Geriatric Practice in Malaysia : Issues and Challenges

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The demand for Geriatric Health Care

The estimates of the number of older Malaysians who need specialised care by the year 2000 and the number of physicians who will be trained to provide that care foretell a serious disparity. The improvements in nutrition, public health and advances in medicine have contributed to an increased life expectancy and to the demographic changes in this country. The number of Malaysians aged 65 years and over has increased by 1.82% in 1990, 2% in 1991 and 3.4% in 1992. The average annual growth rate for this segment of the population was 2.4% in the past three years. The rate will accelerate over the 1991 - 2000 period and it is anticipated that 990,000 persons are expected to be 65 years and above by the year 2000 (4.4% of the total population)[1]. The age 65, although not necessarily demarcating biologic old age, has provided a convenient benchmark for demographers. Despite the relative good health and vigor of many of those over the age of 65 years, they are more likely than any other age group to suffer from multiple chronic degenerative diseases.

There has been concern whether the current healthcare system, focused on dealing with acute medical problems is appropriately addressing the task of caring for the elderly. The Government has been proactive in their approach. In 1995, following a conference on the health care needs of the elderly, a series of short and medium term goals were set. Nongovernmental organisations, notably the National Association of Senior Citizens of Malaysia (NASCOM), the Gerontological Association of Malaysia (GEM) and others have provided further impetus to developing policies and services related to elderly issues.

One of the issues that begs an answer is whether there is a need to introduce a "new" specialty to the Malaysian health care system. Geriatric practice is carried out by all doctors with the exception of those who practice in paediatrics and obstetrics. The need for Geriatric Medicine stems not only from the fact that there are increasing numbers reaching old age but also because of the increasing knowledge about the elderly through research.

Medical care of the elderly requires a body of knowledge and skills distinct from those offered by other physicians. The health care needs of the elderly differ substantially from those of younger patients[2]. The physical and social changes associated with ageing are combined with the debilitating effects of multiple, often simultaneous, acute and chronic diseases[3]. Both the presentation of illness and its response to treatment are altered in old age. Not only is the presentation of disease often different, but its management varies with the social and economic environment. The geriatrician must be a manager, looking at the patient's total environment and using measurements that evaluate the patient's total ability to function. Frailty is often compounded by problems such as urinary incontinence, instability, falls, and acute confusional states. Exposure to specialised training in geriatric practice will enhance the capacity of physicians and general practitioners to provide appropriate high quality health care both for the relatively well older person and for those elderly who are hospitalised with multiple medical problems.

Geriatric Education

There is, presently, a dearth of academic geriatricians in Malaysia who can establish and bolster clinical practice and research in geriatrics, and they are called on to combine research, teaching and clinical practice. This makes it difficult to function effectively as leaders to undertake training of new geriatricians who can

provide clinical expertise in the field. Newly trained geriatricians may opt to enter a variety of private practice settings and not return to the medical schools to train others[4].

The medical problems of older people, traditionally viewed as unexciting and irreversible, are only beginning to be seen as interesting, challenging, and treatable. The absence, until recently, of a well-defined specialty left geriatric practice nearly indistinguishable from nursing home care. There was no vision of the challenge of treating and caring for the healthy aged, of directing programs of home or community based care, or of pursuing research in geriatrics. There was little awareness of the availability of training programmes offered by the Ministry of Health amongst the local graduates. As a result, applicants for postgraduate training in this field are only beginning to appear.

Our medical schools use a curriculum wide approach to highlight aspects of ageing. Teachers of core courses would be aided in incorporating such content if standard textbooks included more information on subjects related to the elderly. The establishment of a complementary required module or section of an existing module to integrate the knowledge gained about the problems of the elderly would be beneficial. The fact that many patients in acute care are over the age of 65 does not mean that appropriate care of the elderly is being taught on the ward attachments. As a result, students find it difficult to develop the ability to assess and manage the elderly patient, and to recognise atypical presentations of common diseases in this age group.

Training of nurses

Nursing make up the largest single component of services that provide care for the elderly. Positive attitudes, absence of stereotyping and providing better learning experiences in educational programmes in nursing will benefit the elderly who seek health care. A comparative study of first and third year student nurses' knowledge and attitude towards the elderly and ageing revealed that only 10% of the third year students and none of the first year students would choose to nurse the older patient as a first preference[5]. This finding was tempered by the fact that more than 95% of the same students expressed a desire to know more about the elderly and the ageing process. This is a positive challenge for the nursing tutors in our schools of nursing to develop a module of geriatric nursing to satisfy this demand for knowledge.

Challenges in providing medical care for the elderly in a hospital setting

A study of general medical patients found that approximately 40% of patients over 70 years of age experience some loss of mental and physical function unrelated to their admitting diagnosis compared to 8.5% of younger patients[6]. Hence, the physician, nurse, and family members should work together to develop a care plan for the patient to prevent functional decline associated with hospitalisation. The team approach to caring for the elderly patient is essential, in view of the multitude of problems that often accompanies the presenting medical or surgical diagnosis. It is important to clarify and prioritise the treatment of reversible problems that significantly influence the patient's functional ability.

With greater drug usage and polypharmacy, the incidence of adverse drug reactions is more prevalent in the elderly[7]. In the University Hospital elderly study, 50% of the elderly patients were noted to be on multiple drug therapy on discharge[3]. Physiological changes in the ageing kidney, memory deficits, altered eating habits, and multiple drug regimens all contribute to make drug therapy more difficult in the elderly. There is a need for all doctors dealing with the elderly age group to monitor and rationalise drug prescribing to reduce the incidence of iatrogenic complications and adverse drug reactions.

Rehabilitation from the acute illness to help return the elderly patient to the level of premorbid function is often lacking in our hospitals. Several issues lead to this. Firstly, the elderly Malaysian has low expectations of functional recovery from a severe illness, and informal care is often readily provided by their spouse or family. Some never assume or attempt to become independent in their daily activities following illness, choosing to allow elected carers to take a nursing role. Secondly, the family provide informal care in the way

they think fit. This occasionally leads to inadvertent neglect or overprotection when the elderly are inappropriately placed in nursing homes. Thirdly, lack of understanding of the special needs of a geriatric patient may lead the treating doctor to assume that early discharge to convalesce at home to be wholly appropriate. The need for rehabilitation is not appreciated and leads inevitably to more elderly becoming prematurely dependent and indirectly increases health care costs. This can impact upon those family members who may have to give up full time employment to assume the role of carer. Hence, a rehabilitative approach is an integral part of the management of a sick elderly patient[8].

Geriatric practice in the community

Primary care physicians account for the majority of the encounters with elderly patients[9] (see Table I). Although they have a higher proportion of physical and psychosocial impairments, most elderly persons living in the community report themselves in good health[10]. They adapt well to losses in physiological function. However, an understanding of these physiologic changes can help the general practitioner improve their delivery of health care to their elderly patients. Although elderly patients present with more problems and take longer to give and receive information, the average length of encounters between the doctor and patient declines with the patient's age[11].This trend holds for both generalists and specialists, and for several types of encounters, regardless of the severity of the patient's primary problem or complexity of the encounter. The maintenance of physical, psychological and social function is of particular concern to the elderly person.

Table I
Patient visits by age group and sex to the family practice clinic at University Hospital, Kuala Lumpur[10]

	Male	Female	Total
<50 years	30.2%	30.7%	30.4%
51- 60 years	24.1%	26.1%	25.3%
> 60 years	45.7%	43.2%	44.3%

Thus, history taking and physical examination should not be involved only in the detection or diagnosis of a disease state but also in the assessment of the pre- and postmorbid function. This requires time, and this should be allocated to accommodate the additional functional assessment.

A substantial portion of geriatric practice is related to psycho-geriatric problems such as intellectual impairment[12], dementia and depression. Psycho-geriatricians are not readily available in Malaysia and general practitioners and the patient's family presently bear the brunt of providing care without having the appropriate support in the community. There is a dire need for skilled nursing facilities, residential complexes and agencies for homebased long term care of these elderly patients.

Many social issues pertaining to the elderly exist in the community, including family support, work, income, retirement, environmental adaptation to facilitate the disabled and frail elderly and these have been highlighted before in the Medical Journal of Malaysia[13] Those issues are relevant, even today and should spur those in geriatric practice to help resolve them in the near future.

Conclusion

Knowing how to care for the elderly involves:

1. Understanding the principles of diagnosis and management in the elderly patient
2. Judicious use of resources
3. Having the ability to recognise when medical interventions are indicated (by balancing effectiveness against social and financial costs),
4. Knowing how to use and optimise family support and appropriate social services.

The doctor involved in the care of the elderly should have a broad understanding of the interplay of physical, psychological, social and economic determinants in the development of disease and disability. Knowledge is essential, but equally important is attitude. Given contemporary society's fascination with youth and the unwillingness for individuals to accept their own mortality, negative "ageist" attitudes

are often encountered. Medical and allied health personnel in geriatric practice have the challenge of conveying the appropriate knowledge and attitudes to the care givers in the community and hospitals.

There are many issues and challenges that face geriatric practice in Malaysia. Having enough physician leaders who can work with other professionals to develop an integrated approach to the care of the elderly is surely the way forward to resolve many of these issues.

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