
Geriatric Emergency Medicine is an easy-to-use manual written by emergency physicians for providers caring for geriatric patients in the acute care setting, specifically, other emergency physicians. This book was not created as a comprehensive textbook for geriatric medicine, but rather as a usable resource for use at the point of care. The authors have definitely succeeded in their endeavor.

This manual begins with nine overview chapters that discuss special considerations of geriatric medicine, such as the physiology of aging, functional assessment and decline, and nursing home transfers. Next, the chapter addressing
pharmacotherapy and adverse drug-related events emphasizes the altered drug metabolism with age and its consequences. The authors also reinforce the concern for adverse drug-related effects of prescribing increasing numbers of medications. For example, administering two medications increases the risk of an adverse effect to 13%, three medications to 30%, five medications to 58%, and seven medications to 82%. This is sobering information, considering it is not atypical for an elder patient to be taking at least eight to ten medications at one time. In addition, the authors remind us to carefully consider the adverse drug-related effects, drug-drug interactions, and changes in physiology with aging before prescribing any new medications to a geriatric patient. This chapter is an important reminder that elders are at great risk for such events, and not to contribute to this problem.

The remaining chapters address the multitude of medical and surgical conditions that are seen in elders. Each chapter begins with a bulleted list of high-yield facts, then proceeds into the epidemiology and pathophysiology of the particular topic. Next the clinical features, diagnosis and differential, emergency department care, and dispositions are discussed. Each chapter emphasizes the key aspects to remember as they relate to geriatric medicine for each topic.

The repeated theme throughout the text is to be wary of elders. Do not be lured into reassurance that the patient will be fine because he or she “looks pretty good,” i.e., has only a low-grade fever or a normal white blood cell count. Elders often do not manifest the classic signs and symptoms of a particular disease state. Rather, they frequently display only subtle and atypical presentations of catastrophic illnesses.

This book is a great addition to every emergency department library. It is very useful for quick, on-the-spot information needed in the acute care setting. It is extremely well organized and easy to use. It is also a great addition to the required reading of any emergency medicine or primary care residency. The authors have done a fantastic job creating a reference for geriatric medicine in the emergency department—Bobbie Ann Schauer, MD (baschauer@rap.midco.net), Department of Emergency Medicine, Rapid City Regional Hospital, Rapid City, SD
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