December 2024

SLAGM NEWS

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MERRY CHRISTMAS!



Current Issue

International Day for Older People Highlights

Renal Replacement in the Elderly

Does Breast Cancer affect Women Differently?

Hypertension Management in Older Adults

Beyond the Break...



International Day for Older Persons Celebrations at NHSL

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CONTENTS **Page**

1. Message from the President 3
2. Message from the Editor 5
3. International Day of Older persons 6
4. Renal Replacement Therapy in the elderly 11
5. Does Breast Cancer affect older Women Differently? 15
6. Creative Corner 19
7. Trainees Forum& CME 20
8. Regional Educational Programs 21
9. Regional Meeting 22
10. Hypertension in Older Adults 24
11. Beyond the Break 30

President's Message



Dear Friends,

It's always a pleasure to connect with you through our newsletter. This month, I'm especially excited to share some milestones and initiatives we've been working on together."Aligned with the theme of **'Pioneering Age-Friendly Care – The Leadership Journey,'** we have undertaken various initiatives to advance geriatric medicine in the country. These efforts are aimed at enhancing healthcare services for older adults, fostering innovation in age-friendly practices, and empowering leadership to create lasting, positive impacts in the field of geriatric care."

It's great to announce that SLAGM is working to provide guidance to the Ministry of Health for upgrading geriatric care. It's commendable that SLAGM is focusing on strengthening the primary health care system to improve geriatric care. Primary health care plays a pivotal role in ensuring older adults receive accessible, comprehensive, and continuous care without over loading secondary and tertiary health care systems.The SLAGM provides valuable guidance for formulating care packages tailored to various geriatric problems, such as falls, incontinence, back pain, and other common issues. These guidelines are designed to assist primary care doctors in managing complex geriatric patients effectively. By offering structured approaches, SLAGM helps streamline decision-making and ensures comprehensive, patient-centered care for older adults. a collaborative project developed in partnership with the Ministry of Health and the World Health Organization.

(SLAGM) is collaborating with the Ministry of Health (MOH) to train primary care nurses in geriatric medicine. At the request of the MOH, we have designed a comprehensive two-week training program tailored to equip nurses with essential skills in elderly care. Several renowned experts in the field have generously volunteered to serve as resource persons for this initiative. Moreover, we were invited to

review the geriatric curriculum for primary care nursing officers, which we successfully attended.As the president of Ruhunu Clinical Society(RCS) I invited SLAGM to partner with them to organise a regional meeting for doctors and nurses as the pre-congress of annual academic sessions of RCS. With the assistance of RCS, we successfully concluded two regional meetings on Geriatrics for doctor and nurses, offering both knowledge and hands on skills.Doctors' program held in DGH Matara was led by several experts in the field of geriatrics and old age psychiatry which was highly successful with strong attendance and positive feedback.The program covered many pertinent topics, providing valuable insights.Nurses program was conducted in NDGH Kamburugamuwa. Nurses are integral to geriatric care and SLAGM was able to get multidisciplinary expertise from across the country into a single stage, I believe nurses in this region have gained invaluable knowledge in geriatric medicine for the first time in their careers. The recognition from colleagues and nurses shows how well SLAGM- RCS collabarative effort is resonating and creating a positive influence. I believe this is a milestone in SLAGM's leadership journey. This is a great moment to acknowledge the contributions of the team and organisers.We have numerous challenges and opportunities ahead of us and your support would be greatly appreciated. Thank you and wish you a happy new year 2025

Dr.Lasantha Ganewatte
President
Sri Lankan Association of Geriatric Medicine

Editor’s Message



Dear Friends,

As we bring the year 2024 to a close, it is with great pride and a deep sense of accomplishment that I reflect on the journey of the Sri Lankan Association of Geriatric Medicine (SLAGM) over the past year. This has been a year of significant milestones, growth, and outreach in our ongoing commitment to improving the care and quality of life for our elderly population.Throughout the year, we have organized and participated in numerous initiatives aimed at enhancing geriatric care across the country. From workshops and training sessions for healthcare professionals to awareness campaigns aimed at the general public, SLAGM has consistently strived to ensure that elderly care remains a top priority in Sri Lanka's healthcare landscape.One of the most notable highlights of this year was the celebration of **World Elders Day** in October. This occasion was marked by a series of impactful public education programs across television and print media. These programs were designed to raise awareness on the importance of geriatric care, address the unique challenges faced by older adults, and promote healthier aging practices within our society. The response from the public was overwhelming, and we are proud to have played a role in creating meaningful conversations about aging and the need for specialized care.As we look forward to the year ahead, we remain committed to advocating for the elderly, furthering our educational efforts, and expanding our network of professionals dedicated to the field of geriatric medicine. We would like to extend our heartfelt thanks to all the healthcare professionals, partners, and stakeholders who have supported us in our mission this year. Your collaboration has been invaluable.Together, we can continue to make strides in improving the lives of Sri Lanka's aging population. Here's to a future where every elderly person is treated with the dignity, respect, and care they deserve.Wishing you all a joyful and healthy end to 2024!

Warm regards,

Dr.Achala Balasuriya Editor- in Chief

Sri Lankan Association of Geriatric Medicine

Commemoration of the International Day of Older Persons

The Sri Lankan Association of Geriatric Medicine (SLAGM) marked the International Day of Older Persons on October 1st, 2024, with a series of impactful initiatives aimed at raising awareness and promoting the well-being of older individuals in Sri Lanka.



Training Programme for Public Health Nursing Officers (PHNOs) As part of the commemoration, an awareness programme was organized for Public Health Nursing Officers (PHNOs) in collaboration with the Directorate of Youth, Elderly, and Disabled Persons, and the Primary Care Division of the Ministry of Health. The event was held at the Western Province Chief Secretary's Auditorium on October 1st. Esteemed consultants from SLAGM participated as resource persons, providing valuable insights into geriatric care. The event was well-attended by PHNOs, emphasizing the importance of enhancing their knowledge and skills in addressing the needs of the elderly population. **Public Awareness through Media** SLAGM also utilized mass media to reach a wider audience, spreading awareness about the significance of the International Day of Older Persons. Public engagement activities included live TV shows such as "Shanida Ayubowan" and "Nugasevana" on Rupavahini, as well as "Prabhathaya" on Swadeshi Radio Service. In addition, articles were featured in leading newspapers like the *Sunday Times*, *Nawaliya*, and *Mawbima*. These media efforts helped to inform the public about the issues facing older persons and the importance

of providing them with the care and respect they deserve.The SLAGM's initiatives not only honored the elderly but also contributed to strengthening the community's understanding of the challenges and opportunities related to aging.

Nugasevana Program





Print Media Coverage


FEATURES

INTERNATIONAL ELDERS DAY FALLS ON OCTOBER 1

GETTING READY FOR THE UPCOMING CHALLENGE


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Elders' day Program with the Ministry of Health







Elders' Day Event at National Hospital of Sri Lanka

World elders' day was celebrated in the geriatric clinic, NHSL on 1/10/2024 with the participation of elders attending the clinic, the director of NHSL, other officials and the members of the staff. One of the main highlights of the occasion was the opening of the NHSL, geriatric clinic, in a new location. Elders attending the clinic had health education sessions and engaging activities aimed at promoting their health.









Elders Day Program Wathupitiwela Hospital

Geriatric Clinic of Base Hospital - Wathupitiwala

The ceremonial inauguration of the Geriatric clinic was done on the 2nd October 2024 with the participation of the RDHS Gampaha, High Priest of the Attanagalla Raja Maha Vihara and dignitaries of the hospital and public.

This clinic is functioning under VPOPD clinic and provides Comprehensive Geriatric Assessment with MDT involvement to the frail elderly patients. It functions as an apex clinic with linking PMCU doctors and PHNOs of the area to expand the community-based Geriatric services.


Establishment of Geriatric Clinic
Base Hospital - Wathupitiwala


WATHUPITIWALA









Renal replacement therapy in the Elderly. Does kidney transplantation offer more?

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Introduction

End stage kidney disease (ESKD) is when estimated glomerular filtration rate below 15 ml/min causes irreversible damage to kidneys.

Diabetes mellitus is the commonest cause of ESKD in worldwide. Hypertensive glomerular sclerosis, chronic glomerulonephritis, chronic kidney diseases of uncertain etiology, obstructive uropathy and adult polycystic kidney diseases are other causes of ESKD.

Average life expectancy has been improving over the last few decades worldwide.

Most recent data in Sri Lanka revealed that average life expectancy at birth is 74 years for male, 80 years for female. From 2000 to 2021, life expectancy at birth has improved by 5.34 years in Sri Lanka, according to WHO data.

Aging of population has become inevitable global trend.

The global burden of elderly reaching end stage kidney disease (ESKD) is in rising trend. In the United Kingdom 22% of kidney transplant recipients are between age 60-69 years, while 8% of them beyond the age of 70 years at the time of surgery.

Does kidney transplantation offer more for the elderly?

Kidney transplant offers survival advantage across all ages compare to the maintenance dialysis as shown by Wolfe et al.

Norway study using elderly kidney transplant recipients above 70 years showed five-year patient survival is better compare to maintenance dialysis.

Patient survival was compared in study by Karim et el revealed the mortality rate of 32% for those above 70 years, 22% for aged 60-69 years, 6% for age less than fifty years. Three main causes of death were cardiac events, infections and malignancies.

Elderly are seven times at risk of death with functioning kidney allograft, compared to age 18-29 year group [9]. Death with the functioning graft is the cause of graft loss among sixty percent of elderly kidney transplant recipients.

Acute rejection rates are lower among elderly kidney transplant recipients. Acute rejection rate is high as 28% among 18-29 year age group when compare to 19% for recipients over 65 years [10]. Lower rates of rejection may be due to age related changes in immune system defined as immunosenescence.

Elderly kidney transplant recipients are at higher risk of developing infections and related complications.

Kauffman et el revealed the one-year mortality as 10% for elderly transplant recipients compare to 4.4% for those between 18 – 65 years.

Graft survival is worse in elderly patients compared to younger recipients. Elderly patients are more likely to receive kidneys from older donors, which may reflect the worse graft failure rates.

Quality of life improves among elderly recipients following kidney transplantation. Rebollo et al concluded the better physical functioning, less body pain, improved overall health and social functions of elderly kidney transplant recipients compared to those who remains on dialysis.

Elderly above 70 years receiving extended donor criteria kidneys shows improved patient survival by 25% compare to wait listed elderly with end stage kidney disease.

Allocation strategies of the kidney transplant program in the region is important in determining the overall outcome of elderly reaching ESKD. In the Eurotransplant senior programme (ESP), elderly above 65 year or more got the kidneys from deceased donors above 65 years.

United States introduced new allocation system in 2015, based on Kidney Donor Profile Index (KDPI) score and Estimated Post-transplant Survival Score (EPTS), which emphasis mainly on survival matching.

Assessing an elderly patient for kidney transplantation

The outcomes of kidney transplantation in elderly depends on pre-transplant characteristics of the candidate. Age is not a contra-indication for kidney transplantation in modern era. Careful selection of a potential elderly candidate is utmost important to avoid the death with a functioning graft. Age related comorbidities are considered as relative contra-indication as per guidelines. Further, minimum life expectancy of 2-5 years is considered as contraindication for waitlisting.

What factors are to be considered in selecting the best elderly candidates for kidney transplantation?

Co-morbidities, frailty, physical function, cognitive function and non-adherence to medication should be considered in detail when considering kidney transplantation among elderly candidates for overall benefit.

Screening for occult cardiovascular diseases, malignancy and infections are mandatory in the pre-transplant work up.

Study by Gill et al concluded the average increase in life expectancy of renal transplant recipient as 9.8 years, and lower the life expectancy depends on the co-morbidities at the time of dialysis initiation ranging 6 – 7.9 years.

Frailty, disability and co-morbidity are three distinct components. Frailty associated with reduced physiological functions with increased vulnerability for dependency and death. Prevalence of frailty is high as 60% among patients above 65 years with dialysis dependent ESKD, compare to 5-9% among population aged above 65 years.

Frailty associated with increased risk of post kidney transplant mortality and morbidity. It leads to a higher possibility of longer hospital stays beyond two weeks after surgery. Furthermore frailty causes much more negative impact on renal allograft outcomes, including delayed graft function.

Frailty assessments should play a key role in selecting eligible elderly candidates for kidney transplantation. However, no guideline clearly defines on frailty cut off, at which a patient may be excluded.

Physical functions can be assessed by self-reported questionnaires such as Short Form 36, Physical Function Subscale. Objective assessment includes gait speed, grip strength, short physical performance battery (SPPB) and peak oxygen uptake. Prehabilitation with exercise programs are useful to improve the physical fitness before the transplant surgery.

Mild cognitive impairment is more prevalent (16-32% versus 3-19%) among elderly in dialysis dependent ESKD compare to general population . Forgetfulness can interfere with non-intentional adherence to medication, thus negative impact on the graft survival. It is important to recognize the cognitive impairment, but it does not necessarily preclude the kidney transplantation surgery.

Conclusion

In conclusion, elderly reaching end stage kidney failure needing renal replacement therapy is in rising trend everywhere in the world. The recipient age is not a contra-indication for kidney transplantation. Many factors, including donor source, waiting time on dialysis are strongly co-related with the post kidney transplant outcomes. Careful assessment and selection of elderly candidate is the corner stone in a successful kidney transplant in terms of patient and graft survival. However, we should aim to avoid the death in elderly recipient with the functioning kidney allograft.

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Does breast cancer affect older women differently?

Dr. Randima Nanayakkara MBBS MD FRCS FMASI FCSSL Consultant in Surgical Oncology National Cancer Institute Sri Lanka Apeksha Hospital .Maharagama



Advancing age and female sex are the two primary risk factors for development of breast cancer. According to National Cancer Incidence Data 2021 published by the National Cancer Control Programme Sri Lanka, 1636 out of a total of 5485 breast cancers occurred in females older than 65 years, accounting to about 30%. This is a significant proportion although comparatively lesser than in USA where nearly 50% arise in older females.

Formulating treatment guidelines for older women (usually defined as ≥ 65 years) is challenging as there is a wide spectrum of patients based on their biological age and functional status. A healthy, fit and active 70 year old should not be denied curative treatment that a 60 year old would receive while an unfit, frail old patient or one with complications of uncontrolled co-morbidities should receive less aggressive treatments. In a study conducted in Netherlands revealed that older females are more likely to receive upfront surgery and endocrine therapy. The study also showed that these elderly females received less of surgery and radiotherapy. The likelihood of receiving chemotherapy for hormone receptor negative node positive disease also decreased with advancing age.

Although life expectancy in older females is less likely to be affected by breast cancer, studies have shown that they tend to do poorly compared to younger females with same stage cancer. This is largely because these cancers are not screen detected in those who are beyond the age of screening and also due to the fact they are not offered radical surgery, chemotherapy and / or radiotherapy.

The impact of breast cancer on life expectancy vary among elderly females depending on the stage of disease. According to a Surveillance, Epidemiology and End Result (SEER) Medicare dataset analysis, elderly (>65 years) females diagnosed with in-situ carcinoma and stage 1 cancer were more likely to die from cardiovascular disease, compared to those with higher stage disease. In addition, diagnosis of breast cancer in elderly females with co-morbid illness has an impact on life expectancy, as it is almost halved in those with prior history of cardiac illness.

Treatment should be individualized, not entirely based on chronological age. Tumour biology, stage of disease, life expectancy, ability to tolerate therapy and patient preference are some of the factors that need to be taken in to consideration when deciding treatment. A comprehensive geriatric assessment (CGA) can help the attending physicians to develop a plan of management based on cognition, nutrition,

functionality, drug history and social support. The help of certain tools such as 'Cancer and Ageing Research Group-Breast Cancer (CARG-BC)' and 'ePrognosis' to estimate life expectancy, cancer related and non-cancer mortality risk and toxicity from chemotherapy.

Although all biological subtypes of breast cancer can occur in any age category, in general, breast cancers in older women are more likely to be low grade, hormone receptor positive and HER 2 (Human Epidermal Growth Factor) negative, and therefore is less likely to receive chemotherapy. Although they present with more advanced disease which is partly related to delayed diagnosis the cancers in them tend to be more indolent.

Surgical management

Treatment of the breast

In fit older women, standard breast cancer surgical options should be offered. Whenever feasible breast-conserving surgery to be offered as it results in less disability in older women. Those with locally advanced and or multifocal tumours are best offered mastectomy. Neoadjuvant chemotherapy may be offered to some selective fit older females with large unifocal tumours if they wish to have their breasts conserved. For patients with hormone receptor-positive breast cancer who are not initially eligible for surgery due to the extent of their disease, neoadjuvant endocrine therapy (NET) can be an effective strategy. NET involves the use of hormone-blocking medications, such as aromatase inhibitors (eg: letrozole, anastrozole or exemestane) to shrink the tumour before surgery at a later date. Primary surgery rather than primary endocrine therapy for women with hormone receptor-positive breast cancer is preferred because surgical resection reduces the risk of a local recurrence and its associated morbidity. Besides surgery for breast cancer is associated with low mobility.

Management of the axilla

In very old patients with hormone receptor positive, clinically and radiologically negative axillae, axillary surgery may be omitted. Recent evidence suggests that in certain patients, axillary lymph node dissection (ALND) may not always be necessary, especially in the era of sentinel lymph node biopsy (SLNB). 10 year axillary recurrence rate of 5.2% in patients with incomplete axillary staging is relatively low, thus omitting a full ALND does not significantly increase the risk of recurrence in the axillary lymph nodes. Overall Survival (OS) is comparable between patients with or without complete axillary staging. This I consistent with results from landmark trials such as ACOSOG Z0011, which demonstrated that many patients with limited sentinel node involvement do not benefit from full axillary dissection in terms of survival. This shift has led to a de-escalation of axillary surgery, sparing patients from potential complications like lymphoedema, pain, and reduced shoulder mobility.

Adjuvant systemic therapy

Survival Benefit vs. Toxicity Risk

Older adult women can benefit from adjuvant chemotherapy in terms of survival, especially those with specific tumour subtypes. However, they are at higher risk of chemotherapy-related toxicities compared to younger women. This includes short-term risks, such as drug-induced mortality.

Tumour Subtype - Specific Benefits

Patients with triple-negative or HER2-positive breast cancer derive more benefit from chemotherapy. Patients with hormone-sensitive, HER2-negative breast cancer derive comparatively less benefit.

Age and Health Status Considerations

Healthy older women can generally tolerate standard breast cancer treatments. However, age-related physiological changes may increase their susceptibility to treatment-related toxicity, especially when using regimens designed for younger populations.

This highlights the need for individualised treatment plans, taking into account tumour biology, patient health status, and the risk-benefit ratio of chemotherapy. Adjustments in dosing, the use of geriatric assessment tools, and supportive care strategies may help mitigate toxicity risks.

HER 2 Negative disease

For older adult women who are candidates for chemotherapy, the following treatment approach is preferred:

- Docetaxel and Cyclophosphamide (TC): This regimen is commonly used due to its efficacy and more manageable toxicities.
- Anthracycline-Taxane Regimens: For fit older women with higher-risk disease, this more intensive regimen may be considered, as it offers greater survival benefits despite a higher risk of toxicity.

Selection of the regimen depends on the overall health, comorbidities, and functional status of the patient. Geriatric assessment tools are often used to evaluate a patient's ability to tolerate more intensive chemotherapy. While standard regimens are preferred, dose adjustments or supportive care measures including growth factor support may be required to reduce the risk of toxicity. The goal is to maximise therapeutic benefit while minimising harm, especially in a population with increased vulnerability to treatment-related side effects.

HER 2 Positive disease

For older women with human epidermal growth factor receptor 2 (HER2) overexpressing breast cancer who have undergone surgery, adjuvant trastuzumab plus chemotherapy may be offered. Addition of trastuzumab improves survival and diminishes recurrence risk compared with chemotherapy alone and is tolerated in older patients. However, data is insufficient to recommend adjuvant trastuzumab without chemotherapy in early breast cancer. Due to higher risk of cardiac toxicity, cardiac monitoring is recommended. As in younger women for whom trastuzumab is recommended, one year of adjuvant trastuzumab is usually recommended for fit older women, although shorter duration may be an option reduce cardiac toxicity.

Endocrine therapy

Adjuvant endocrine therapy should be offered to all women with ER-positive breast tumours >0.5 cm, regardless of age. An aromatase inhibitor (AI) is preferred in older women because of its benefits in avoidance of the thromboembolic risks and endometrial thickening/bleeding associated with tamoxifen. Optimal duration is not clear, but a minimum of 5 years is recommended, with longer durations in those with high risk tumours.

Radiotherapy (RT)

Since the risk of local recurrence is lower in older women, and benefits of RT decline with age, some older women may avoid adjuvant RT: Particularly those with small, hormone receptor-positive breast cancers without nodal disease who are offered endocrine therapy.

Finally, breast cancer is a major health concern in the elderly population and treatment should be customised based on tumour and patient characteristics.

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Creative Corner



The snow falls soft, the fire's glow,

I sit and watch the embers flow.

The years have passed, yet still I feel

The joy that makes this season real.

The Christmas lights, the voices sweet,

The memories of those we meet,

Each year I hold them close, my dear,

For love and time, they reappear.

Though December come, and December go,

The heart keeps warmth, and love will grow.

At Christmas time, I softly sigh,

And cherish all that never dies.

Dr.Achala Balasuriya

Trainees Forum and CME

Trainees forum

Trainees Forum on 19th November Dr. S. Sathgengan /SR in geriatric Medicine – Management of Atrial Fibrillation in Older Patients







Monthly CME

CME for the month of November was held on 15th November 12.30-1.30 pm at Clinmarc auditorium, NHSL. Dr Vasanthika Thudavage, Consultant ENT and Head and Neck Surgeon and Senior Lecturer in Dpartment of Surgery, Facutly of Medicine, Kotalawala Defense University conducted a very informative and interactive lecture on **The Impact of Hearing Loss on Quality of Life in the Elderly : Assessing, Intervening and Supporting patients** and it was well attended by trainees and other doctors. SLAGM is registered with ET&R unit of the MoH as a CPD provider and CPD points have been obtained for the CME program. 2 points are offered for the speaker while 1 point is offered for participants. e certificates have been sent to all the participants, confirming their CPD achievement.

Regional Education Programs

“Safeguarding the Elderly” Training of Public Health Midwives in Anuradhapura District

Dr Hemal Senanayake,Honorary Consultant Physician-Teaching Hospital AnuradhapuraSenior Lecturer in Medicine/ Head-Department of Medicine Faculty of Medicine & Allied SciencesRajarata University of Sri Lanka,Saliyapura

RDHS office in Anuradhapura recently organized a training session for public health midwives (PHMs) focused on safeguarding the elderly. The event, held as a two-day program on 26th and 27th November, aimed to empower midwives with the knowledge and skills to address the safeguarding of the aging population in the Anuradhapura district. An online application to notify safeguarding incidents of the elderly was introduced to the PHMs during this program.Dr. Hemal Senanayake and Dr. Nelum Samaruthilake participated as resource persons for this program.Public health midwives expressed their commitment to apply these insights in their communities, ensuring better care for the elderly. The RDHS office emphasized that such training programs are essential to strengthen the healthcare systems’ capacity to address the challenges of the elderly population in the region.



Regional Meeting Matara

Glimpse of Geriatrics

Pre-congress session of the Annual Academic Sessions of the Ruhunu Clinical Society in Collaboration with the Sri Lankan Association of Geriatric Medicine

The Sri Lankan Association of Geriatric Medicine carried out an extremely successful regional programe as the Pre-Congress Session of the Annual Academic Sessions of the Ruhunu Clinical Society, on the 12th December 2024 in Matara. Two parallel programmes were conducted for doctors and nurses respectively and both were well attended by an enthusiastic audience. Several resource persons with expertise in the relevant fields contributed to the successful conclusion of the programme.












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Hypertension in Older Adults: Navigating the Double-Edged Sword – Insights from the 2024 ESC Guidelines

Dr. Nipuni Imbulgoda (MBBS, MD, MRCP), Acting Consultant Physician, National Institute of Infectious Diseases.



Hypertension: A Global and Silent Epidemic

Hypertension is a leading cause of cardiovascular diseases, kidney failure, and strokes worldwide, often termed the "silent killer" due to its asymptomatic progression and devastating effects. It remains a significant contributor to global morbidity and mortality, necessitating effective management, particularly among older adults.The 2024 ESC guidelines emphasise tailored management strategies for older individuals, considering their unique challenges, including frailty and polypharmacy.

The Burden of Hypertension in Sri Lanka

Rising Prevalence

Hypertension prevalence in Sri Lanka has risen significantly due to demographic changes such as an aging population, urbanisation, and persistent behavioural risk factors. According to the 2021 Sri Lanka NCD Risk Factor Survey (STEPS), 34.8% of adults have hypertension, marking a 25% increase since 2015. Alarmingly, over half (54%) of people with hypertension were unaware of their condition. Among those who knew, 20% were not receiving treatment, and only 40% had their blood pressure under control. However, this survey included only individuals under 69 years old.(3)The SLHAS 2018–19 study, which looked at all adults aged 18 and older, showed that hypertension becomes much more common with age. While 27% of individuals under 60 had hypertension, the prevalence rose to 74% among those over 80. These findings highlight an urgent need to improve public awareness, early diagnosis, and effective treatment to manage this growing health issue.

Prevalence of Hypertension in Older Sri Lankans (SLHAS 2018–19)

Age	Male	Female
60- 69	56.4 (52.6-60.2)	74.0 (71.1-76.9)
70-79	68.5 (64.6 -72.4)	80.3 (77.2-83.4)
80+	65.9 (58.0-73.8)	79.2 (72.0-86.3)

Rannan-Eliya RP, Wijemunige N, Perera P, Kapuge Y, Gunawardana N, Sigera C, Herath HM, Perera B, Gamage A, Weerawardena N, Sivagnanam I. Prevalence and associations of hypertension in Sri Lankan adults: estimates from the SLHAS 2018–19 Survey Using JNC7 and ACC/AHA 2017 Guidelines. Global Heart. 2022;17(1)

.Key Updates in the 2024 ESC Guidelines Stricter Blood Pressure Targets

The 2024 ESC guidelines adopt strict blood pressure (BP) targets, emphasising personalized care:

Robust Older Adults (<85 years):

The blood pressure target should be 120–129 mmHg systolic and 70–79 mmHg diastolic, provided the treatment is well-tolerated.

Modereately or Severely Frail / Older Adults (≥85 years): Initiate treatment only if the systolic blood pressure (SBP) is ≥140 mmHg, with a primary focus on achieving gradual reductions while ensuring the patient remains symptom-free.Importantly, the guidelines stress that antihypertensive therapy should not be withheld based on age alone if the benefits outweigh the risks.

Evidence-Based InsightsClinical Trials Clinical trials like **HYVET** demonstrated a 30% reduction in stroke risk with BP control below 150/80 mmHg in individuals aged 80 and above.(5) However, trials like **SPRINT-SENIOR** showed that more aggressive BP targets (SBP <120 mmHg) reduce cardiovascular outcomes but increase risks such as hypotension and kidney injury, particularly in frail patients.(6, 7) This evidence highlights the need for individualized approaches, balancing benefits with potential adverse effects.

Special Considerations for Older AdultsFrailty Frailty significantly influences hypertension management. Tools like the Clinical Frailty Scale (CFS) (8) and Edmonton Frailty Scale help differentiate frailty from reversible conditions like malnutrition or inactivity. The 2024 ESC guidelines recommend.

CFS Scores 1–5 (Mild Frailty): These patients will have the same blood pressure targets as younger individuals. However, their treatment should be gentle, using low-dose combination medicines and regular check-ups to make sure it is safe and effective.

CFS Scores 6–9 (Moderate-to-Severe Frailty): For patients in this category, treatment should be initiated and adjusted with care, prioritizing shared decision-making to align with their needs and preferences. Single-drug therapy is often appropriate, supported by regular monitoring for orthostatic hypotension (OH) and potential medication side effects.Patients should be monitored for symptomatic orthostatic hypotension (OH), asymptomatic OH with falls, poor treatment tolerance, and medication side effects. Clinical judgment, along with ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM), should guide deprescribing or medication adjustments where appropriate.

Polypharmacy

Polypharmacy, common among older adults, increases the risk of adverse drug reactions, including orthostatic hypotension, renal impairment, and cognitive decline. Regular medication reviews, de-prescribing where necessary, and avoiding high-risk drugs (e.g., sedatives, alpha-blockers) are essential. Medications prescribed for co-morbid conditions may interact with anti hypertensive drugs, necessitating careful review and therapy adjustments. For instance, NSAIDs can reduce the effectiveness of anti hypertensives, while certain diuretics may exacerbate electrolyte imbalances in patients with chronic kidney disease (CKD)

Risk of Falls and Orthostatic Hypotension Age-related declines in baroreceptor sensitivity and vascular compliance increase susceptibility to falls. Measuring postural BP changes and adjusting therapy based on symptoms like dizziness or syncope is crucial. Reducing or discontinuing drugs that exacerbate orthostatic hypotension, such as alpha-blockers and vasodilators may help mitigate these risks.

Cognitive Decline Uncontrolled hypertension is a key contributor to small vessel disease and vascular dementia. However, overly aggressive BP reductions may impair cerebral perfusion in frail individuals, worsening cognitive decline. Regular cognitive assessments can guide treatment adjustments to balance cardiovascular protection with adequate brain perfusion.

Isolated Systolic Hypertension (ISH) Isolated systolic hypertension (ISH) is the predominant form of hypertension in older adults, resulting from age-related changes such as aortic stiffening. In ISH, the systolic blood pressure rises while diastolic blood pressure remains stable or declines, leading to a widened pulse pressure. This condition is a significant risk factor for cardiovascular events, including stroke, myocardial infarction, and heart failure. Evidence from studies like SPRINT and STEP confirms that stricter systolic BP targets reduce cardiovascular risks in patients with ISH. (6, 7, 9)

First-line agents: Calcium channel blockers and thiazide-like diuretics.
Avoid beta-blockers unless indicated for ischemic heart disease, as they increase stroke volume and may not effectively lower systolic BP in ISH.

Practical ImplementationTreatment Planning Hypertension management in older adults should be individualized, taking into account factors such as frailty, comorbidities, and life expectancy. Stricter blood pressure targets may be appropriate for robust individuals, while a more cautious, patient-centered approach prioritizing quality of life is recommended for frail patients.**Medication Choices**Preferred medications include:

Dihydropyridine Calcium Channel Blockers (e.g., Amlodipine): Effective with minimal orthostatic impact.

ACE Inhibitors/ARBs: Suitable for patients with comorbidities like heart failure diabetes, CKD but requires renal monitoring.

Thiazide Diuretics (Low Dose): For volume control but should be used cautiously to avoid dehydration and electrolyte imbalances.Avoid medications like alpha-blockers and direct vasodilators, which pose higher risks of OH and other adverse effects.

Monitoring and Deprescription

Regular monitoring, including ambulatory blood pressure monitoring (ABPM), helps detect variability, nocturnal hypertension, and orthostatic issues, ensuring precise management. Deprescription strategies are essential when adverse effects outweigh benefits, such as in cases of dizziness or frequent falls.

Conclusion

Managing hypertension in older adults is a complex endeavor, akin to navigating a double-edged sword. While under-treatment can lead to severe complications, over-treatment poses risks such as orthostatic hypotension and falls. The 2024 ESC Guidelines provide a structured pathway to mitigate these challenges, emphasizing individualized care, frailty assessments, and cautious medication use to balance the benefits and risks of blood pressure control.Significant obstacles persist, including evidence gaps due to the exclusion of frail populations from trials, the complexities of polypharmacy, and limited access to specialized tools like ABPM and geriatric care. Overcoming these hurdles requires a patient-centered, holistic approach that integrates multidisciplinary expertise and prioritizes quality of life. By addressing these challenges, the guidelines offer a road-map to achieving safe and effective hypertension management, ensuring optimal outcomes for this vulnerable population.

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Beyond the Break: Uncovering Hidden Image in Neck of Femur Fractures Among the Elderly

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Introduction

Falls in the geriatric population are a significant health concern, often leading to severe injuries such as Neck of Femur (NOF) fractures, These fractures can have devastating consequences, including prolonged hospitalization, loss of independence, and increased mortality. Understanding the multi factorial nature of falls is crucial for developing effective prevention strategies.This chapter delves into the intrinsic and extrinsic factors contributing to NOF fractures among the elderly. Intrinsic factors are those related to the individual's physical and psychological state, such as age-related changes, medical conditions, medications, and psychological factors. Extrinsic factors, on the other hand, encompass environmental hazards, footwear and assistive devices, nutritional deficiencies, and behavioral factors.By examining these factors in detail, we aim to uncover the hidden risks that contribute to falls and fractures in the elderly. This comprehensive understanding will help in formulating targeted interventions to reduce the incidence of NOF fractures, ultimately improving the quality of life for older adults.Falls in the geriatric population are often multifactorial, involving a combination of intrinsic and extrinsic factors. Here are some of the main causes and contributing factors.

Intrinsic Factors

1. **Age-Related Changes:**
   - Sarcopenia
   - Balance and Gait Problems
   - Postural Hypotension
2. **Medical Conditions:**
   - Chronic Diseases
   - Cognitive Impairment
   - Vision and Hearing Impairments
3. **Medications:**
   - Polypharmacy
   - Specific Medications
4. **Psychological Factors:**
   - Fear of Falling
   - Depression and Anxiety

Extrinsic Factors

1. **Environmental Hazards:**
   - Home Hazards
   - Community Hazards
2. **Footwear and Assistive Devices:**
   - Inappropriate Footwear
   - Improper Use of Assistive Devices
3. **Nutritional Deficiencies:**
   - Vitamin D Deficiency
   - Malnutrition
4. **Behavioral Factors**
   a. Inactivity:

Intrinsic Factors Contributing to Neck of Femur (NOF) Fractures

Neck of Femur (NOF) fractures, commonly known as hip fractures, are a significant health concern, particularly among the elderly. Various intrinsic factors contribute to the risk of these fractures, which can be broadly categorized into age-related changes, medical conditions, medications, and psychological factors.

1. **Age-Related ChangesSarcopenia:** As individuals age, they often experience a loss of muscle mass and strength, a condition known as sarcopenia. This reduction in muscle mass can lead to decreased stability and an increased risk of falls.

2. **Balance and Gait Problems:** Aging can also result in decreased coordination and stability, leading to balance and gait problems. These issues make it more likely for an individual to fall and sustain a fracture.

3. **Postural Hypotension:** This condition involves sudden drops in blood pressure when standing up, which can cause dizziness and increase the risk of falls.

4. **MedicalConditionsChronic**

Diseases: Conditions such as diabetes, heart disease, and arthritis can significantly affect mobility and balance. These chronic diseases often lead to a higher risk of falls and subsequent fractures.

5. **Cognitive Impairment:** Dementia and mild cognitive impairment are associated with an increased risk of falls. Individuals with these conditions may have difficulty navigating their environment safely.

6. **Vision and Hearing Impairments:** Reduced sensory input from vision and hearing impairments can lead to missteps and falls, contributing to the risk of NOF fractures.

7. **MedicationsPolypharmacy:** The use of multiple medications, known as polypharmacy, can lead to side effects such as dizziness and confusion, increasing the likelihood of falls.

8. **Specific Medications:** Certain medications, including sedatives, antidepressants, and anti-hypertensives, can increase the risk of falls due to their side effects.

9. **Psychological FactorsFear of Falling:** This psychological factor can lead to reduced physical activity, which in turn weakens muscles and balance, creating a vicious cycle that increases the risk of falls.

10. **Depression and Anxiety:** These conditions can affect concentration and physical coordination, further contributing to the risk of falls and fractures.Understanding these intrinsic factors is crucial for developing effective prevention strategies to reduce the incidence of NOF fractures, particularly in the elderly population

11. .**Extrinsic Factors Contributing to Neck of Femur (NOF) Fractures**Extrinsic factors play a significant role in the risk of Neck of Femur (NOF) fractures. These factors are external to the

individual and can be modified to reduce the risk of falls and fractures. They include environmental hazards, footwear and assistive devices, nutritional deficiencies, and behavioral factors.

EnvironmentalHazards

12. **Home Hazards:** Common hazards within the home environment include clutter, loose rugs, poor lighting, and uneven floors. These factors can create obstacles and increase the likelihood of tripping and falling.

13. **Community Hazards:** Outside the home, uneven sidewalks, lack of handrails, and slippery surfaces can pose significant risks. These hazards can make walking in the community dangerous, especially for those with mobility issues.

14. **Footwear and Assistive Devices Inappropriate Footwear:** Shoes that do not fit well or lack proper support can contribute to falls. Footwear should provide adequate support and have non-slip soles to reduce the risk of slipping

15. **Improper Use of Assistive Devices:** Canes, walkers, and other assistive devices can help prevent falls if used correctly. However, improper use or poorly maintained devices can increase the risk of falls.**3**

16. **.Nutritional Deficiencies Vitamin D Deficiency:** Vitamin D is crucial for muscle function and bone health. A deficiency can lead to muscle weakness and balance issues, increasing the risk of falls.

17. **Malnutrition:** Poor overall nutrition can affect strength and energy levels, making individuals more susceptible to falls and fractures.

18. **Behavioral FactorsInactivity:** Lack of exercise can lead to muscle weakness and poor balance. Regular physical activity is essential for maintaining muscle strength and coordination.

19. **Sedentary Lifestyle:** A sedentary lifestyle reduces overall physical fitness and coordination, increasing the risk of falls.

20. Rushed Movements: Conditions like incontinence can cause individuals to rush to the bathroom, increasing the risk of falls. It's important to address these conditions to reduce hurried movements.Understanding and addressing these extrinsic factors can significantly reduce the risk of NOF fractures, particularly in vulnerable populations such as the elderly.

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