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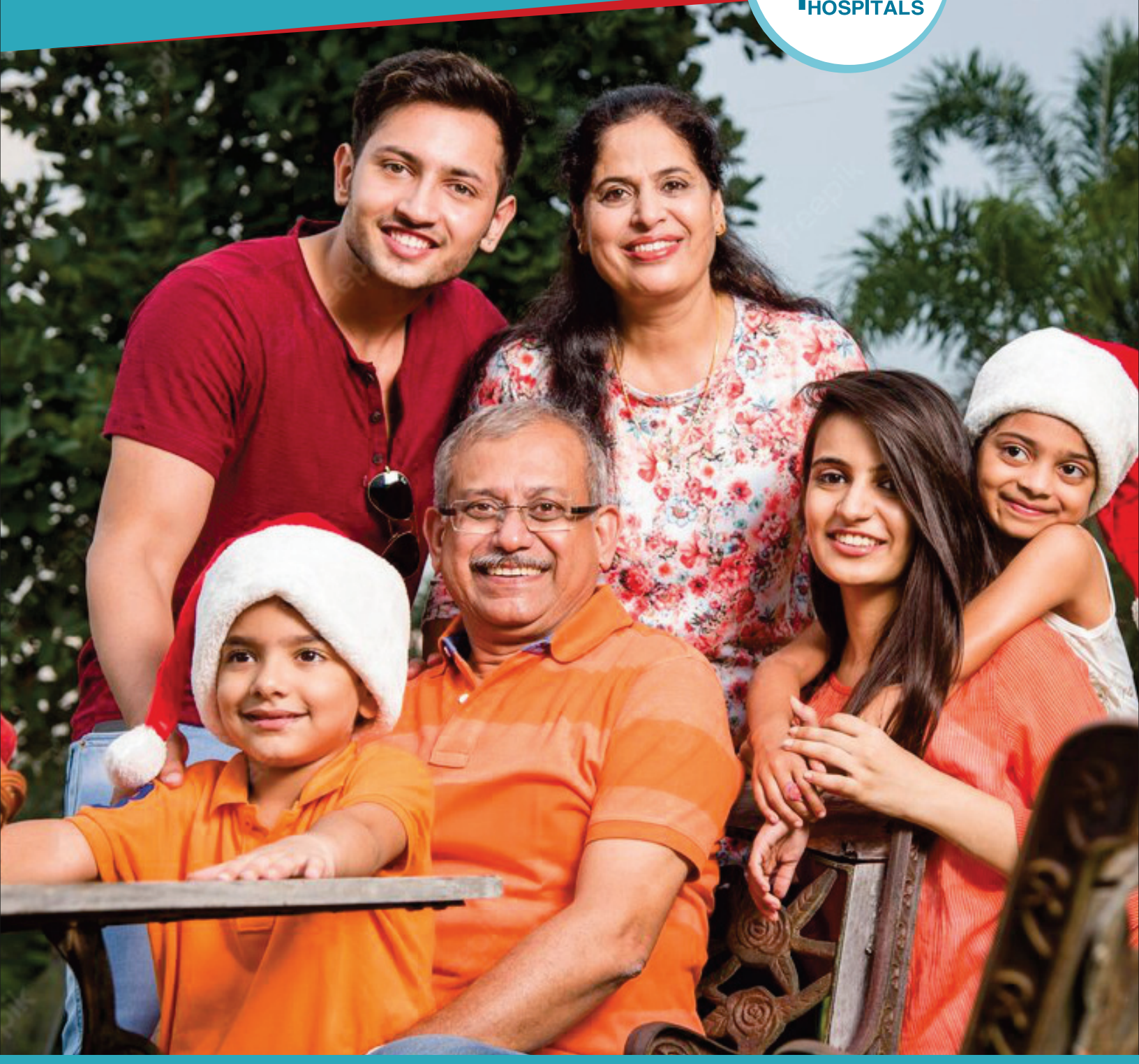
Apollo **Geriatric Care** SERVICES



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EDITORIAL

Geriatric Medicine – How Different?

From the desk of
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Gone are the days when we used to believe that paediatrics means same branch of medicine with reduced doses of all the medicines; a consideration for age & body weight. Late 60s changed the concepts and there came the speciality of paediatrics.

Early 80s when the changing demography of population attracted the attention of planners, we started realizing that soon we will be facing more elderly. Envisioning the rise in the population of elderly citizens; both planners as well as medical man became conscious of their forthcoming responsibilities. What is elderly health, what are the challenges due to advancing age, what are the diseases they will suffer from & what is going to be their socio-economic impact?

This prompted the need for understanding geriatrics.

Ageing is a continued physiological process. It is because of this, that all the organs in the body continuously undergo changes in their structure as well as function. These changes result in the diminished power of body to respond to stress and strain and diseases. It is because of ageing that the body takes longer time to recover. There also occur more of age-related diseases which are predominantly due to degeneration. The branch of medicine which deals with the medical problems of elderly is Geriatric Medicine. A geriatrician is to understand the process of ageing, its effect on the physiological functioning as well as on the immune system of aged person. One has to understand that ageing process simultaneously but heterogeneously affects the body and at one time there may be many organs involved. Because of these changes activities of daily living and the power to execute them also gets affected.

EDITORIAL

While examining an elderly patient one has to be very patient in history taking, understanding the problems and do the interpretation. It is not uncommon in elderly patient to go to multiple doctors who deal with various specialities. One should never jump at a diagnosis and should never be in a hurry to start medication. It is the duty of the geriatrician to consolidate and make a prescription while keeping in mind that no medicine which is necessary for any other organs/prescribed by other specialist is to be deleted. One has to take care of drug interactions as well as polypharmacy. One has to be vigilant that the role of geriatrician does not end by diagnosing and giving prescription but his role is a holistic approach which includes diet, physiotherapy and rehabilitation. It is only a geriatrician who has to take care of social aspects also in seeing the support system of patient as well as issues like elder abuse. A geriatrician in true senses has to become a member of the family while treating a patient. One has to be very judicious in deciding investigations and take care of the cost involved in both investigations as well as medication. An elderly when goes back from the clinic has to be fully satisfied that he has narrated all his/her problems and they will be taken care of. So, Geriatrics is an art of medicine & social sciences.

Dr. O. P. Sharma

CHANGE IN BOWEL HABITS

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Bowel movement and habits differ from person to person. A variation in habit from what one considers to be "normal" for oneself may occur from time to time. Most individuals will experience some alteration in their bowel movement, which may have a simple explanation in the level of stress or a change in environment or diet. However, the "change" may be a manifestation of a disease process which is important to identify so as to allow optimal and timely treatment.

A normal bowel movement should be easy to evacuate and is brown in colour. Aspects of bowel movement that may alter to constitute a "change in bowel habit" include frequency, colour and consistency.

- **Frequency:** As per the Cleveland clinic an inability to pass stool for more that 3 days is considered abnormal. Also, persistent multiple watery stools for over 24 hours indicate the need for a medical opinion.
- **Consistency:** This may occur in the form of dry and hard stools or an excessive amount of mucus in the stool or loose watery stools.
- **Colour:** A change in stool colour from the normal brownish to tarry black or red indicates the presence of blood in the stool while a change in stool colour to clay indicates the possibility to obstructive jaundice.

Approach and Evaluation: It is important NOT to take a "change in bowel" habit lightly. While some changes can be attributed to dietary alterations (lack of adequate fiber and fluid), stress or medications (like antibiotics) it is essential not to ignore "Alarm" signs such as,

- Blood or excessive mucus in stools
- Crampy abdominal pain and bloating
- Loss of weight and appetite
- Family history of polyps/cancer

Persistent changes in bowel habit with one or more of the above symptoms, especially in patients over 45 years of age makes consultation with a doctor essential. After a detailed history and examination one should have a low threshold for further evaluation such as

- Proctoscopy, Digital rectal examination
- Colonoscopy
- CECT of the Abdomen

A proactive approach like the this will allow the early pick up of serious conditions such as colorectal cancer and inflammatory bowel disease thereby permitting suitable management of the condition.

RECTAL BLEEDING

Rectal Bleeding is one of the common symptoms in a surgical out patient clinic. It is an alarming symptom for the patients. Also in our country there is hesitation to report this symptom, especially in females.

COLORECTAL CANCER RESEARCH FOUNDATION (CRCRF)

A foundation for colorectal cancer patients. Foundation actively keeps spreading awareness about the Colorectal cancer because it is important to detect these cancers early as patients can be almost completely cured of disease and can lead a normal healthy lifestyle after proper treatment.

Common Causes

- Haemorrhoids (commonly called Piles)
- Fissure in ano
- Colo rectal cancer

Clinical presentation

- Haemorrhoids are one of the commonest cause:
  - bleeding from Piles is painless
  - something coming out from the rectum while straining
  - Blood comes out with a splash in the pot, usually separate from the stools. Hence it is quite scary for the patients.

- **Fissure in ano**
  - severe pain while passing stools and the patient tries to avoid going for motion for fear of pain,
  - even sitting becomes difficult
  - constipation.

- **Colorectal Cancer**
  - Continuous sensation to pass stools along with pain but patient is not able to pass stools easily
  - Feeling of incomplete defecation and patient keeps going to the toilet frequently
  - Change in bowel habits
  - Elderly patient with generalized weakness
  - family history of colorectal cancer
  - associated weight loss and loss of appetite.

How to diagnose

- Examination by a Surgeon/physician
- Digital rectal examination
- Proctoscopy and majority of the local rectal causes can be identified.
- Low threshold Sigmoidoscopy or a Colonoscopy.
- All patients with rectal bleeding should undergo a colonoscopy
  - Specially High risk groups, like patients with family history of Cancer

Treatment

- Constipation should be avoided.
- Plenty of fluids
- laxatives on a long term basis if needed
- Sitz bath (sitting in a small tub of luke warm water) for 10 minutes is very soothing specially in patients with fissure.
- Surgical treatments are available with minimal pain and discomfort.

Also even if detected as colorectal cancer, patients can be almost cured if they are detected in time. We have laparoscopic and Robotic surgery available where patients experience minimal pain and recover soon. So we can say that Colorectal cancer is beatable.

Bladder Issues in Elderly

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I) FUNCTIONAL DISTURBANCES OF URINARY BLADDER

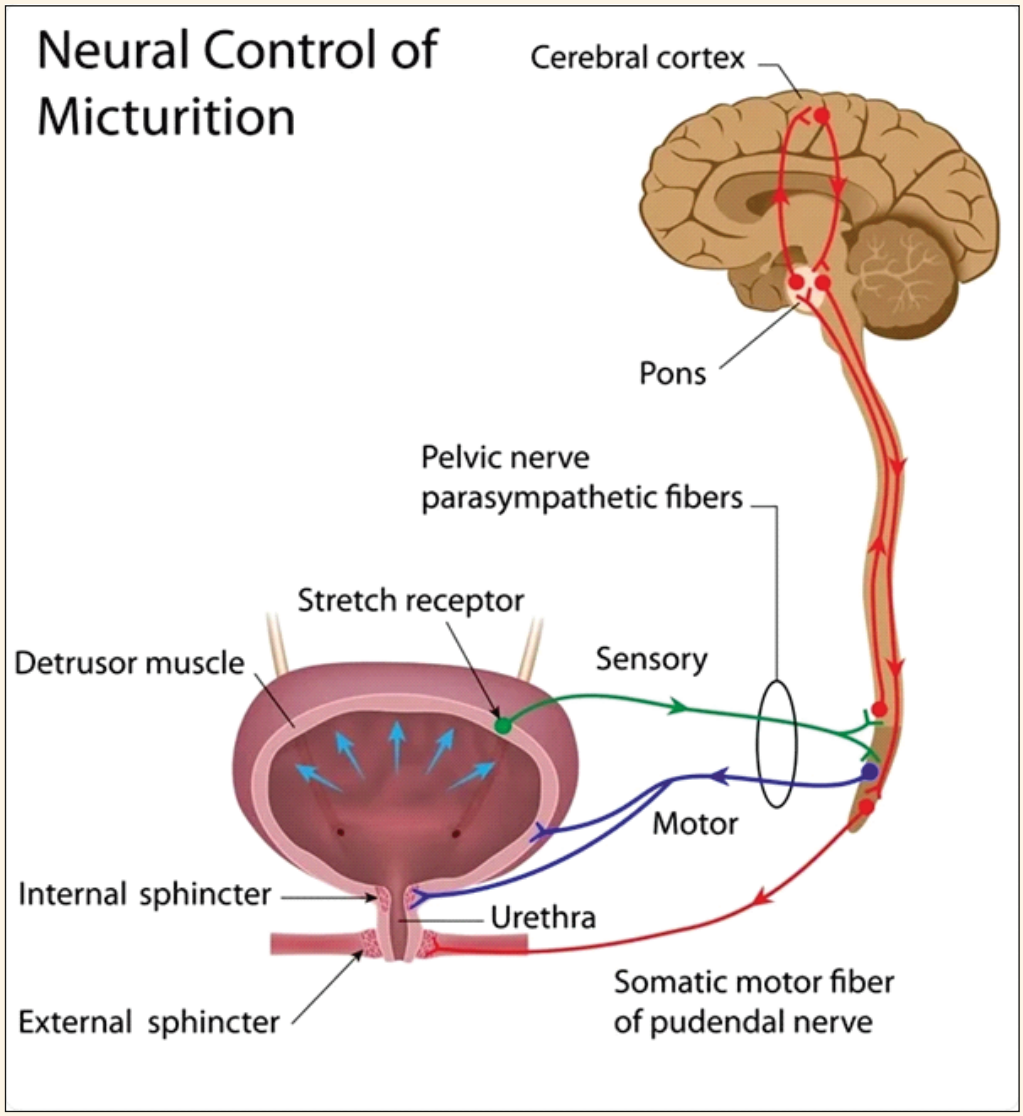
Urinary Bladder's function is usually a silent one, till there are disturbances in storing or evacuating urine. In elderly, these disturbances have repercussions on already weakened personal esteem and psyche, apart from increasing the burden of care providers to varying extent. The urinary disturbances can be classified as either storage disorders, indicating a difficulty in storing urine or voiding disorders.

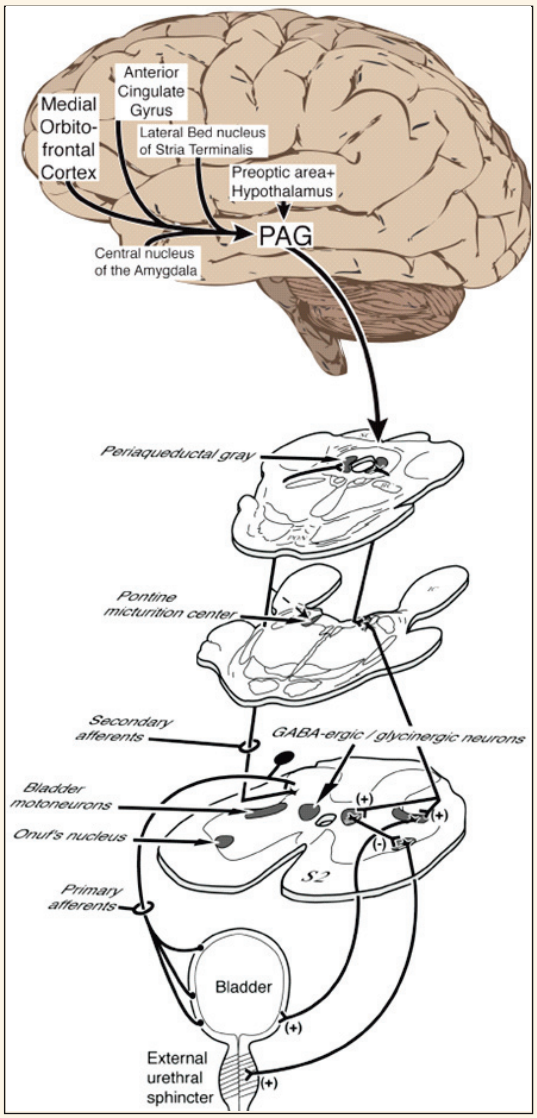
A. Storage disorders

These indicate an inability of urinary bladder to store urine and are manifested as following

1. Frequency. The bladder refuses to store the usual 500 ml of urine in one go and triggers a desire to pass urine even before this normal storage capacity. The commonest cause is Urinary tract infection and should be treated on usual lines starting with a urine analysis showing presence of pus cells, leucocyte esterase and Nitrite. Once infection is confirmed on urine routine examination, microbiological isolation of offending organism must be attempted before starting any antibiotic.

2. Urgency. The sense of urgency may be due to infection. However, Overactive Bladder (OAB) presents by way of a mixture of urgency and frequency with normal urine routine test. In elderly, it is important to examine the central nervous system related causes of urgency, for example lesions in the prefrontal cortex, paraventricular gray matter, and basal ganglia. The inhibitory fibers from prefrontal cortex travel to the pontine center of micturition and can be damaged during their course. Clinically fear of fall or repeated falls should alert the clinician of such a possibility which helps in prognostication.
3. Urge incontinence. This could be due to infection, overactive bladder (OAB) or CNS causes of bladder storage disorders. Sometimes Overflow incontinence resulting from chronic retention of urine may also present as urge incontinence
4. Stress incontinence. Is a clinical diagnosis and requires physical therapy failing which surgery may be considered.
5. True incontinence. Is generally due to spinal lesions or surgical damage to the sphincter as after prostate surgery.



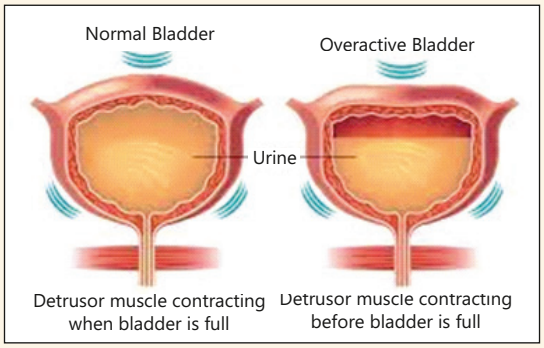


B. Voiding Dysfunction

This means that the bladder fails to void, which may be due to various causes listed below

1. Benign hyperplasia of Prostate
2. Stricture urethra
3. Ca Prostate
4. Distal urethral stenosis in Elderly women
5. Hypotonic bladder due to prolonged Diabetes Mellitus, neuropathy, post pelvic surgery like abdomino - perineal resection of ca rectum, hysterectomy etc

II) CANCERS OF URINARY BLADDER



Apart from the functional disorders of storage and voiding of urine, Bladder may be affected by malignancy. The commonest malignancy is transitional cell carcinoma, followed by squamous cell carcinoma and adeno carcinoma. Typically, bladder cancer presents as hematuria and after radiological evaluation by contrast enhanced CT scan, Transurethral resection of bladder tumor (TURBT) is carried out. If the histological examination of resected tissue suggests it to be a superficial tumor, (pTa or pT1) ,it needs to be treated by intravesical BCG and regular follow up. In case of muscle invasive bladder cancer (pT2), radical cystectomy with suitable urinary diversion or orthotopic neobladder should be offered, with or without chemotherapy. Robotic assisted radical cystectomy has been recently shown to have benefit over open cystectomy in terms of morbidity associated with such a radical procedure.

OUR DMS, APOLLO GERIATRICIANS AT HYDERABAD & HEALTH PACKAGES AT NEW DELHI

Welcome our DMS Dr. Shanthi Bansal

Apollo Geriatricians

Dr. Venkatnani Kumar

Dr. Ch.Vasanth Kumar

SPECIAL HEALTH CHECK-UP PACKAGES FOR SENIOR CITIZENS

News of Apollo ACTIVITIES

New Delhi

1. **APOLLO SENIOR CITIZEN CHECK-I**
   a. Consultation by Physician, Geriatrician & Cardiologist.
   b. Haematology (Complete Haemogram (CBC/PS/RBC Indices)) & Urine Routine and Microscopy
   c. Biochemistry (Creatinine – Serum, Glucose - Plasma (Fasting), Glycosylated Hemoglobin (Hba1c) - Whole Blood, Hs TnI- High Sensitive Troponin-I – Serum & Lipid Profile Test (Package)
   d. ECG & X-Ray Chest.

2. **APOLLO SENIOR CITIZEN CHECK-II**
   a. Consultation by Physician, Geriatrician, Cardiologist, Dietician, General Surgeon & Physiotherapist.
   b. Haematology (Complete Hemogram (CBC/PS/RBC Indices, Stool Test) and Urine Routine and Microscopy
   c. Biochemistry (Creatinine – Serum, Glucose - Plasma (Fasting), Glycosylated Haemoglobin (Hba1c) - Whole Blood, Hs TnI- High Sensitive Troponin-I – Serum & Lipid Profile Test, Serum Calcium, Urea & PSA
   d. ECG, X-Ray Chest & Dexa Scan.

3. **APOLLO PROHEALTH COMPREHENSIVE SENIOR CITIZENS PROGRAM**
   a. Consultation by Physician, Geriatrician, Cardiologist, Dietician, General Surgeon, Physiotherapist & Gynaecologist.
   b. Haematology (Complete Hemogram (CBC/PS/RBC Indices, Stool Test) and Urine Routine and Microscopy
   c. Biochemistry (Creatinine – Serum, Glucose - Plasma (Fasting), Glycosylated Haemoglobin (Hba1c) - Whole Blood, Hs TnI- High Sensitive Troponin-I – Serum & Lipid Profile Test, Serum Calcium, Urea & PSA
   d. ECG, X-Ray Chest, Dexa Scan & Ultrasound Abdomen
   e. Histopathology Pap Smear