-occur with other chronic health disorders such cardiovascular illnesses and diabetes.

The long-term impact of geriatric syndromes on healthcare utilisation is poorly understood. The purpose of this study is to ascertain the relationship between geriatric syndromes and older community residents' use of healthcare during a four-year period. The Stockholm Public Health Cohort research was the basis for the inclusion of 6700 community residents under the age of 65. According to a baseline survey conducted in 2006, geriatric syndromes are those that include at least one of the following: vision impairment, functional decline, urine incontinence, sleeplessness, and depressive symptoms. Links between individual-level registration data and health-care utilisation were found after a four-year follow-up. The associations were estimated using Cox regression. Participants with any geriatric syndromes showed a higher prevalence of frequent hospitalizations, prolonged hospital stays, frequent outpatient visits, and polypharmacy in each of the follow-up years as compared to those without geriatric syndromes. After adjusting for confounders, having any geriatric syndromes was linked to increased rates of polypharmacy, inpatient and outpatient care utilisation, and utilisation of inpatient and outpatient treatment. The relationship remained steady throughout time, and frequent hospitalizations had a stable fully adjusted hazard ratio [1].

DESCRIPTION

At baseline, the following self-reported geriatric syndromes were assessed: falls, incontinence, impaired vision, hearing, depressed symptoms, and frailty. Dizziness accompanying falling in the previous 12 months or hip fracture in the previous 12 months, yes/no, was the two questions that were used to determine whether a person had fallen. The Lifelines questionnaire was used to assess incontinence by indicating incontinence as a current physical problem. Two questions (require spectacles and limited by eyesight, yes/no) were used to evaluate vision impairment. Two questions (do you require a hearing aid? Are you restricted because of hearing issues?, yes/no) were used to gauge hearing impairment. With the help of the 9-item mini-international neuropsychiatric scale, depressive symptoms were evaluated [2].

Based on older people's self-reports of the most prevalent and debilitating chronic health disorders, the incidence of a chronic health condition was calculated. 24 Both a general level (presence of any chronic health disorders) and a specialised level, i.e., an organ system or disease level, were used to assess chronic health conditions. 20,24 The chronic health was evaluated cardiovascular issues (such as a stroke, heart attack, or heart failure, cancer, and neurological diseases (such as Parkinson's or dementia) disease), pulmonary problems (diabetes, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or emphysema). Three further measures' worth of data were used [3].

The prevalence of chronic illnesses and functional disability will rise as the population ages. The utilisation of the health care system will rise as a result of this anticipated increase, for which societies are largely unprepared. Despite being on the front lines of this enormous epidemiological burden, general practitioners (GPs) lack the necessary diagnostic and management capabilities for aged patients in ordinary general practise. Despite the fact that primary prevention and the management of major chronic diseases like hypertension, diabetes, or heart ischemic disorders are routinely and largely satisfactorily carried out in primary care, the therapy of geriatric syndromes is frequently inadequate. This theoretical effort initially seeks to establish, based on the best available information, a concise assessment to overcome these flaws [4].

Because of population ageing, functional impairment and chronic diseases will become more common. This anticipated rise will lead to an increase in the utilisation of the health care system, for which societies are largely unprepared. General practitioners (GPs) are on the front lines of this significant epidemiological concern, yet they lack the necessary diagnostic and management capabilities for managing aged patients in ordinary general practise. In fact, while primary prevention and the management of common chronic

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diseases, such as hypertension, diabetes, or cardiac ischemic disorders, are regularly carried out and generally adequately handled in primary care, the management of geriatric syndromes is frequently insufficient. This theoretical effort tries to construct a concise assessment based on the best available evidence in order to solve these flaws [5].

CONCLUSION

(BAT) that was created especially for identifying geriatric syndromes in general practise, and second, to present a conceptual framework for the management of aged patients in general practise that incorporates the BAT instrument into the regular care of GPs. This work suggests a novel way to integrate geriatric assessment with the management of common chronic diseases in order to avoid proposing unachievable goals for the care of elderly patients in general practise (for example, performing all the best screening tools for geriatric conditions identification and care).

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