

# Key Principles of Geriatrics

*For older adults, baby boomers, caregivers,  
and health care professionals*

## **Principle 1: SUDDEN CHANGE comes from sudden problems!**



An older person who suddenly becomes confused - but was alert and oriented the day or week before - is having an acute problem such as an infection, medication side effect, stroke or even a heart attack. These and many other acute problems can be treated effectively if diagnosed properly and in a timely manner. An older person often has unusual or subtle symptoms. Confusion may be the only symptom of a heart attack in an older person. A younger person would be more likely to experience the classic symptoms of chest pressure and arm pain. A sudden change DOES NOT mean Alzheimer's disease has set in overnight.

## **Principle 2: GRADUAL DECLINE is often treatable!**



There are many problems in older adults that develop slowly and may cause gradual decline. Alzheimer's disease may be one, but an overactive or underactive thyroid, vitamin B12 deficiency, poor nutrition, Parkinson's disease and depression are other examples. Loneliness and social isolation can also cause gradual decline. Appropriate medical treatments, improved transportation, hearing aids or glasses, joining a health spa, volunteer work, kind words of reassurance or a big hug now and then can all have a remarkable therapeutic effect.

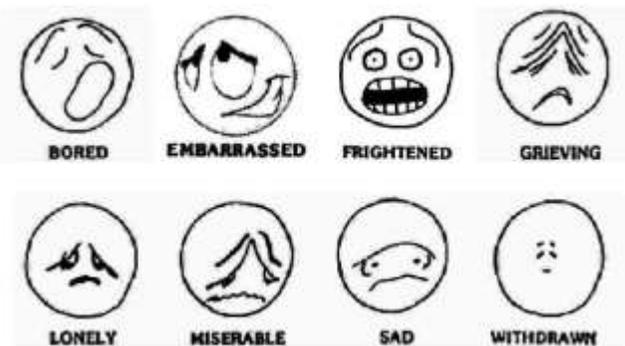
### **Principle 3: MEDICATION TOXICITY in older adults is our MAJOR DRUG PROBLEM!**



Many older people see several doctors, each of whom may prescribe different medications. These same people may also use over-the-counter medication regularly. They may even get their medications from more than one pharmacy, or from friends. It's not hard to see how medications may pile up and how difficult they may be to track. Even one drug that's not right for a person can impair function and decrease enjoyment of life. Imagine

what five – or ten, or fifteen – can do. Older adults should make sure their doctors know about all medications they are taking and question doctors about prescribed drugs. Are they necessary? What side effects should I watch for? Are they safe to take with my other medications? The doctor should also know about alcohol, cigarette and coffee use.

### **Principle 4: DIS-EASE (not just disease) must be sought for and treated!**



It's the little things that can kill you, or at least make you wish you were dead. Loneliness. No way to get around. Pain. Family discord. Worries about money. Death of a friend. These are examples of DIS-EASES that MUST be addressed for an older person to live a truly happy and healthy life.

**Principle 5: AGEIST ATTITUDES are harmful!**

*“What do you expect at your age? You're not getting any younger!”*

Does this sound familiar?



They are UNJUST GENERALIZATIONS and PREJUDICIAL STATEMENTS that assume people naturally become weak, sick and forgetful as they age. Older people get sick from diseases or dis-eases, not "old age".



**Principle 6: QUALITY OF LIFE & FUNCTIONAL ABILITY are where it's at!**



Improving quality and maximizing function in the lives of older adults are the primary goals of good geriatric care. And there are plenty of approaches and resources that can help.

**Principle 7: There is ALWAYS something that can be done to help!**



I've NEVER sent anyone out of my office telling them "there's nothing more I can do for you". With a little thought and creativity, I've always found SOMETHING that could help my patient be a little happier or healthier.