



Challenges and Opportunities in Geriatrics: A Multidisciplinary Approach

Dean Yoontz*

Department of Cell Biology, Morris Park Ave University, Bronx, NY, USA

INTRODUCTION

The field of geriatrics, the branch of medicine that focuses on the healthcare of older adults, is facing a multitude of challenges and opportunities in today's rapidly aging world. As the global population continues to age, the demand for geriatric care is on the rise. This increasing demand presents both challenges and opportunities for healthcare professionals, researchers, and policymakers. To effectively address the healthcare needs of older adults, a multidisciplinary approach is essential. This article will explore the challenges and opportunities in geriatrics and highlight the significance of a multidisciplinary approach to ensure the well-being of our aging population.

DESCRIPTION

Increased Healthcare Costs: The aging population puts pressure on healthcare systems to allocate resources for the care of older adults. This often leads to rising healthcare costs, which can strain national budgets and insurance systems. **Shortage of Geriatric Specialists:** There is a shortage of healthcare professionals with specialized training in geriatrics. This shortage is a significant challenge, as older adults have unique healthcare needs that require expertise in geriatric medicine. Older adults often have complex health conditions that require a comprehensive and coordinated approach to care. Managing multiple chronic illnesses and medications can be challenging for both patients and healthcare providers. Many older adults require long-term care in nursing homes or assisted living facilities. Ensuring the quality and affordability of these facilities is a pressing concern [1].

Geriatric care is inherently multidisciplinary. It involves the collaboration of various healthcare professionals, including physicians, nurses, pharmacists, social workers, physical therapists, and occupational therapists. This collaborative approach is crucial for addressing the complex healthcare needs of older adults. Here are some key aspects of the Geriatric care teams conduct comprehensive assessments of older adults to understand their physical, cognitive, emotional, and social needs. This assessment helps in developing individualized care plans. [2].

Polypharmacy (the use of multiple medications) is common among older adults. Pharmacists play a crucial role in reviewing and optimizing medication regimens to minimize adverse effects

and drug interactions. Physical and occupational therapists assess an older adult's functional abilities and cognitive function. They provide interventions to improve mobility, independence, and quality of life [3].

Geriatric teams also include palliative care specialists who focus on providing comfort and improving the quality of life for older adults with serious illnesses. End-of-life planning discussions are essential to ensure that an individual's wishes are respected. The Mediterranean diet, known for its emphasis on fresh fruits, vegetables, whole grains, and lean proteins, has been associated with a reduced risk of cognitive decline. Maintaining social connections and participating in social activities contribute to cognitive reserve. Social engagement stimulates brain activity and emotional well-being, which can enhance brain resilience. Geriatric psychiatrists and psychologists address mental health issues such as depression, anxiety, and cognitive disorders, which are common among older adults.

Adequate sleep is essential for cognitive function and brain health. During sleep, the brain clears out waste products, including beta-amyloid, thereby promoting brain resilience. Chronic stress can accelerate neurodegenerative processes. Practicing stress-reduction techniques such as mindfulness, meditation, and yoga can positively impact brain resilience. Understanding cognitive reserve and brain resilience has significant diagnostic and therapeutic implications. Traditional diagnostic criteria for Alzheimer's disease might need to be refined to consider an individual's cognitive reserve and brain resilience. Some individuals might show fewer clinical symptoms despite significant neurodegenerative changes, while others with lower cognitive reserve might experience more severe symptoms. Therapeutically, these concepts open avenues for developing interventions that enhance cognitive reserve and brain resilience. Cognitive training programs, designed to engage and challenge the brain, could become integral components of cognitive health maintenance. Targeting neurotrophic factors through medications or lifestyle interventions might provide novel approaches to enhance brain resilience [4,5].

CONCLUSION

Healthcare professionals should receive specialized training in geriatrics and interdisciplinary collaboration. Educational institutions must adapt their curricula to prepare future generations

Correspondence to: Dean Yoontz, Department of Cell Biology, Morris Park Ave University, Bronx, NY, USA; E-mail: deanyoontz443@surgery.edu

Received: 02-October-2023, Manuscript No. jggr-23-23497; **Editor assigned:** 04-October-2023, Pre QC No. P-23497; **Reviewed:** 17-October-2023, QC No. Q-23497; **Revised:** 23-October-2023, Manuscript No. R-23497; **Published:** 30-October-2023, DOI: 10.35248/2167-7182.2023.12.693

Citation: Yoontz D (2023). Challenges and Opportunities in Geriatrics: A Multidisciplinary Approach. J Gerontol Geriatr Res. 12: 693.

Copyright: © 2023 Yoontz D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

of healthcare providers to meet the unique needs of older adults. Healthcare systems should develop and implement integrated care models that facilitate communication and collaboration among various healthcare disciplines. This will ensure that older adults receive holistic and coordinated care. Continued investment in research focused on geriatrics is essential. This research can lead to breakthroughs in treatments, technologies, and care practices that improve the health and well-being of older adults. Public health initiatives should prioritize preventive care, healthy lifestyle choices, and community support to help older adults age with dignity and independence. Conversations about end-of-life care and advanced care planning should be encouraged and facilitated to ensure that individuals' wishes are respected and that they receive appropriate palliative care when needed. Advocacy groups and policymakers should work together to advocate for policies that support the needs of older adults and allocate resources to geriatric care.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

None.

REFERENCES

1. Yang CC, Kao CC. Cardiovascular diseases and the risk of venous thromboembolism: A hospital-based case-control study. *J Chin Med Assoc.* 2007; 70:103-109.
2. Sobel BE, Schneider DJ. Platelet function, coagulopathy, and impaired fibrinolysis in diabetes. *Cardiol Clin.* 2004;22:511-526.
3. Erelel M, Ece T, Arseven O. The frequency of deep venous thrombosis and pulmonary embolus in acute exacerbation of chronic obstructive pulmonary disease. *Respir Med.* 2002; 96:515-518.
4. Calsolaro V, Femminella GD, Rogani S, Esposito S, Franchi R, Okoye C, et al. Behavioural and Psychological Symptoms in Dementia (BPSD) and the use of antipsychotics. *Pharmaceuticals* 2021; 14:246.
5. Cummings JL, Mega M, Gray K, Rosenberg-Thompson S, Carusi DA, Gornbein J. The Neuropsychiatric Inventory: Comprehensive assessment of psychopathology in dementia. *Neurology* 1994; 44:2308.