

Medical check – ups for Elderly

A holistic approach

Dr Ruvaiz Haniffa
Head, Family Medicine Unit
Faculty of Medicine
University of Colombo



Introduction

- Sri Lankan Society is rapidly changing in terms of demographic, family dynamic, socio-economic factors and cultural values.
- Doctors have a great opportunity to contribute to improve the Quality of Life (QoL) of the elderly by promoting and help sustain healthy ageing.
- The concept of 'Medical Check-up' is an important tool in this process.



Objectives of medical check-ups in elders

- Routine medical check-ups are probably not required for elderly
- Check-ups are ideally carried out as opportunistic screening to detect - acute, on going and age related health problems
- Objectives are to;
 1. Identify physical, mental and social issues pertaining to health
 2. Understand identified issues in the context of individual, family, socio-economic and community backdrop
 3. Initiate and review pharmacological and non-pharmacological interventions to preserve/sustain and improve health status of the elderly



Objective of care for Elderly

- The primary objectives of care provision to elderly should be **to Preserve Functions and thereby Improving Quality of Life (QoL)**.
- As the regular family health care provider, the visits to the primary care physician by elderly, provides the medical practitioners with an ideal platform to advice patients on individualized check-ups if and when needed.
- The process of medical check-ups should include
 - History
 - Focused clinical examination
 - A series of investigations.



Assessment of the Elderly

- Health in the elderly is best measured in terms of functions
- Detailed system / organ based assessment is useful and sometimes mandatory.
- Routine check ups; need to assess the elder from functional perspective.
- Functional assessment may yield valuable information and need to combine with routine history and examination



Functional Assessment

Systematic, multidimensional detailed evaluation of an individuals' ability to perform various tasks associated with independent living. Independent living is assessed by the persons' ability to perform Activities of Daily Living (ADL) and Instrumental Activities of daily living (IADL).



- ‘ Rule of thirds ‘ with regard to functional decline
 - One third from aging
 - One third from illness/ diseases
 - One third from disuse
- Hence functional decline can be intervened by
 - Reducing disease risk
 - early treatment
 - Encouraging active engagement particularly with ADL and IADL



ADL and IADL needed for independent living

ADL

IADL

- Eating
- Contenance
- Toileting
- Bathing
- Dressing
- Transfer



- Meal preparation (cooking)
- Housework
- Laundry
- Taking prescription medicines
- Shopping
- Going to places beyond walking distance
- Managing own finances
- Use of communication devices

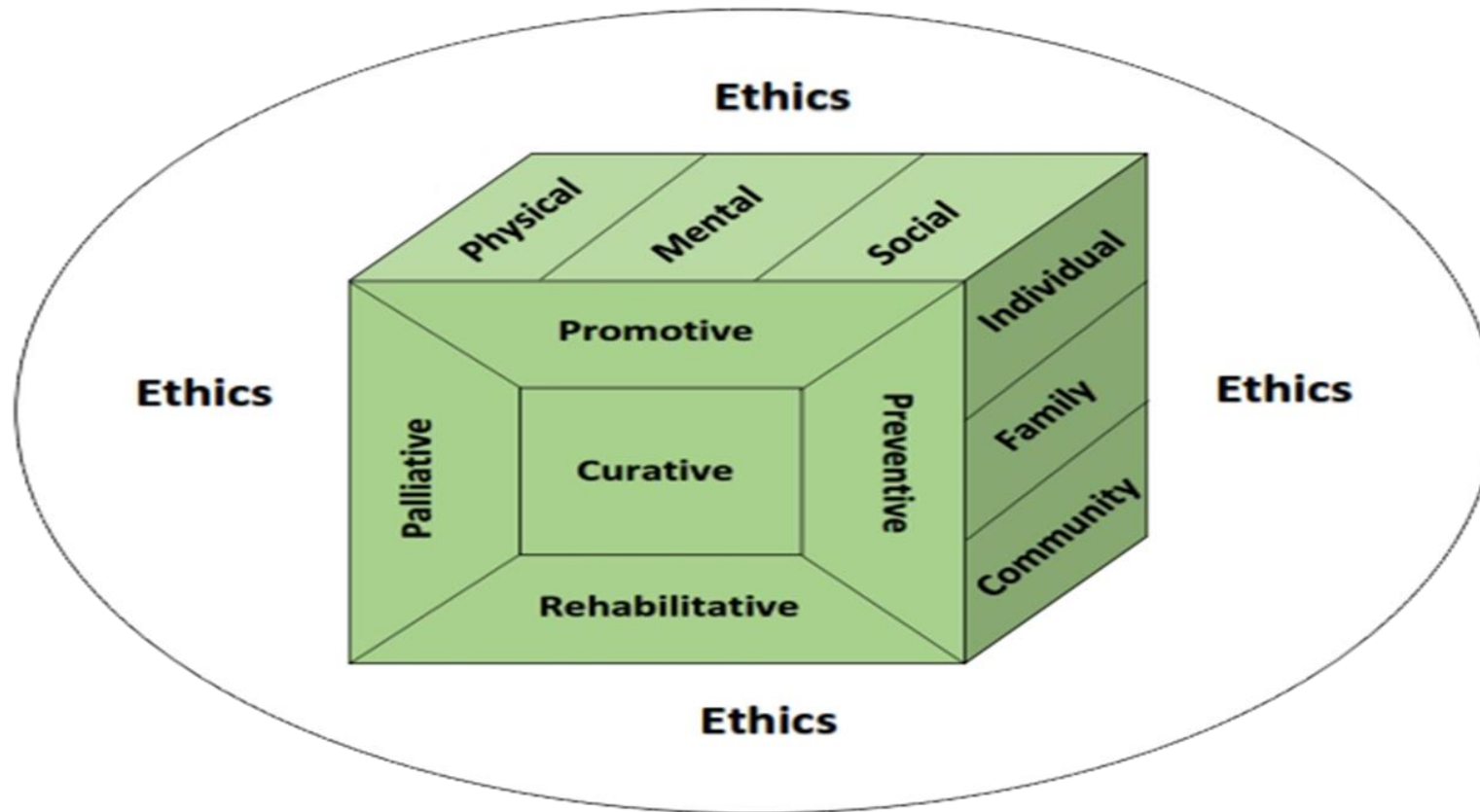


Medical Check – up

- Should **not** specifically target to arrive at a diagnosis or identifying a precise disease
- Need to aim at arriving at assessment of **Current Health Status**
- Need to identify the possible etiological and risk factors contributing to current health status



Conceptual model for Holistic Medical Health Checkup




Check list for assessment for medical practitioners

- **Mental state** – *Confusion, dementia, depression, bereavement*
- **Eyes** – *Visual acuity, cataract, glaucoma*
- **Ears** – *Deafness, tinnitus, vertigo*
- **Mouth** – *Dentition, xerostomia, swallowing, malnutrition (under nutrition in particular)*
- **Skin/Hair/Nails** – *Wrinkles, elastosis, eczema, pruritis, pressure sores, infections*
- **Medication** – *Polypharmacy, adverse drug reactions, side effects of drugs*
- **Bladder/Bowel** – *Incontinence, retention of urine, urinary tract infection, constipation*
- **Locomotion** – *Gait, movement disorders, arthritis, musculoskeletal disorders, circulation*



Specific issues

- **Frailty**
 - Is a clinically recognizable state of increased vulnerability resulting from aging-associated decline in reserve and function across multiple physiologic systems such that the ability to cope with day to day activities or acute stressors is compromised.
- **Pain**
 - perception and reaction threshold to pain is decreased in the elderly.
- **Breathlessness**
 - changes in mental status may mask the sensation of dyspnoea, although tachypnoea is often evident.
- **Falls**
 - Many elderly does not voluntarily report falls for a myriad of reasons
- **Sleep**
 - Failure to identify sleep disorders may result in preventable deterioration of quality of life
- **Loneliness**
 - Should be elicited and identified as at least one third of elderly individuals 'feel' lonely.



Classification of Investigations done in elders

- **Base line investigations**
 - Identify and define the basic functional status
 - Include Fasting Blood Sugar , Lipid profile , Renal Function, Liver function test , thyroid function test , full blood count , ESR and Urine Full report
- **Screening investigations**
 - - to identify or monitor specific risk factors contributing towards morbidity
- **Diagnostic Investigations**
- **Special investigations**

Opportunistic Health Promotion

Concept of 'Opportunistic Health Promotion' is best practiced in the elderly individual during the process of a medical check ups and should not miss.



Thank you

