

Increased Complexity of Scope and Differences Between Geriatric Medicine in Adult

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Opinion Article

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DESCRIPTION

Geriatrics, sometimes known as geriatric medicine, is a branch of medicine that focuses on meeting the special medical needs of elderly people. By avoiding, identifying, and treating disease in older individuals, it seeks to promote health. Patients may be treated by a geriatrician, also known as a geriatric physician, a doctor who specialises in treating the aged, at no specific age. Instead, this choice is influenced by the needs of each individual patient and the caregiving infrastructure at their disposal. People who are dealing with a number of chronic illnesses or serious age-related issues that jeopardise their quality of life may find this care to be helpful. If providing care becomes too demanding or medically difficult for family and caregivers to handle on their own, geriatric care may be required.

Geriatrics and gerontology are independent fields of study. The loss in organ function over time in the absence of injury, sickness, environmental dangers, or behavioral risk factors is what is studied in the multidisciplinary field of gerontology.

Scope

Differences between adult and geriatric medicine: The care of aged people and the promotion of healthy ageing are areas in which geriatric providers undergo specialized training. The care given is one that is heavily dependent on collaborative decision-making and is motivated by patient preferences and goals, which might range from maintaining function to enhancing quality of life to extending years of life. Elderly persons frequently manage various medical illnesses, also known as multi-morbidity. A cumulative rise in susceptibility to sickness, disease-associated morbidity, and death is caused by physiologic changes brought on by ageing. Additionally, common diseases may manifest abnormally in elderly individuals, increasing the complexity of patient care's diagnostic and therapeutic processes. The discipline of geriatrics is very interdisciplinary and includes specialists in medicine, nursing, pharmacy, social work, physical therapy, and occupational therapy. Patients who are elderly may receive care in the areas of nutrition, long-term nursing care, psychiatric and memory care, physical, occupational, and speech therapy,

as well as care for managing their medications, pain, and other medical conditions. Social services, transitional care, advanced directives, powers of attorney, and other legal issues are examples of non-medical factors.

Increased complexity: Elderly patients may appear with a generalized, non-specific illness or one that includes delirium or falls. Delirium in the elderly may result from a simple issue like constipation or from something more serious and potentially fatal like a heart attack. If the cause of the issue can be identified, many of these issues are curable.

Geriatric pharmacology: Medication management for the elderly requires special consideration. Given their accumulation of numerous chronic conditions, older persons are more susceptible to polypharmacy (taking multiple drugs). Numerous of these people have also self-prescribed a variety of herbal remedies and over-the-counter pharmaceuticals. The risk of drug interactions or negative drug reactions may be increased by this polypharmacy and geriatric status together. As people get older, pharmacokinetic and pharmacodynamic changes occur that reduce their capacity to process and respond to medications. Age-related physiological changes impair each of the four pharmacokinetic processes. For instance, overall lowered hepatic performance might affect drug metabolism or clearance, and decreased kidney function can impact renal elimination. In geriatric patients, pharmacodynamic changes result in altered medication sensitivity, such as enhanced pain relief with morphine use. Therefore, these age-related changes must be taken into account when providing specialized pharmaceutical care to geriatric patients.