



Interdisciplinary Health Care in Geriatric Patients

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DESCRIPTION

The demand for better geriatric care and disability prevention has increased due to the elderly population's increasing growth. For instance, postmenopausal women who use estrogen, with or without additional progestin, can greatly lower the prevalence and severity of osteoporosis [1]. Urinary incontinence is a widespread and severe issue that affects frail elderly people, and the majority of cases can be diagnosed without the need for urologic treatments. Nearly half of all cases of chronic incontinence can be improved with the right treatment. Under the right circumstances, comprehensive geriatric evaluation is effective in directing the care of frail elderly patients and produces noticeably better results. With the introduction of teaching nursing homes, researchers have been able to better understand the medical issues that affect elderly nursing home residents, such as malnutrition, water and electrolyte imbalance issues, falling, cognitive and affective illnesses, behavioural issues, infections, and pathogenic drug use [2].

The primary care Geriatric Resources for Assessment and Care of Elders (GRACE) approach was created primarily to raise the standard of care for elderly people from low-income families. The GRACE model incorporates the knowledge gained from earlier attempts to enhance the care of senior citizens through multidimensional assessment. Prior analyses of this literature indicate that the process and results of care are not significantly affected by time-bound and site-specific geriatric consultation. Additionally, by providing a geriatrics interdisciplinary team that integrates and enriches the care provided by the hospital attending physician, the inpatient Acute Care for Elders (ACE) model was demonstrated to be a cost-effective strategy to improve outcomes in hospitalised older patients [3-5].

They created the grace intervention, based on the ace model, to enhance the longitudinal integration of geriatric and primary care services across the continuum of care and increase the likelihood that older persons will receive the recommended care. In-home assessment and care management by a nurse practitioner

and social worker team, extensive use of specific care protocols for evaluation and management of common geriatric conditions, utilization of an integrated electronic medical record and a Web-based care management tracking tool, integration with affiliated pharmacy, and other special features distinguish the grace intervention from earlier studies of home-based integrated geriatric care [6-8].

Family doctors manage all of the clinical conditions described in the GERIATRIC 5Ms on a regular basis, but there may come a moment when you need the assistance of doctors who have experience caring for the elderly or geriatric medicine specialists to help you care for your senior patients. Ask yourself, "Has the older patient now reached the point where he or she might benefit from a consultation and collaborative care with experts in seniors' care, who might have access to specialized teams and resources that I do not?" when examining a medically difficult and frail senior [9].

Interdisciplinary teams provide care in which multiple disciplines coordinate assessment and treatment so that issues can be addressed consistently and comprehensively. Interdisciplinary teams are distinguished by a nonhierarchical organization in which responsibility for the effective functioning of the team is delegated to all team members [10].

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