

# Geriatric Pearls

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# One Liners

- ▶ That weight gaining diet I put you on is really working!

# One liners

- ▶ This won't hurt me a bit.

# One liners

- ▶ You're in good shape for the shape you're in

# One liners

- ▶ You have the blood work of a 21 year old !

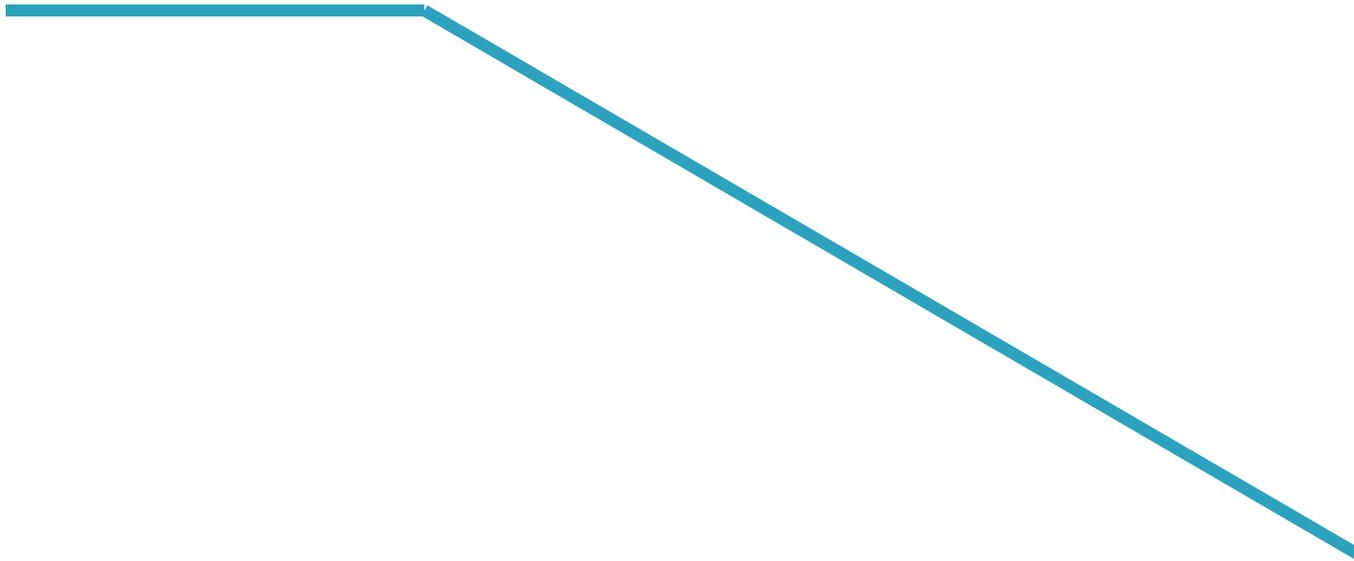
# Goals and Objectives

- ▶ 1. Learn one thing that gets incorporated into daily practice
  - ▶ 2. Stay awake for the entire lecture
- 

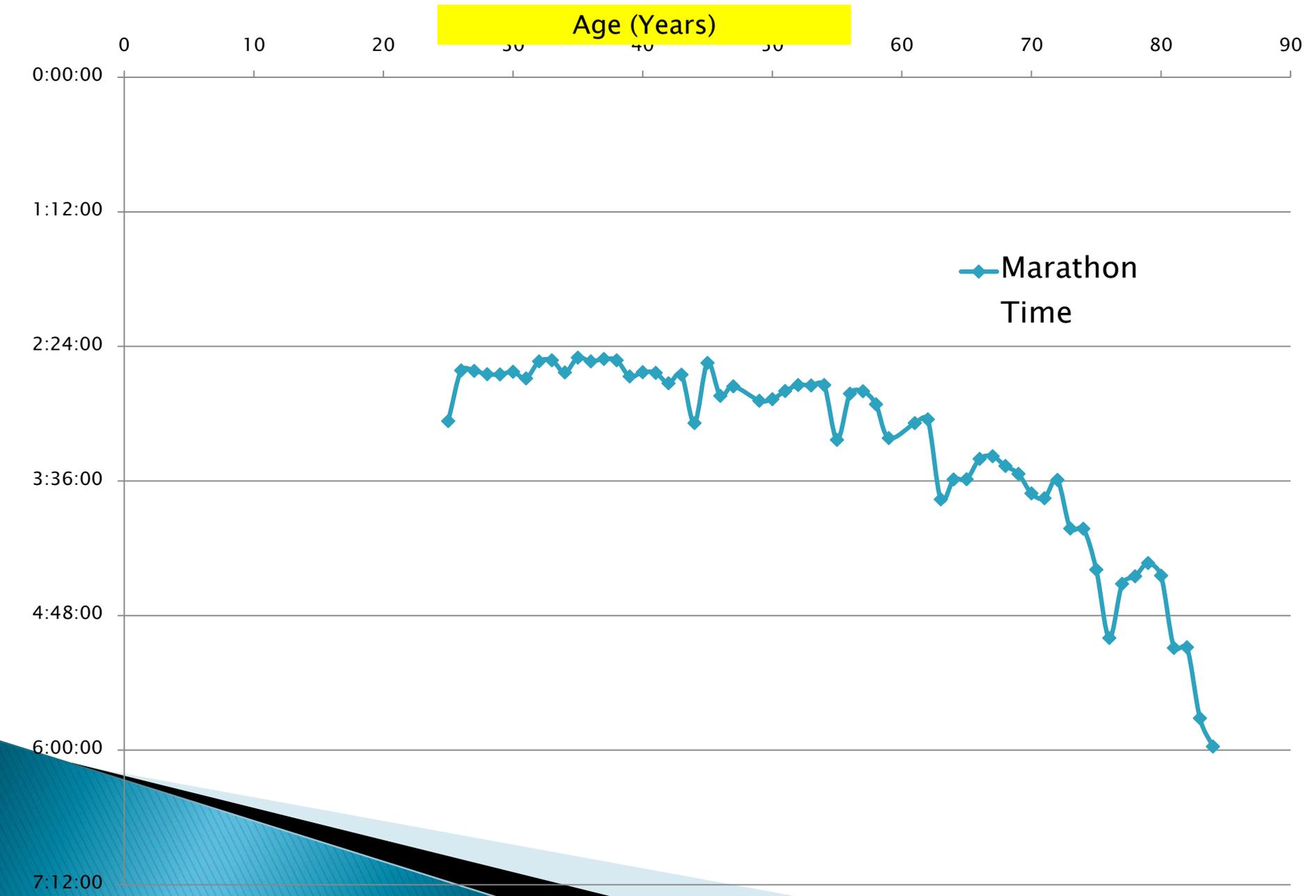
# Disclosures

None

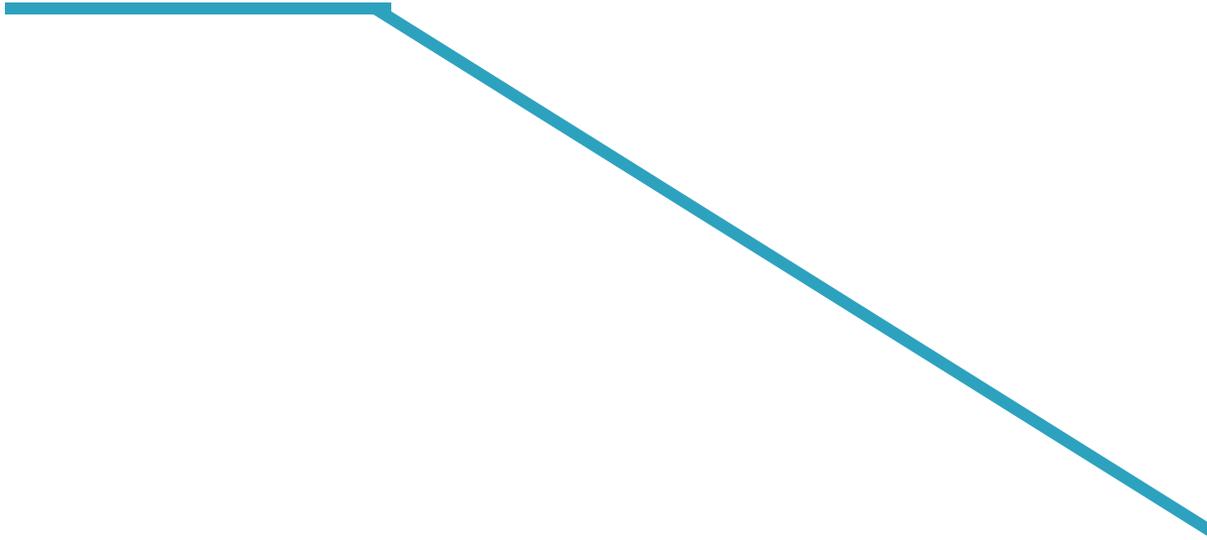
# Olympic athlete



# Johnny Kelley Age vs. Boston Marathon Time



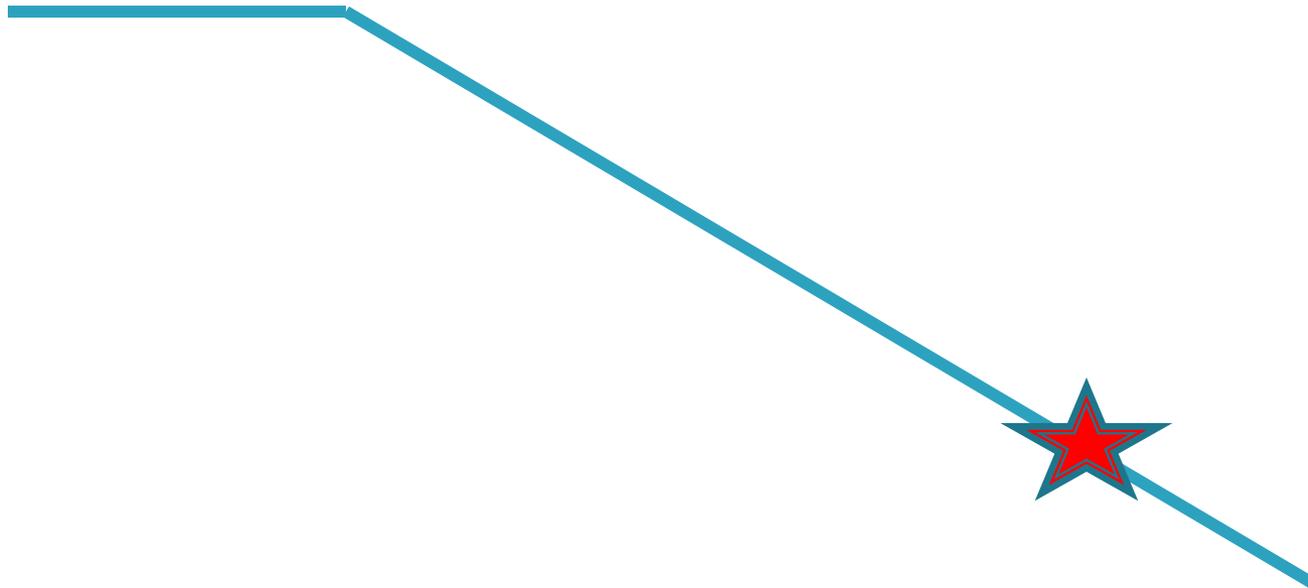
# Organ System



# Homeostasis vs homeostenosis

- ▶ Homeostasis – How complex interdependent physiologic systems maintain stable conditions. Each system has reserve capacity that allows support during stress
  - ▶ Homeostenosis – The progressive constriction of homeostatic reserve that occurs with aging in each organ system
- 

# All of Geriatrics / Function of the Organism



# Falls / Ataxic gait

- ▶ On a Medicare preventive exam, a patient reveals a recent fall.
  - ▶ A family member reports that he is concerned with her parent falling.
  - ▶ A patient has a follow up visit from the ER where she was seen for a fall
  - ▶ You get the idea
  - ▶ What to do?
- 

# Timed Up and Go Test

- ▶ Time how long it takes a patient to rise from a chair, walk 3 meters, turn around, walk back to the chair and sit down.
  - ▶ 11–20 seconds is normal for frail patients
  - ▶ 21–29 seconds indicates increased risk and the need for further evaluation
  - ▶ 30 seconds or more --- trouble
- 

# Ataxic gait

- ▶ Refer to Physical Therapy
- ▶ Gait training and home exercise program
- ▶ Appropriate assistive device evaluation
  
- ▶ Utilize NEAT – New England Assistive Technology

# One more one liner

- ▶ Use it or lose it

# Feet



# Feet



# Feet



# Feet



# Urinary urgency

- ▶ Older lady who has urge symptoms with occasional incontinence. Needs to wear a pad. Sleeps poorly due to nocturia. Had some improvement with Oxybutinin type medication but couldn't tolerate due to dry mouth. What to do?

# Urge incontinence

- ▶ Caffeine
- ▶ Toilet Schedule

# Recalcitrant edema

- ▶ Older patient with chronic venous stasis and diastolic CHF. Her swelling is worse and worse despite increased diuretics. Her BUN/Cr is rising and she is not improving.
  - ▶ Why?
  - ▶ What to do?
- 

# Recalcitrant edema

- ▶ Ask if she sleeps in a bed.
- ▶ Solutions:
  - ▶ Recliner chair
  - ▶ Foam bed wedge



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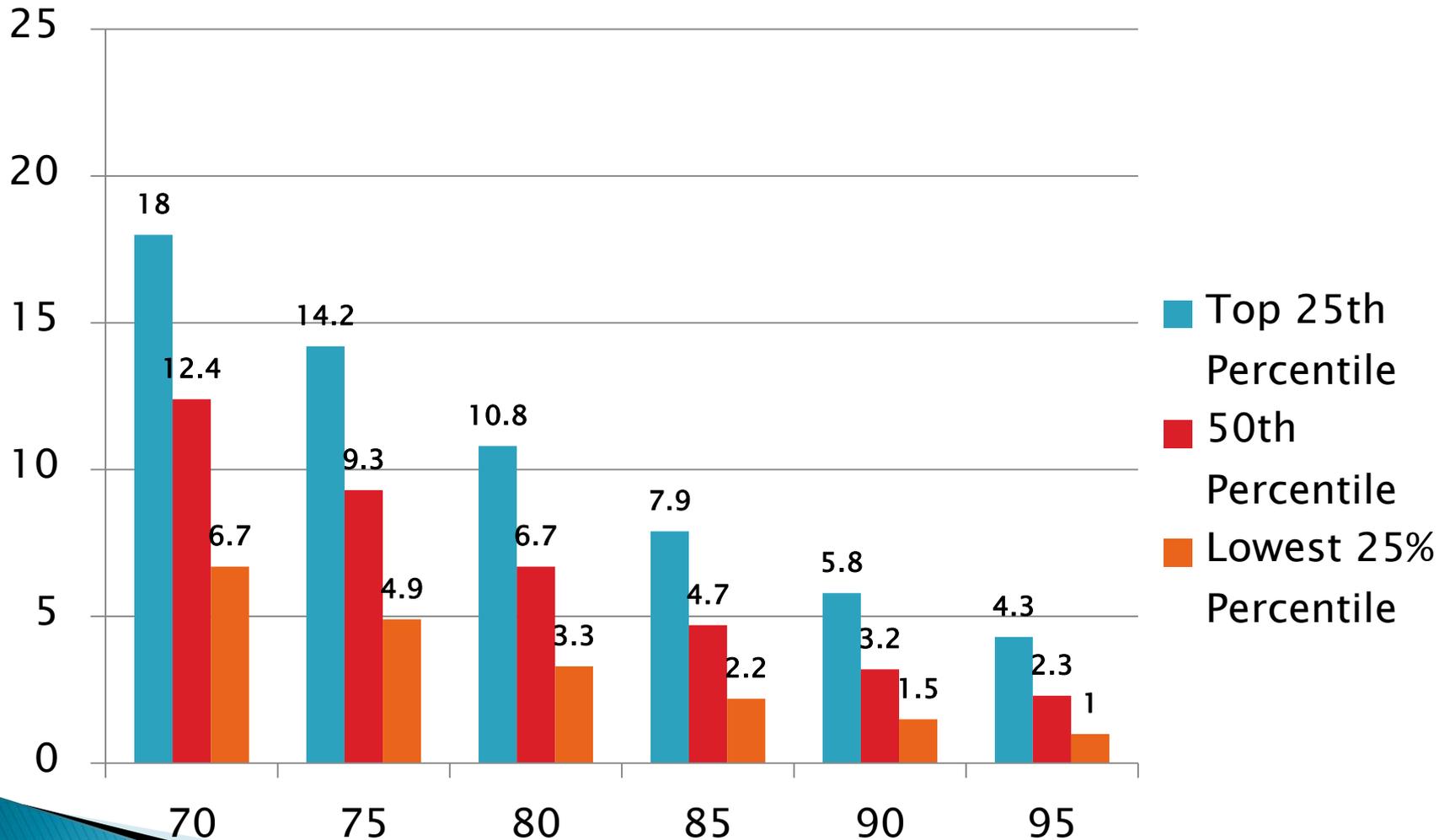
... this wedge pillow, we ... it is made of memory foam layer on top of a ...

**Health & Personal Care:** See all 1,302 items

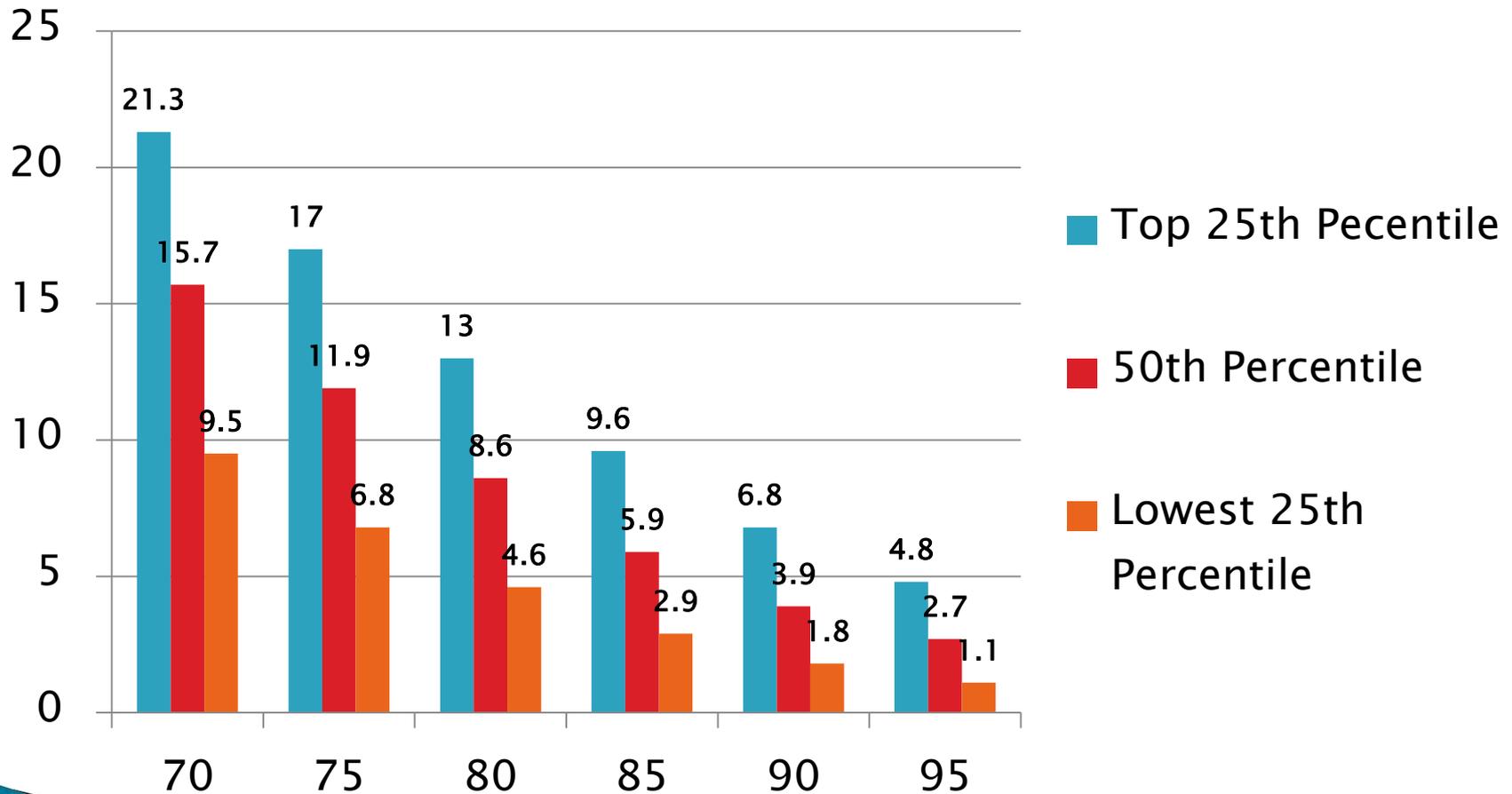
# How long will your patient live?

- ▶ Why predict?
  - ▶ To gauge value of screening tests and preventive treatments like osteoporosis treatment, statin treatment, tight diabetes control, etc.
  - ▶ How to predict?
- 

# Life Expectancy for Men



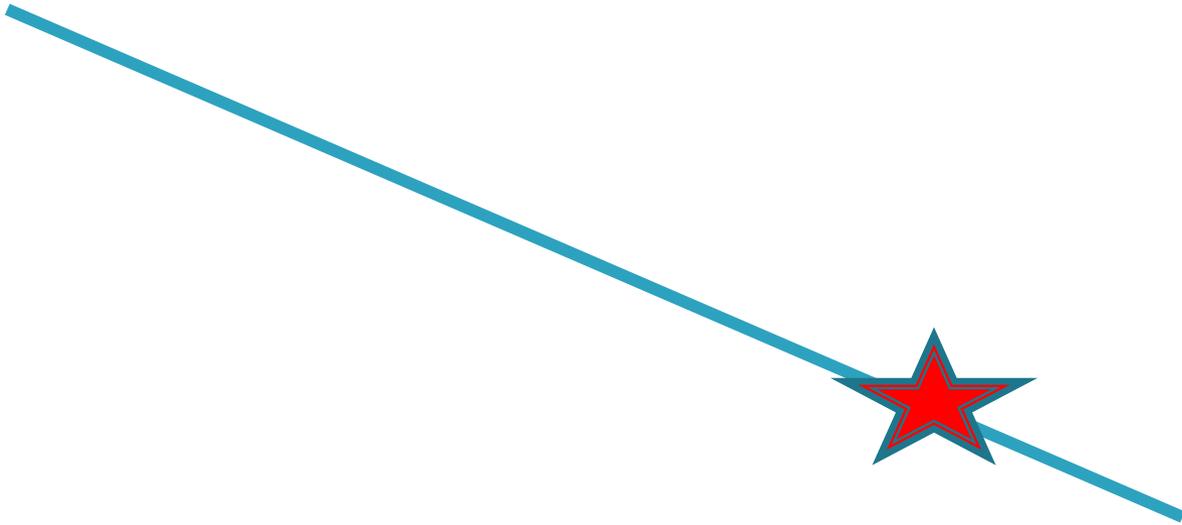
# Life Expectancy for Women



# Hospice admission criteria

- ▶ If disease follows expected course it is reasonable to think that the patient will die within 6 months without aggressive intervention
  - ▶ The patient does not want aggressive intervention and agrees to the hospice philosophy
- 

# Two Stages of Hospice



# Anemia

- ▶ Fe deficiency anemia
    - ▶ Fe – low      TIBC – high
  - ▶ Anemia of chronic disease
    - ▶ Fe – low      TIBC – low
  - ▶ Never use iron supplements more than daily
- 

# Anemia of Chronic Disease

- |                             |                |
|-----------------------------|----------------|
| ▶ Ferritin - less than 30   | Fe def         |
| ▶ Ferritin - 30 to 100      | Possible mixed |
| ▶ Ferritin - 100 or greater | Chronic Dx     |

Anemia of Chronic Disease  
Weiss and Goodnough  
NEJM 2005; 352: 1011-23



# Polypharmacy

- ▶ How do you stop excessive medication use?
  - ▶ Life expectancy/Common sense
  - ▶ Minimize vitamins/herbals/minerals
  - ▶ Prioritize
- 

# Chronic Constipation

- ▶ Clean out
  - ▶ Transition
  - ▶ Maintenance
  - ▶ \*\*\*Beware diarrhea in the chronically constipated patient
- 

# I hurt all over!

- ▶ An older overweight, sedentary woman has a history of 2 back surgeries and knee arthritis. She's on chronic narcotics from a pain specialist. She was admitted to the hospital for oversedation and narcotics/psych meds were decreased. She was referred to physical therapy but didn't go due to pain. A month later she was taken to a walk-in due to oversedation and blood work was done

# Don't forget Polymyalgia Rheumatica

- ▶ Chem panel and CBC were normal.
  - ▶ ESR - 80 and she responded dramatically to 40 mg prednisone
- 



# My memory is going!

- ▶ An older patient is afraid their memory is failing and that they are developing Alzheimers disease.
- ▶ What to do?

# Memory

- ▶ 1. Take a history – especially noting advanced ADLs.
- ▶
- ▶ 2. Do a MMSE like the Folstein.
- ▶ 3. Try a MOCA – the Montreal Cognitive Assessment