

# PREVENTIVE MEDICINE IN OBSTETRICS, PAEDIATRICS AND GERIATRICS



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**PREVENTIVE**

**GERIATRICS**



*“It is the art and science of preventing disease in the geriatric population and promoting their health and efficiency”*



- The study of physical and psychological changes that occur in old age is called “**GERONTOLOGY**”.
- Geriatrics is the branch of general medicine concerned with ***clinical, preventive, medical and social*** aspects of illness in the elderly.
- The old age is defined as the age of retirement. In our country it is fixed at 60 years and above.



- Hippocrates noted conditions common in later life
- Aristotle offered theory of ageing based on loss of heat
- The word geriatrics was invented by Ignatz L. Nascher, a vienna born immigrant to the united states
- Geriatric medicine was a product of the British NHS
- Nascher was the father of geriatrics and Majory Warren was its Mother
- The 1<sup>st</sup> Geriatric service was started in U.K in 1947.

# GERIATRIC POPULATION



- 1980- 5.3%
- 1992- 6 %
- 2000- 7.7%
- 2019 -12%
- 2050- 20%(Expected)
- 70% - Developing World
- 6.6% geriatric population in pakistan(WHO Survey)

# ***THEORY OF AGING***

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- Somatic mutation theory
- Autoimmune theory
- Hayflick's theory of aging

# RISK OF GERIATRICS



- ❖ Prone for infections
- ❖ Prone for injuries
- ❖ Need special assistance
- ❖ Prone for psychological problems
- ❖ Prone for degenerative disorders
- ❖ Increased risk for disease
- ❖ Increased risk of disability
- ❖ Increased risk of death



# AIM OF GERIATRIC MEDICINE



- Maintenance of health in old age by high levels of engagement and avoidance of disease.
- Early detection and appropriate treatment of disease.
- Maintenance of maximum independence consistent with irreversible disease and disability.
- Sympathetic care and support during terminal illness.

# HEALTH PROBLEMS OF THE AGED



- ✓ *PROBLEMS DUE TO AGEING PROCESS*
- ✓ *PROBLEMS ASSOCIATED WITH LONG TERM ILLNESS*
- ✓ *PSYCHOLOGICAL PROBLEMS*

# PROBLEMS DUE TO AGEING PROCESS



- SENILE CATARACT
- GLAUCOMA
- NERVE DEAFNESS
- OSTEOPOROSIS
- EMPHYSEMA
- FAILURE OF SPECIAL SENSES
- CHANGES IN MENTAL OUTLOOK

# PROBLEMS ASSOCIATED WITH LONG TERM ILLNESSES



- DEGENERATIVE DISEASES OF HEART AND BLOOD VESSELS
- CANCER
- ACCIDENTS
- DIABETES
- DISEASES OF LOCOMOTOR SYSTEM
- RESPIRATORY ILLNESSES
- GENITOURINARY ILLNESSES

# PSYCHOLOGICAL PROBLEMS



- MENTAL CHANGES**
- SEXUAL ADJUSTMENT**
- EMOTIONAL DISORDERS**



- Investigation is an essential tool in the diagnosis of elderly patients.
- Under or over investigations to be avoided.
- Know the age related variables while interpreting the results.
- Non-invasive tests are preferred than invasive.
- The objective of the investigations is to improve the quality of life.
- One must try to get the diagnosis right, as wrong diagnosis is harbinger of wrong treatment



- Polypharmacy should be avoided whenever possible
- Regular review of medication is a must
- Poor drug compliance could be due to poor advice
- Proper nutrition is vital for healthy living
- A well balanced nutritious diet is ideal for older age
- It is not the quantity but the quality.

# Present scenario in Pakistan



- Cataract & Visual impairment- 88%
- Arthritis & locomotion disorder-40%
- CVD & Hypertension – 18%
- Neurological problems- 18%
- Respiratory problems including Chronic bronchitis- 16%
- GIT problems- 9%
- Psychiatric problems- 9%
- Loss of Hearing – 8%



# PREVENTION

## ➤ PRIMARY PREVENTION

- Health education
- Exercise
- Immunization

## ➤ SECONDARY PREVENTION

- Annual medical check-up for screening
- Early detection ( Universal approach, Selective approach)
- Treatment



## ➤ **TERTIARY PREVENTION**

- Counseling and Rehabilitation
- Welfare activities

# LIFESTYLE MODIFICATIONS



- A. Diet and nutrition
- B. Exercise
- C. Weight
- D. Smoking
- E. Alcohol
- F. Social Activities



***THANK YOU***