Geriatrics Meeting #1 (08/27/2012)

These are the main points and topics that we focused upon at today's meeting.

- A joke can be diagnostic (for example in dementia).
- "Learn by helping"—how have you helped someone with what you have learned?
- When treating an older patient, there is always something that can be done to help them.
- Symmetry: if there is pain on one side of the body, make sure to check the other side as well
- Time frame is critical when discussing problems with a patient. How long has it been occurring?
    - If they state that they bumped their knee three days ago, this is completely different than a gradual onset of pain over months.
- **Disease versus Dis-ease**
    - The elderly: may work to minimize suffering versus cure
- Social characteristics (for example: poverty) can influence a patient's health
- In the past, elders were highly respected within society, but recently this has shifted. The elderly are not viewed as if they are very valuable.
    - We can learn from our elders.
- Over-the-counter drugs: may not be the best for this population. Can do more harm than good. (Our example: Tylenol PM).
    - "Geriatric Syndromes"
- Remember: Dementia is a chronic and gradual process, while delirium occurs with a more sudden onset.
- No matter what specialty you will go in to, as a physician you will have to deal with the geriatric patient population. (Even obstetricians will see those elderly pregnant women…?)
    - It is always good to learn as much as possible about the patient populations that you will be seeing once in practice.
- The patient wants people that are there for them. They should not feel abandoned, isolated, etc.
- **Realize that things that embarrassed us in the past occur more frequently in those of advancing age.**
    - Use your emotions or how you feel in a diagnostic fashion→for example, when with a patient with depression, may feel "down". This may clue you in to the fact that you should screen for depression.
        - "You seem pretty upset today…" (open question)
- Use common sense when dealing with patients: give advice that you would give to your friend. You do not always have to prescribe medications.
- Pain is the "extra vital sign" and it can ruin your life (especially when chronic)
- "Stall Quality of Life Scale": ranges from 0 (the "pits") to 10 ("great").
    - Relative scale.
    - How can I help you to be better? Increase your rating on this scale?
- Patients are prejudiced against themselves; health care workers are also very prejudiced against elderly patients.
- Hope: "What do you hope for the future?" "What are you looking forward to in the future?"
    - "Do you have any regrets?"
- **The worst thing that a doctor can do is not to kill a patient, but for their patient to wish that they were dead.**
    - How do we help the patient want to live?
    - Find some quality of life there (BE CREATIVE)
- Remember: with dementia patients you must "go with the flow"
- Remember to focus on the **patient** and always to use common sense.
- Hugs! Not (always) drugs!

Web-based Senior Health Assessment:

seniorselfassessment.com

Next Meeting: 09/10/2012 at 1:30 pm