

## ORIGINAL ARTICLE

# Understanding the need of Geriatric Medicine in Pakistan

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## ABSTRACT

**Aim:** To determine the common problems of advancing age and their plausible solutions.

**Study design:** Prospective Observational Study.

**Setting:** Pakistan Airforce Hospital Sargodha

**Duration of study:** One year from 1<sup>st</sup> January 2020 till 31<sup>st</sup> December 2020.

**Methods:** All elderly citizens both male and female were interviewed regarding the common difficulties faced by them in their day to day life to quantify the magnitude of the problem and consequently help finding easy plausible solutions.

**Results:** All senior citizens approachable in person or on phone over the age of sixty five both males and females were interviewed. Interviews were carried out by using a specially designed short, crisp and easy to understand questionnaire. Common difficulties faced in this age group were listed and their magnitude was estimated so that strategies can be defined to help resolve those. Common difficulties were related to social life, relationships, self care, mobility, psychological and emotional health. In the wake of interviews we found majority of people highlighted that with advancing age the quality of care imparted to them diminishes although the demands made are minimized due to lack of reassurance and uncertainty. This instills a lack of confidence in them. Moreover the monotony over days, weeks and years causes a loss of self worth and self esteem.

**Conclusion:** As an evolving society of a developed country we have the advantage of utilizing models of Geriatric Care already in place in the developed world. Whereby Geriatric Medicine is a specialty for addressing the needs of advancing age and Hospice looks after the terminally ill patients of any age in a nonhospital environment. Many solutions can be offered and exercised without a big resource may it be human, material or financial.

**Keywords:** Geriatric Care, Senior Citizen, Home and Hospice

## INTRODUCTION

As we advance in age we experience new avenues of life. It is a well known fact of which even children are aware that every individual goes through three major stages of life. Childhood is a period of immense learning experience. It is a high energy state which needs a lot of monitoring and tutoring to prepare a child for future challenges. It is followed by adulthood whereby all of us play or are at least expected to play a contributory role in society. Old age is the final stage whereby most of the vigour is already been made use of and we become less contributory to the society in material terms. This is the time to relax and pass on the role to the next generation. Experiences make us subtle and wiser, we are closer to reality but the lack of energy associated in this age group makes us less useful in our own eyes and burdensome to the society thus leaving a large proportion of population at the mercy of others. By interviewing both male and female senior citizens over the age of 65 years we identified common difficulties faced by them. A crisp and easy to understand questionnaire was designed and the people were interviewed either in person or on telephone. Many solutions can be offered and exercised without a big resource may it be human, material or financial. Although problems identified need a structural approach and professional input by introducing Geriatric Medicine in Pakistan nonetheless awareness campaigns through different media, workshops and training involving all age groups can alleviate a sizeable number of miseries in the meanwhile. I hope this paper generates a food for thought introducing some reasonable and pragmatic reforms at personal and collective level so that the senior citizens can feel not only relevant but can also play their very useful role as senior and effective members of society. Their rehabilitation emphasizes the need for introduction of Geriatric Medicine as a specialty and Hospice as a facility of terminally ill patients in Pakistan.

## MATERIALS AND METHODS

This prospective observational study was carried out at Pakistan Airforce Hospital Sargodha from January 01, 2020 till December 31, 2020. All approachable patients over the age of 65 years including male and female were interviewed. They were either

interviewed in person while at hospital or on telephone. The senior citizens were divided into two main groups "A" and "B" on the basis of gender. Both the groups were further categorized into two subgroups each on the basis of age. Group 1 included age between 65 to 70 and group 2 included people of age 75 years or more. To make it easier for them direct questions were asked and recorded on a specially designed proforma which was read aloud to them to avoid communication gaps. Ethical considerations were taken in to account. People who had significant difficulties due to impaired hearing and Dimensia were excluded from the study. Data included Name, Age, Residence, Date of interview, four major problems faced with advancing age the most bothersome being the first one followed by the rest in descending order with their plausible solutions in their reckoning. Data collected was compiled and analyzed to find the most common problems and subsequently their solutions were discussed.

## RESULTS

This study was carried out to determine the quantum of difficulties encountered by elderly people and to devise a system to address those. A total of 986 elderly citizens were included in the study spread over a period one year from January 01, 2020 to December 31, 2020. Out of these 414(42%) were females and 572(48%) were males. All elderly citizens above the age of 65 approaching to hospital through emergency and OPD for other reasons and those approachable on phone regardless of their residential address who agreed to answer the questions were included in the study. People who had significant difficulties due to impaired hearing and Dimensia were excluded from the study. Patients were divided in to two main groups on the basis of gender. Group A comprised of males and Group B included females. Both the groups were further categorized into two subgroups each on the basis of age. Group 1 included age between 65 to 70 and group 2 included people of age 75 years or more. To make it easier for them direct questions were asked and recorded on a specially designed proforma. Proforma was read aloud in their language to them to avoid communication gaps. Ethical considerations were taken in to account. Data included Name, Age, Residence, Date of interview, Four major problems faced with advancing age the most bothersome being the first one followed by the rest in descending order with their plausible solutions in their reckoning.

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Four difficulties faced by 572 men included lack of assistance in day to day matters like meals and mobility in 184(32%), lack of emotional support in 167(29%), feeling of neglect and being left out 143(25%) and loss of control over financial matters in 78(14%). 414 women on the other hand experienced loss of self worth in the eyes of partner and children in 173(42%), lack of assistance in day to day activities like meals and mobility in 111(27%), lack of attendance in pain in and suffering 96(23%) and financial crises 34(8%). These difficulties were multiplied in case of partner loss. After identifying the difficulties and their quantum we randomly interviewed some of them to ask for solutions in their reckoning, Majority of them stressed on the need of intelligent attendance with empathy from their near ones which they thought was the best solution. On giving it a deep thought with rising economic burden on the earning people this may need a lot more than that. We need to introduce trained, paid volunteers for services at home and beyond to look after this group of population who have already played their role in the society. A concerted effort to introduce " Geriatric Medicine" as a specialty in our country could be a 360 degree solution. Geriatric Medicine is a specialization aimed at looking after ageing community and functions in integration with palliative care. Moreover a specialist in Geriatric Medicine can play a very effective role in training the caregivers. Younger adults can economically invest in such schemes to secure their future aspects.

Table 1: Percentage of senior citizens on the basis of gender

Gender	n	Percentage
Group A Male	572 OUT OF 986	48%
Group B Female	414 OUT OF 986	42%

Table 2: Percentage of senior citizens on the basis of age

Gender	n	Age 65-75 yrs	Age over 75 yrs
Group A Male	572	371 (65%)	201 (35%)
Group B Female	414	303 (73%)	111 (27%)

Table 3: Difficulties faced and their percentages in males

Problems faced	No of patients reported	%age
Lack of assistance in daily activities	184 out of 572	32%
Lack of emotional support	167 out of 572	29%
Feeling of being left out	143 out of 572	25%
Loss of control over financial matters	78 out of 572	14%

Table 4: Difficulties faced and their percentages in females

Problems faced	No of patients reported	%age
Loss of self worth in the eyes of partner and children	173 OUT OF 414	42%
Lack of assistance in day to day activities	111 OUT OF 414	27%
Lack of attendance in pain and suffering	96 OUT OF 414	23%
Financial crises	34 OUT OF 414	8%

## DISCUSSION

It has been observed that with advances in medical science and improvement in the economy worldwide the number of older adults over the age of 65 is on the rise. Pakistan is no exception to this. As a consequence there is an increase in the number and magnitude of problems with advancing age. We conducted this study at Pakistan Airforce Hospital Sargodha whereby we carried out interviews of people aged 65 years or above both males and females. A total of 986 elderly citizens were included in the study spread over a period one year from January 01, 2020 to December 31, 2020. Out of these 414(42%) were females and 572(48%) were males.

The data was recorded on a specially designed proforma taking into account ethical considerations. People reporting to hospital were directly approached whereas others who could be contacted on phone were also approached. People with impaired hearing and Dimensia were excluded from the study. Proforma

was read aloud in the language and dialect understandable by the senior citizens and their answers were recorded. Data included their name, age residential address, four problems faced by them and their plausible solutions in their reckoning. This study aimed at highlighting the problems of a sizeable proportion of our population. It is mandatory to understand that ageing is an integral part of life and we all should be prepared for it. As health care professionals it becomes our responsibility to identify the needs of senior citizens and to devise a system which can cater for the needs of this very large part of the society. All across the globe health care for older adults is dealt with by health care professionals who specialize in Geriatric medicine. Being a developing country we have the benefit of adopt

ing a model already in practice in the developed world. By conducting this study we were able to identify four major problems in both males and females. We also calculated the percentages to quantify the problems and to identify their magnitude. Many participants reported issues with mobility. Difficulty walking was reported to be associated with frailty<sup>1,2,3</sup>.

Difficulty in changing and maintaining body position resulted in difficulty in performing domestic activities like household work etc<sup>4,5,6</sup>. We have experienced that older adults prefer living at home. It has been reported that the same is observed in other countries like UK where the older adults not only prefer living at their own home<sup>7</sup> but also prefer living there as long as possible<sup>8,9</sup>. Hence local authorities at UK support older adults to continue living at their home<sup>10</sup>. Pain with advancing age has been very frequently reported and physical impairment like pain, fatigability and urinary incontinence are reported in various studies<sup>1,11,12</sup>.

With advancing age new ailments are diagnosed and many people pointed out that their emotional needs are not catered for even by their health care professionals and they face the diagnoses on their own as observed in other studies as well<sup>13,14,15</sup>. Physical losses like losing independence and pride, emotional pain and sense of being burden on others have been highlighted by men and women alike<sup>2,14,16</sup>. A large percentage of women find it difficult to carry out routine self care and domestic chores<sup>1,4,11,12,16,17,18</sup>.

Domestic life activities affected by advancing age included looking after home, cooking meals and shopping<sup>12,19</sup> which has been reported in several studies. As already pointed out in many studies it was observed that despite all the difficulties faced some participants continued to do daily activities to maintain their sense of purpose and independence<sup>3,4,19,20,21</sup>. In addition to physical difficulties social isolation has been reported mainly by males which is comparable to many studies<sup>1,23</sup>.

Loss of close relatives, friends and most importantly spouse play a major role in social isolation and feeling of loneliness<sup>2,3,21,24</sup>. As a part of this study I have been able to interview and observe some people very close to me and it has been observed beyond doubt that losing a faithful partner not only creates an empty space but also inflicts deep rooted wounds in the soul of surviving partner which makes healing impossible even with the efforts of dear ones and the sufferer gets trapped in a downhill spiral.

I think partner loss at this later age has been very effectively voiced in this poem which is being reproduced with permission of my father who was also interviewed amongst others.

### Reunion

Whenever I resurge I find myself alone  
Once again to drown in this recurring episode  
Losing and regaining consciousness from unconsciousness  
Your absence makes me mad forlorn and dejected  
Uneasy agitated unreasonable unsound I yell pleading innocence  
None believes me with eyes bewildered  
Tears rolling down cheeks  
Try to seek refuge "TEHSEEN" in you  
And nowhere, I find you  
That pushes me to a state really "pathetic"  
This high and low tide "Atlantic"  
Will come to a stand still the day of "judgement"  
Me and "TEHSEEN" reunited

Although many of these voiced difficulties may never be fully addressed nonetheless older adults are wise enough to devise simple means to cope with those. Many of them made physical adaptations like pacing themselves and changing body positions to reduce pain<sup>1,3,25</sup>. Others have adapted by keeping physically active and watching diet<sup>3</sup>, whereas a few found establishing and following a daily routine<sup>1,2,12</sup> quite helpful. As already reported in many studies most of senior citizens interviewed made a smart and practical move by developing psychological strategies including accepting limitations caused by their conditions<sup>4,12,23</sup>, making a positive attitude towards life<sup>15</sup>, mental distraction<sup>4,25,26</sup>, by using time occupying activities, humour<sup>3,4</sup> and spirituality<sup>3,15,16</sup>. Whereas some of them used denial as a strategy. It stands beyond doubt and has been confirmed by several studies that support provided by family and friends is the most important factor in care giving<sup>2,11,12,17,23</sup>, which includes assisting them in day to day activities<sup>2,17</sup>, coordinating services for them<sup>27,28</sup> and offering them company<sup>3,23,29,30</sup>. There has been a consensus in several studies that family and friends<sup>24</sup> are the most important things in the lives of senior citizens and for anybody as a matter of fact. Feelings of joy, happiness and pleasure were reported on interaction with family and friends<sup>31,15</sup>. As positive vibes and helpful attitude by family and friends have a tremendous benefit there is a flip side of the coin as well. The contribution of family and friends is also reported to be associated with poor outcomes. Both males and females have reported of not being understood by family and friends<sup>27</sup> which led to piling up of frequent unmet needs<sup>29</sup>. Mobility issues led to incapacitation in most elderly and use of equipment such as wheel chairs and frames was reported by many<sup>12,32</sup>. Although use of such equipment is not always perceived positively and a few perceived them as markers of loss of independence<sup>1,3,20</sup>. Quite a few individuals entitled to free medical services in our country agreed that they were pretty satisfied by specialist services<sup>12</sup> provided to them in one form or another. Also admission and readmission to hospital was perceived as a positive experience which made them feel that hospitals are the best places to deal with their problems<sup>33</sup>.

## CONCLUSION

Our study was stretched over a period of one year. It was a different kind of study which included only senior citizens and we tried to estimate the magnitude of the common difficulties faced by men and women with advancing age. This was of great interest as a sizeable number of our population falls in this group in our country. Many of the problems faced can be easily addressed at individual level. Unfortunately we have no support system at state level which in my humble reckoning can be done by insurance or deductions at source in productive years of life to facilitate in later unattended last leg of life. Moreover health care in Pakistan can adopt models from developed world to introduce "Geriatric Medicine" as a specialization at College of Physicians and Surgeons Pakistan for looking after senior citizens who have already invested their life in the society. The concept of "Old Homes" already exists and can be up graded by these steps. Moreover "Hospice" can also be integrated as a part of a bigger program to impart palliative care to terminal patients.

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