

Providing holistic care for older people

Ng CJ

Editor in Chief

Personally, I find managing older people challenging but rewarding. Unlike a younger man, an elderly man with pneumonia may present with confusion or falls rather than fever, cough and breathlessness. A 70-year-old woman with diabetes is likely to also have hypertension, dyslipidaemia, osteoarthritis, hearing difficulty and depression. As a family physician, not only do we have to help them control their blood pressure and glucose, we have to deal with the new symptoms that occur more frequently as they age. How do we pack all these in a short consultation of 10-15 minutes (if we are lucky enough to have that amount of time)? This is not even taking into consideration offering timely and evidence-based screening, such as faecal occult blood test for colorectal screening and mammogram for breast cancer, to the older people as recommended by the clinical practice guidelines.

This first issue of MFP in 2015 brings you a few articles that focus on elderly issues that are important yet often neglected in our busy clinical practice. Sazlina SG provides an overview of screening in older people, emphasising the lack of evidence to screen for the 'old old', (e.g. breast and cervical cancer) and the decision whether or not to screen an older person should be based on 'comorbidity, functional status and life expectancy, and has to be individualised'.¹ Trongsakul S conducted a study in Chiang Mai, Thailand and found that those who had cognitive impairment were more likely to be depressed in a group of older people with type 2 diabetes who had low literacy.² This article highlights the importance of screening for comorbidity in older people as conditions such as dementia and depression (pseudodementia) can coexist and pose a diagnostic challenge due to overlapping symptoms. In a paper by Ahmad Sharoni et al, he found that among 200 people with type 2 diabetes aged 60 years and above in Kelantan, the social support and self-care activities were moderate.³ Interestingly, higher social support was associated with lower self-care activities. This inverse relationship may suggest the 'negative' role of families in discouraging self care activities, which may be unique to local culture and requires further research.

Despite all these challenges, managing older people in general practice can be very rewarding. We have built a close doctor-patient relationship with the patient over time and the trust increases with time which makes the management easier. The consultations become more amicable and often turn into a 'social chat'. In fact, we can learn a lot from our older patients if we spend time listening to them.

References

1. Sazlina SG. Health screening for older people—what are the current recommendations? *Malays Fam Physician*. 2015;10(1):2-10.
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