

The Geriatricians are In:
Wait, what is a Geriatrician?
What do they do?

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Outline

- What is geriatrics?
- What is normal aging? What is not normal?
- What would it look like to see a geriatrician?
Or to have an aging focused visit?

What is Geriatrics?

- “Geriatrics” often used interchangeably with “Geriatric Medicine” clinical care of older adults
 - Can be for any age but often “65 +”
- “Gerontology” often defined as study of aging across lifespan

Still a newer field:

1988-Geriatric Medicine board certification

Geriatrics Perspective

- **Focus on function**

- How does a disease(s) affect social, emotional, and physical functioning?
- How can the environment (physical, social) support function?

- **Working across different settings**

- Clinic, Hospital, Home, Long term care

- **Align care with individual goals**



The Elephant in the Room: Ageism



Ageism and Health

- People who experienced age discrimination had lower life satisfaction
- People with Negative stereotypes of aging had more stress hormone release
- Changing society will take time, can change your own views now

Aging is not a disease!
People age differently

Normal Changes with Age

- Changes in the immune system, ability to fight infections
- Arteries become stiffer
- Bone mass (density) decreases and muscle mass decreases

What is not normal?

- Dementia

- Depression

If something is more common with increasing age, does not mean it is a normal part of aging

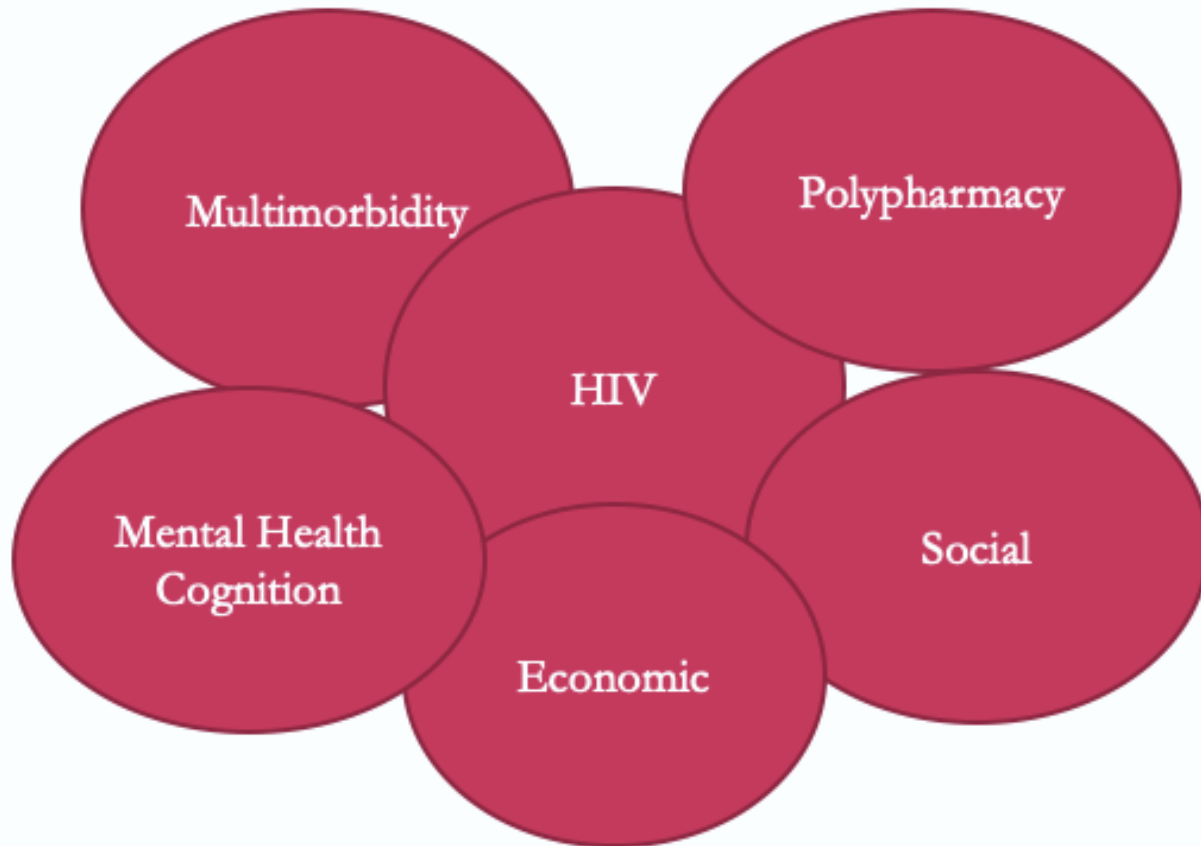
- Falls

- Incontinence

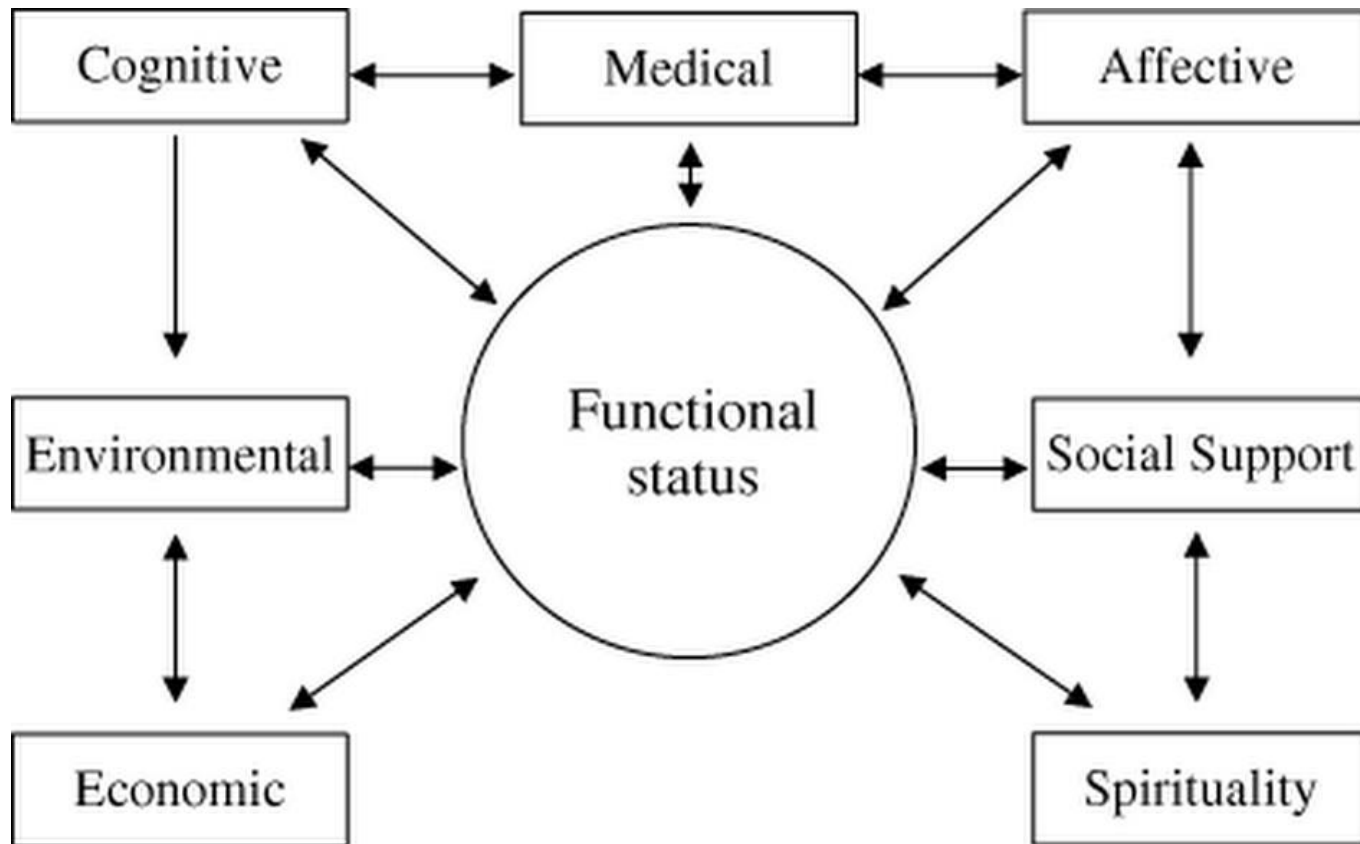
So what do geriatricians do?

And what an aging visit look like in an HIV clinic?

Older Adults living with HIV: Medical Complexity



Comprehensive Geriatric Assessment



Reuben DB, Hazzard's Principles of Geriatric Medicine

Functional Status

Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Toileting
- Transferring
- Feeding

Instrumental Activities of Daily Living (IADLs)

- Telephone
- Transportation
- Housekeeping
- Meal preparation
- Medications
- Finances
- Shopping
- Laundry

Geriatrics Clinic at Ward 86 at SFGH (Golden Compass program)

MA rooms patient, does MOCA and PHQ-9, asks about falls, asks about hearing, vision, dental concerns

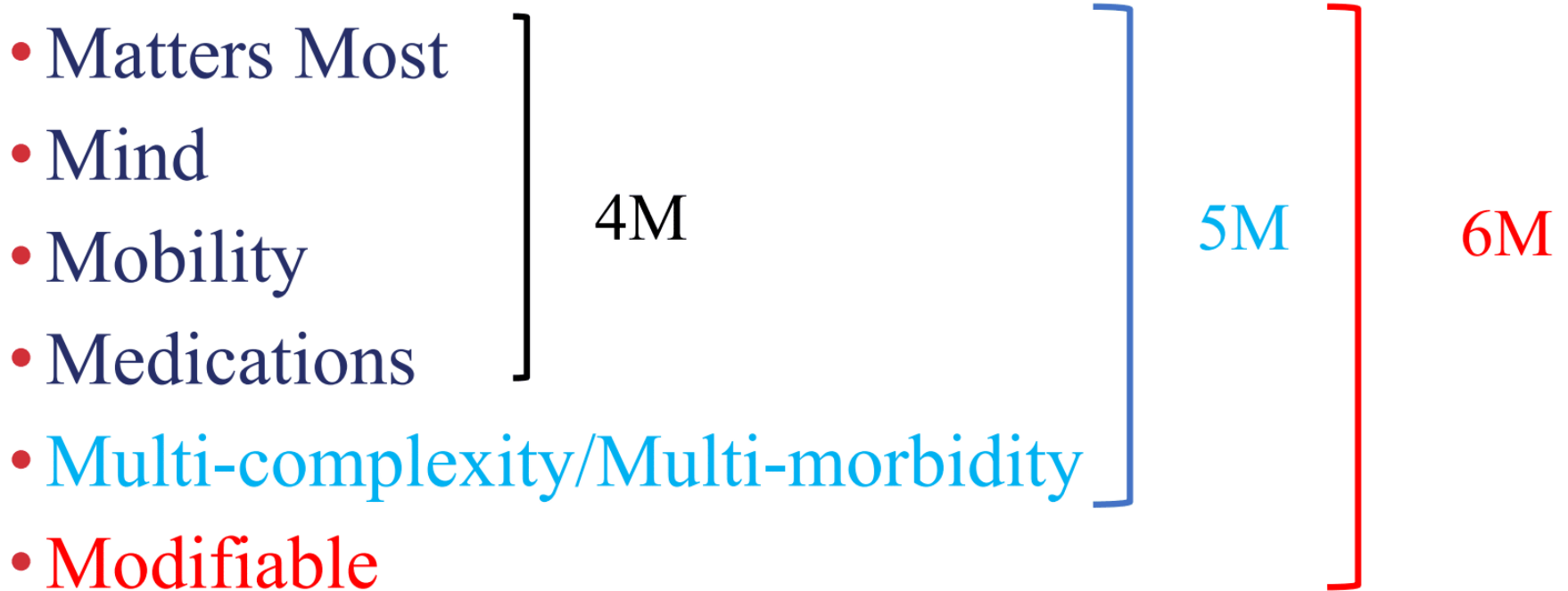
Patient meets with pharmacist: med rec, discuss adherence-packaging & assess issues w/ current medications. Reviews with MD

MD visit – focus on primary consult question; include standard assessment of function, environment, questions about sleep, pain, incontinence, nutrition.

Common reasons for referral:

- General evaluation
- Cognition
- Falls

“M’s” framing of geriatrics



Acknowledgments

Thank you!

