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SLAGM NEWS

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Current Issue

Await Exciting Sessions in JUNE



SLAGM Foundation Session 2025

SLAGM Regional Meetings

Diagnostic Challenges of female Urinary Incontinence

Vertigo in the Elderly

Geriatric Mental Health

Office:: Wijerama House, No 6, Wijerama MW, Colombo 7.
E- mail : slagm2014@gmail.com (Administrative Secretary)
TP -94 (0) 11-2693025

Compiled by
Dr.Achala Balasuriya

EDITOR -IN- CHIEF

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Message from the President



Dear members,

As the president of SLAGM, and as a woman, I write this message with a mix of shock and determination in the wake of the recent incident in Anuradhapura. Teaching Hospital. This event has brought to light an undeniable truth: violence against women must not, under any circumstances, be tolerated. We, as a society, must stand firm in the belief that every woman deserves to live without fear, in safety and dignity. It is the responsibility of both the law and our administrators to ensure that women are protected at all times, without hesitation or delay. The failure to do so is an injustice that we cannot accept. Our collective voice must be one that demands justice, respect, and change. Let us continue to stand in solidarity with all women, and together, we will work toward a world where such violence is a thing of the past.

Foundation day celebration

On a brighter note, I am proud to share that we recently celebrated the 11th Foundation Day of SLAGM on the 20th of February 2025 at the ClinMARC, NHSL. It was an incredible occasion where we were joined by our esteemed founder Dr. Lalith Wijayaratne, founder members, past presidents, council members, members, and our trainees. This milestone reflects the strength and unity of our community. The ceremony was coloured with the insightful speech of Dr. Lalith Wijayaratne, our founder, who emphasised the necessity of strong community geriatric care. This powerful message serves as a reminder of our ongoing mission. Professor Indralal de Silva as the Guest of Honour, whose speech, filled with great wisdom, added tremendous value to the event.

Additionally, the final round of the presentation competition for Senior Registrars was a new and unique experience. With the vision of popularizing geriatric medicine among all trainees, not just those specializing in geriatrics, this event allowed us to showcase the significance of geriatric care across a broader spectrum of medical education. Another highlight was the presentation of the research grant to the selected research in Geriatric senior registrars.

Anuradhapura Regional meeting I'm excited to announce that SLAGM is set to hold its next regional meeting in Anuradhapura, in
collaboration with the Anuradhapura Medical Association, on the 19th and 20th of March. This event promises to be both impactful and engaging. On the 19th, we will kick off with a community program at the Auditorium of Anuradhapura Central College, further strengthened by the support of the Anuradhapura Rotary Club. This program will aim to engage and educate the local community on important issuespertaining to Geriatric Medicine. The following day, the 20th of March, will feature two parallel programs. The Doctors' Program will take place at the Auditorium of the Professorial Unit, TH Anuradhapura, while the MDT (Multidisciplinary Team) Program will be hosted at the Auditorium of the Nurses Training School. These two sessions will run simultaneously, offering a rich variety of discussions and learning opportunities for all participants. Both programs are CPD accredited by Ministry of Health-Sri Lanka. We look forward to the fruitful discussions and collaborations that will emerge from this regional meeting!

We are excited to announce that SLAGM is organizing an art competition for school children with the aim of motivating them to recognize the value of older adults as an asset and a precious part of our community. Through this competition, we hope to inspire young minds to care for and appreciate the elderly. We are pleased to share that the Ministry of Education has promised to support this event, and we are grateful for the official acknowledgment of this initiative by the Director General of Health Services (DGHS) at our request. This collaboration will help us reach more children and spread awareness about the importance of caring for older adults. -

Annual Academic Sessions(AAS) 2025

We are very much happy to announce that the pinnacle of the SLAGM academic calendar, the AAS, will be held in June 2025 from the 26th to the 28th at the Galadari Hotel, Colombo. The event will kick off with the inauguration ceremony on the evening of the 26th, followed by two full days of academic programs on the 27th and 28th. The AAS will feature vibrant sessions with national and international resource persons, who will lead plenaries, symposia, and panel discussions. Our Scientific and Organizing Committees are working tirelessly to ensure that this event is a resounding success. We invite you to save these dates and be a part of this exciting academic gathering!

Thank you for your unwavering support and dedication. Your continued encouragement means the world to us, and we truly appreciate everything you do.

Dr.Lasantha Ganewatte

President SLAGM

Message from the Editor



As we step into another quarter, the Sri Lankan Association of Geriatric Medicine (SLAGM) continues to thrive in its mission of advancing geriatric care in Sri Lanka. This March marks a particularly special occasion as we recently celebrated the 11th anniversary of our foundation at the CLIN MARc Hall, National Hospital of Colombo.

The event was well attended by council members and association members, reflecting the strong sense of unity and purpose that has guided SLAGM since its inception. We were honored to hear from our esteemed founder, Dr. Lalith Wijeratne, who eloquently traced the journey of our association—from its humble beginnings to the influential platform it has become today. His insights into our progress and future aspirations served as a reminder of the dedication and perseverance that have shaped SLAGM's success.

Adding to the significance of the day was the Presentation Skills Competition for senior registrars in training. The enthusiastic participation and high standard of presentations showcased the future of geriatric medicine in Sri Lanka, reinforcing our commitment to nurturing the next generation of specialists. We extend our congratulations to all participants and certificate awardees.

As we look ahead, SLAGM remains steadfast in its mission to promote excellence in geriatric medicine through education, advocacy, and clinical practice. Let us continue to work together to enhance the quality of care for our elderly population, ensuring a healthier and more dignified future for them.

Dr.Achala Balasuriya

Editor

SLAGM

11th Anniversary Foundation Day Celebration of the SLAGM – 20th February 2025



The 11th anniversary foundation day celebration of the SLAGM was successfully held on 20th February with the participation of many past and present members at the ClinMARC auditorium NHSL. The celebration started with cutting the anniversary cake and having tea and fellowship. A one minute silence was dedicated for late Dr. Selvi Perera, our first patron. Dr Lasantha Ganewatte, current president of the SLAGM welcomed the esteemed gathering to the celebration. It was followed by the speech by Dr. Lalith Wijayaratne, the founder of the SLAGM and the chief guest of the event. It was followed by the final rounds of the presentation skills competition for senior registrars in different specialties. 3 senior registers who have been selected following a preliminary round made presented on outstanding presentations on different topics. Dr Amodha Medagedara (Senior Registrar in Old Age Psychiatry) won the 1st place and the second place was won by doctor Dr JAJ Jayasinghe (Senior Registrar in Internal Medicine). Two third placers were awarded to Dr DEMS Edirisinghe (Senior Registrar in Geriatric Medicine) and Dr Pavithra Manikyawasam (Senior Registrar in Neurology).

The Guest of Honor, Prof Indralal De Silva addressed the gathering sharing his insights. An entertainment event was presented by a team including lecture Rohana Peiris from the department of low country dance at the university of the visual and performing arts, showcasing traditional 'Sanni Yakuma'.

The research grant for the year 2024/2025 was awarded to Dr. Gawrishanker. Certificates were awarded to the participants and the winners of the presentation skills competition.

Vote of thanks were delivered by Dr. Madhushani Dias, the joint secretary of SLAGM.




SLAGM Foundation Day


SLAGM Foundation Day


SLAGM Foundation Day


SLAGM Foundation Day


SLAGM Foundation Day

SLAGM Regional Meetings

Matara Meeting - Regional Collaborations of SLAGM

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.

SLAGM Activities in January

- Trainees forum: 21st January by Dr.AABS Perera , Senior registrar in Geriatric Medicine at TH Peradeniya on hip fratures in elderly.
-Monthly CME- CME for the month of January was held on 7th January 2025 12.30-1.30 pm at Clinmarc auditorium, NHSL. Dr Manu Wimalachandra, Consultant clinical Hematologist and Senior Lecturer in Faculty of Medicine, University f Colombo on Anaemia in Elderly. It was held both physical and online and well attended by more than 100 participants. ET&R unit of the MoH offered 2 CPD points for the speaker and 1 for the participants. e certificates have been sent to all the participants, confirming their CPD achievement.

The President, Dr Ganewatta participated for National Dissemination Seminar on the project run by JICA on Capacity enhancement of elderly services management in the community. The seminar held on 22nd January

WHO care package development on Dementia meeting held on 16th Jan and Dr Shehan Silva and Dr. Malsha Gunathilake participated

We represented Intercollegiate meeting at SLMA

Dr Ganewatta and Madushani joined medical specialty colleges meeting at CCP 17/01/2025

- Dr. Iresh Perera participated Rupavahini path program on 10th January representing SLAGM

SLAGM activities in February

Foundation day programme was held on 20th February .Chief guest: Foundation speech by Dr Lalith Wijeratne, Guest of honor Prof Indralal De Silva
Presentation competition
Winners were:
1st place: Dr Amodha Medagedara on Behavioral and psychological symptoms of Dementia: advanced clinical strategies for management
2nd place Dr JAJ Jayasinghe on Gut microbiome and graceful ageing
3rd place Dr DEMS Edirisinghe on Elder abuse and Dr Pavithra Manikyawasam on Giant cell arteritis
Awarding the research grant (Dr Gowri) and winners of the presentation.
-Trainees forum and Monthly CME were not held for the month of February as there were multiple presentations by SRs in line with Presentation Skill Competition for the foundation day

Ministry and other affairs

Dr Saumya attended to Inauguration for CPD programme representing SLAGM on 13th Feb. The eLMS was launched where doctors can log in to and follow the courses. At the moment colleges of emergency medicine, nutrition medicine and hematologists have launched some courses. We will be asked in the future to provide our education materials as well. In the future revalidation process, maintaining portfolio will also be introduced. Everyone is encouraged to register CPD programme along with SLMC renewal this time
-Dr Chamila Dalpatadu attended policy dialogue at FOM, UOC in line with ERASMUS programme
-18th and 19th of February successful completion of CAPAGE programme: Dr Lasantha gave a talk representing SLAGM on geriatric care in SL. Further, our members Dr Barana, Dr Chamila, Dr Sithira, Dr. Malsha Gunathilake, Dr Chamara, Dr Asha served as resource person. We must congratulate Dr Asha Wettasinghe and the team for their successful programme

-Policy development dialogue on elderly care at SLAMA attended by Dr Lasantha Ganewatta 21/02/2025

Second Regional Meeting of SLAGM – Anuradhapura

The Second Regional Meeting of the Sri Lankan Association of Geriatric Medicine (SLAGM) was held on 20th March 2025 in Anuradhapura, in collaboration with the Anuradhapura Medical Association. The event was attended by a large number of Grade Medical Officers, postgraduate trainees, and medical students.

The Doctors' Programme, conducted at the Professorial Unit Auditorium, Teaching Hospital Anuradhapura, featured a range of insightful sessions, covering key aspects of geriatric medicine, including:

Preventing Falls – Strategies for Safety and Strength – Dr. Shehan Silva

Cognitive Health – Unlocking the Keys to Prevention and Early Detection – Dr. Asha Dias

Polypharmacy – Navigating the Risks and Finding Solutions – Dr. Hemal Senanayake

Managing Diabetes and Hypertension in the Older Adult – Dr. Sunanya Jayaweera

Comprehensive Geriatric Assessment: MDT Approach – Dr. Baran Wimalakeerthi

Importance of Nutrition in Ensuring a Healthy Old Age – Dr. K.M.K.S.N.K Pieris

Perioperative care of the older patient – Dr. Shihara Senewiratne

A parallel nurses' session took place at the Nurses' Training School Auditorium, ensuring a multidisciplinary approach to elderly care.

















Community Awareness Program

On 19th March, the Anuradhapura Medical Association organized a community awareness program in collaboration with the Anuradhapura Rotary Club. This initiative aimed to introduce geriatric health concepts to the public and was a resounding success. Several renowned speakers from SLAGM and the Anuradhapura Hospital clinical team participated, promoting the importance of healthy aging among the general public.



















Diagnostic challenges of Female urinary incontinence and the approach of management

Rathigashini Ramachandran Senior Lecturer and Consultant Obstetrician and Gynaecologist, Department of Obstetrics & Gynecology, Faculty of Medicine, University of Kelaniya

Urinary incontinence is a common and distressing condition among women. It's under-reported as it's considered normal following childbirth and aging, and many women suffer before seeking treatment. However, it can have a significant impact on the quality of life including physical, mental, social, and sexual life. It also leads to a huge burden on health costs.The International Continence Society defines urinary incontinence as the involuntary leakage of urine. Box 1 mentions several causes of urinary incontinence.

- Urodynamic stress incontinence (SUI)
- Urge incontinence (Overactive bladder)
- Retention with overflow
- Fistulae: Vesicovaginal, Uterovaginal,
- Urethrovaginal, complex congenital
- abnormalities (e.g.-epispadias, ectopic ureter,
- spina bifida occulta)
- Urethral diverticulum
- Temporary (Urinary tract infection, faecal
- impaction)
- Functional (e.g.-immobility)

The most common types are stress, urge urinary incontinence and some may have both, called mixed urinary incontinence. This may occur at any age. However, it is more prevalent in postpartum and postmenopausal women. Accurate diagnosis can be made and many women can be cured by thorough history taking, examination, investigation, and various management strategies.

A structured approach to managing urinary incontinence recommended by NICE includes:

□ Patient's History

1. Symptoms of lower urinary tract dysfunction. This includes

   Incontinence

   Stress urinary incontinence is the most common complaint

   May complain of urge incontinence or incontinence during sexual intercourse

   Overactive bladder (OAB) symptoms-frequency, urgency, urge incontinence

   Voiding difficulties like hesitancy, Poor stream, straining to void, Incomplete bladder emptying
2. Other Gynaecological symptoms prolapse/menstrual disturbance (Fibroid uterus can press the bladder and cause urinary frequency and urgency)
3. Obstetric History to look for risk factors - large baby, Forceps delivery
4. Complications-Recurrent urinary tract infections, episodes of acute urinary retention
5. Neurological problems such as multiple sclerosis
6. Endocrine disorders such as diabetes mellitus
7. Drug history - Diuretics can cause urge incontinence and drugs that affect detrusor activity, like tricyclic antidepressants, tranquilizers, and alpha blockers
8. The severity of incontinence and their impact on the quality of life using the International Consultation on Incontinence Questionnaire (ICIQ)

□ Physical Examination

A pelvic examination especially in postmenopausal women assesses any pelvic organ prolapse, vaginal atrophy, and pelvic floor muscle tone.

Urodynamic stress incontinence is the commonest and detrusor overactivity is the second most common cause. These two diagnoses account for over 90% of cases of female urinary incontinence. As their treatment differs it is important to make an accurate initial diagnosis.

- Investigations
    1. Midstream urine sample- To exclude urinary tract infection which can mimic incontinence symptoms
    2. Frequency-volume chart (Bladder Diary)

        This helps to track the urinary symptoms and classify the type of incontinence. This also provides further information on severity, objective assessment of a patient's fluid input, and urine output, and also about excessive drinking or consumption of bladder irritants.
    3. Urodynamic studies

        This includes uroflowmetry and cystometry. Uroflowmetry will diagnose the presence of outflow obstruction/hypotonic bladder. Cystometry provides information on sensation, capacity, contractility, and compliance of the bladder. However NICE recommends these tests to reserve for cases where diagnosis is unclear and if there is a suspicion of complex pathology.

    4.Other investigations include urethral pressure profilometry, imaging, and cystoscope. These are preserved as second-line investigations.

Management

Non-surgical management

Lifestyle modification

Weight reduction

weight loss is recommended for women with excess weight to reduce the pressure on the bladder

Fluid management

Restrict the fluid intake to 1.5-2L. Avoid bladder irritants such as coffee, alcohol, and carbonated drinks. Restrict fluid intake during nighttime if there is nocturia.

Pelvic floor muscle training (PFMT) PFMT is the cornerstone of conservative treatment for stress urinary incontinence. Both NICE and RCOG guidelines emphasize its effectiveness and recommend it as first-line therapy for women with SUI. It is important to do supervised training particularly involving a physiotherapist/supervised trainer to ensure correct technique, for three months, followed by reassessment.

Bladder training

This is recommended for urge urinary incontinence or overactive bladder. This will reduce urgency episodes and increase bladder capacity by scheduled voiding and gradually increasing the interval between urinations.

Pharmacological treatment

NICE and RCOG recommend antimuscarinic drugs for urge urinary incontinence such as oxybutynin, Tolterodine, or solifenacin. These drugs work by inhibiting bladder activity. These medications should be prescribed with caution due to potential side effects such as dry mouth, constipation, and blurred vision. Mirabegron, a β3-adrenoceptor agonist, can also be used in patients who are contraindicated for anticholinergic medication.
Duloxetine, Serotonin Noradrenalin reuptake inhibitor is shown to be more effective than placebo in studies in patients with stress urinary incontinence who are not suitable for surgery / awaiting surgery. Its side-effect profile makes it less suitable for long-term use.

Vaginal estrogen

Both NICE and RCOG recognize vaginal estrogen as an effective treatment for postmenopausal women with urge incontinence and associated vaginal atrophy. Estrogen can help restore the integrity of the vaginal and urethral mucosa, improving both continence and sexual function

Surgical management

Surgery is the management of choice for patients with stress incontinence who fail conservative management and PFMT. However, surgery is decided after the discussion of potential benefits and risks.

1. Stress incontinence
   - Colposuspension
     Laparoscopic/open Burch colposuspension is the surgery of choice for stress urinary incontinence following mesh complications in the recent past. This surgery is performed to elevate the bladder neck and urethra.
   - Sling procedures

     Sling procedures such as Trans obturator tape/Tension-free vaginal tape were considered most effective before the recognition of mesh complications. Now there are considerations for fascial sling rather than synthetic mesh.

   - Injectable Agents Injectable agents like bulking agents (e.g., carbon-coated beads or collagen) are another option for women with stress urinary incontinence. They improve the continence by increasing the bulk around the urethra.

2. Urge incontinence

- Botulinum toxin

  This is considered a third-line treatment for urge incontinence. Regular injections (every six months) of botulinum toxin guided via cystoscopy helps by relaxing bladder muscle. This can cause transient voiding dysfunction and may need intermittent catheterization.

- Neuromodulation techniques, such as percutaneous tibial nerve stimulation (PTNS) or sacral nerve stimulation (SNS), are effective in treating urge urinary incontinence and are recommended by NICE for patients who have failed conservative and medical management.

Conclusion

Urinary incontinence is a common condition that can significantly impact a woman's quality of life. The NICE and RCOG guidelines offer clear, evidence-based recommendations for the diagnosis and management of these conditions, with a strong emphasis on conservative treatment approaches. Surgical interventions should be reserved for those with more severe symptoms or when conservative treatments have failed. As healthcare providers, it is essential to take a holistic, patient-centered approach, ensuring that treatment plans are tailored to the individual's needs and preferences.

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Creative Corner



The Joy of Grandparenthood

Silver strands and wrinkled hands,
Yet hearts that dance in golden sands.
A child's laughter, pure and bright,
Turns the years to morning light.

Tiny fingers, eager, small,
Wrapped in love that answers all.
Stories whispered, lessons told,
Treasures far more dear than gold.

Softest hugs and bedtime tales,

Chasing dreams on moonlit trails.
With every smile, our hearts renew,
A love so deep, so pure, so true.

Dr.Achala Balasuriya

Vertigo in the Elderly: A Silent Epidemic

Dr. JMRG Jayaweera,Consultant Otolaryngologist,Colombo North Teaching Hospital,Ragama



As global populations age, vertigo has emerged as a common yet often overlooked issue among the elderly. More than just a fleeting sensation of dizziness, vertigo is a specific symptom characterized by a false perception of spinning or motion. While it is often conflated with dizziness or imbalance, vertigo has distinct causes and implications, making its diagnosis and management a critical area of focus in geriatric care.

Understanding Vertigo

Vertigo occurs when the vestibular system—responsible for balance and spatial orientation—is disrupted. This intricate system, located in the inner ear, interacts with the brain to maintain equilibrium. When the system malfunctions, the result is a distorted sense of motion, even when the body is still.

In elderly patients, vertigo is frequently linked to age-related changes in the vestibular system. Studies suggest a reduction in the number of vestibular hair cells and neurons over time, along with potential alterations in the central nervous pathways that process balance information. These changes, coupled with other age-related health conditions, contribute to a higher prevalence of vertigo in older adults (Baloh & Honrubia, 2001; Lopez et al., 2015).

These changes, coupled with other age-related health conditions, contribute to a higher prevalence of vertigo in older adults (Baloh & Honrubia, 2001; Lopez et al., 2015).

Causes of Vertigo in the Elderly

The causes of vertigo are diverse and multifactorial. Some of the most common include:

1. Benign Paroxysmal Positional Vertigo (BPPV):
   BPPV is caused by dislodged calcium crystals in the inner ear, which disrupt the balance system. It often presents as short, sudden episodes of vertigo triggered by specific head movements.
2. Vestibular Neuritis:
   This condition involves inflammation of the vestibular nerve, often due to a viral infection, and results in prolonged vertigo episodes.
3. Ménière's Disease:
   This disorder is characterized by vertigo, hearing loss, and tinnitus. It is caused by abnormal fluid buildup in the inner ear, although its exact triggers remain unclear.
4. Age-Related Vestibular Decline:
   A gradual reduction in vestibular function due to aging is a natural process, but in some cases, it leads to chronic imbalance and vertigo.
5. Central Causes:
   Neurological disorders, such as stroke or tumors affecting the brainstem or cerebellum, can also lead to vertigo. These central causes are less common but more serious.

The Impact on Quality of Life

Vertigo significantly affects the quality of life in elderly individuals. Frequent or chronic episodes can lead to:

- Increased Risk of Falls:
  Falls are a leading cause of injury and mortality in the elderly, and vertigo greatly amplifies this risk (Rubenstein, 2006).
- Psychological Effects:
  Recurrent vertigo can cause anxiety, fear of falling, and depression, which may further isolate patients socially (Yardley et al., 2004).
- Functional Decline:
  The fear of triggering vertigo may limit mobility and independence, reducing physical activity and overall health.

Challenges in Diagnosis and Management

Despite its prevalence, vertigo in the elderly is often underdiagnosed. A study of U.S. healthcare data found that only 16.8% of elderly patients with vertigo were referred to an ENT or vestibular specialist, even though vestibular disorders accounted for nearly a quarter of all cases (Agrawal

et al., 2013). This diagnostic gap may stem from the overlap of vertigo symptoms with other age-related conditions or the misconception that vertigo is an inevitable part of aging.

Management of vertigo involves addressing its root cause. Treatment options include:

- Repositioning Maneuvers:
  For BPPV, procedures like the Epley maneuver can help dislodge misplaced crystals in the inner ear.
- Vestibular Rehabilitation Therapy (VRT):
  This specialized physical therapy strengthens the vestibular system and improves balance.
- Medications:
  Antivertigo drugs, such as antihistamines or vestibular suppressants, may provide temporary relief but are not long-term solutions.
- Lifestyle Modifications:
  Avoiding triggers, staying hydrated, and maintaining regular physical activity can reduce the frequency and severity of vertigo episodes.

Prevention and Public Health Implications

Preventing vertigo-related complications requires a proactive approach. Public health initiatives should focus on educating healthcare providers and caregivers about the importance of early diagnosis and treatment. Routine balance assessments, particularly for individuals with a history of falls or dizziness, can help identify at-risk patients.

As populations continue to age, addressing vertigo in the elderly is essential not only for improving individual well-being but also for reducing the societal burden of fall-related injuries. A combination of awareness, research, and tailored care can ensure that this silent epidemic does not go unnoticed.

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Geriatric Mental Health

Tharushi Gunarathne,Counselling Psychologist Psychotherapist,visiting Lecturer in psychology ,PhD in Psychology (Reading-IICA) Msc.Clinical psy (UK) Bsc.psy(GAU)

HD. Psy(GAU)HD. Psy coun(UOC) Ad. Psy(SLF)



Geriatric Mental Health focuses on the mental and emotional well-being of older adults, addressing the unique psychological challenges they face as they age. This field of study includes the prevention, diagnosis, and treatment of mental health issues in the elderly population, which may differ from those of younger individuals due to age- related biological, social, and psychological factors.

Key Aspects of Geriatric Mental Health

Common Mental Health Disorders in Older Adults:

Depression: Depression is one of the most common mental health issues among the elderly. It may present differently than in younger adults, sometimes appearing as physical complaints or withdrawal rather than sadness. It can result from isolation, chronic illness, or the loss of loved ones.

Anxiety Disorders: Generalized anxiety, panic disorder, and specific phobias can occur, often exacerbated by health problems, loss of independence, or fear of aging-related changes.

Cognitive Decline and Dementia: Conditions like Alzheimer's disease and other forms of dementia are significant concerns in older adults. These conditions affect memory, thinking, and behavior and can have a profound impact on daily functioning.

Late-Life Schizophrenia: Though less common, schizophrenia can continue into old age or emerge in late life. Late-onset schizophrenia often manifests differently than early-onset, often with more prominent delusions and hallucinations.

Risk Factors:

Physical Illness: Chronic health conditions such as diabetes, heart disease, or stroke can contribute to mental health issues. Certain medications used to treat these conditions may also have psychiatric side effects.

Social Isolation: A loss of friends or family, lack of social support, and living alone are common risk factors for depression and anxiety.

Loss of Independence: Difficulty with mobility, loss of driving privileges, or dependence on caregivers can lead to feelings of helplessness, depression, and anxiety.

Bereavement: The death of a spouse, friends, or loved ones can trigger grief, depression, and other mental health conditions.

Cognitive Impairment: Memory loss and difficulty concentrating can not only be signs of aging but also symptoms of more serious conditions like dementia or depression.

Assessment and Diagnosis:

Mental health assessments for older adults typically involve a thorough evaluation of physical health, mental state, and social context.Screening tools, such as the Geriatric Depression Scale (GDS) or the Mini-Mental State Examination (MMSE), are often used.Differential diagnosis is crucial because older adults may present symptoms differently due to co-existing medical conditions.

Treatment Approaches: Cognitive-behavioral therapy (CBT) has been found to be effective for older adults with depression and anxiety. Interpersonal therapy (IPT) is also commonly used to address issues related to grief, loneliness, and life changes. Antidepressants (e.g., SSRIs, SNRIs) are commonly prescribed for depression and anxiety, though careful consideration must be given to side effects in older adults. Medications for cognitive impairment (e.g., cholinesterase inhibitors for Alzheimer's disease) may also be used.

Support Groups: These provide social engagement and emotional support, particularly for those dealing with chronic illness, caregiving, or loss.

Lifestyle Modifications: Regular physical activity, proper nutrition, social interaction, and mental stimulation are important for maintaining cognitive function and emotional well-being in older adults.

Geriatric Care Models:Geriatric Psychiatric Care: Some healthcare facilities specialize in geriatric psychiatry, offering comprehensive evaluations and treatments.
Integrated Care: The integration of mental health services into primary care for older adults can help address both physical and mental health needs.Community-Based Programs: Programs that promote mental health in older adults, such as Senior Centers or Day Programs, can be effective in preventing and addressing mental health issues.

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DIAL 1353

AWARD WINNING HEALTHCARE RIGHT AT YOUR DOOR



- Home Visits by the Clinical Team
- Wound Treatment
- Post Surgical Care
- Intravenous (IV) Drugs and Fluids
- Laboratory Sample Collection
- Nebulization and Oxygen
- Nasogastric Tube (NG) Services (Insertion, Changing and Support Feeding) NG tube
- Physiotherapy and Associated Services
- Stoma Care (Bag Fixation and Changing)
- Urinary Catheter Insertions, Changing or Removal

From a common cold to post surgical care, Hemas Home Care means having access to hospital-quality care at your home

HEMAS HOSPITALS HOME CARE