

Ask the Geriatrician



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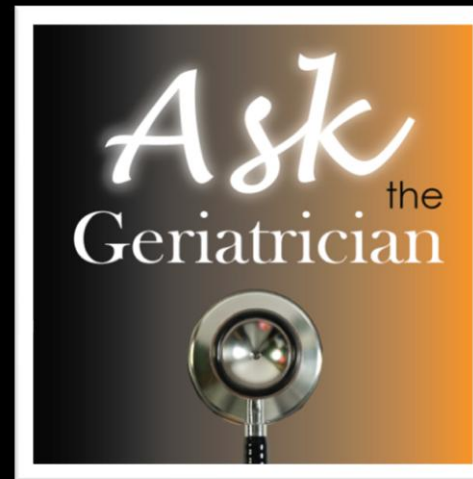
Doctor and Patient Communication - How to Talk to Your Doctor

David A. Smith, M.D., FAAFP, CMD, Geriatric Consultants of Central Texas, P.A.

Sometimes appointments with doctors can seem rushed or confusing. Learn from a doctor's perspective the best way to get the most out of each visit with your physician and what questions to ask. The time you have with your physician is short - there's not a second to waste.

4/22/2011 9:40 PM CDT Length: 00:52:55 More...

Paused 02:12/52:55



To Access Resources:



Click on the "paperclip" button above the video player to open links to resources.

The screenshot shows a presentation slide with a video player on the left and a 'Presentation Links' popup menu on the right. The video player is titled 'Doctor and Patient Communication - How to Talk to Your Doctor' and features a video of David A. Smith, M.D., FAAFP, CMD, President of Geriatric Consultants of Central Texas, P.A. The video is paused at 02:12/52:55. The 'Presentation Links' popup menu lists the following resources:

- Advocacy, Action, Answers on Aging
- What is a Matter of Balance?
- Healthy Aging Programs
- A Home Fall Prevention Checklist for Older Adults

The slide also includes the iCare logo and the text: 'David A Smith MD, FAAFP, CMD, President, Geriatric Consultants of Central Texas, PA'. The background of the slide features the text 'cast' and 'our Doctor'.

What do you think?

SURVEY

Please Click Here to Take Our Survey!

- Your feedback is important to us.
- Click on 'SURVEY' in the upper right of the presentation screen.
- It takes less than 5 minutes.

What is a “Geriatrician” and Do I Need One?

Rosa I. Vizcarra, M.D.
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What is it? Who is it?

Is a physician who has completed a residency training in either Internal Medicine or Family Medicine with an additional one or two year fellowship training in the medical, social, and psychological issues that concern older adults.



Do you need a Geriatrician?

If you are getting older and having more health problems you may want to consider seeing a doctor who specializes in Geriatric Medicine.



Geriatrics

- This specialty is increasing in importance as the population ages and that aging population lives longer.
- People over the age of 85 are the fastest growing segment of the population.
- It is no longer a rarity for people to live to be one hundred.

Geriatrics

By 2030, when the last of the baby boomers reaches the age of 65, the U.S. population aged 65 and older will exceed 70 million – approximately **twice the number in 2000**. As America's 77 million baby boomers age, the need for healthcare professionals trained in geriatrics will be high in demand.

Geriatrician

- A Geriatrician is a doctor who specializes in care for people 65 and older.
- Just as a pediatrician tends to the needs of a child, a geriatrician care for the special needs of changing seniors.
- Geriatricians approach each patient's needs individually, and possess the knowledge and expertise needed to accommodate seniors.

Geriatrician

- Can better address issues such as memory loss, arthritis, osteoporosis, mobility and Alzheimer's disease.
- Clearly, Geriatrics includes more than treating physical problems; it means recognizing how health conditions affect seniors socially and emotionally, and vice versa.

Geriatrician

- This type of physician practice far exceeds simply diagnosing a physical problem and treating it.
- Geriatricians collect information about patients' lifestyles, community, family, and their entire medical history.



Term

- The most appropriate term for a physician who specializes in the care of older adults is **Geriatrician**, not gerontologist.
- A gerontologist is generally a non-physician, though physicians who focus on aging research can also be considered gerontologist.



Geriatrician

Geriatricians have developed an expanded expertise in the aging process, the impact of aging on illness patterns, drug therapy in seniors, health maintenance, and rehabilitation.



Geriatrician

- They serve/see patients in a variety of roles including hospital care, long-term care, home care, and terminal care.
- They are frequently involved in ethics consultations to represent the unique health and disease patterns seen in seniors.

Team Players

The model of care practiced by geriatricians is heavily focused on working closely with other disciplines such as nurses, pharmacists, therapists, and social workers, and other Physicians.



How can a geriatrician help?

- Assess and counsel about list of medications
- Memory Loss
- Difficulty Walking/Balance
- Pain
- Urinary Incontinence
- Falls
- Chronic Illness (Hypertension, Diabetes, Arthritis, Cholesterol, etc.)



How can a geriatrician help?

- Osteoporosis
- Depression and Anxiety
- Agitation/Mood Disorders (Anxiety & Depression)
- End of Life issues (Hospice)
- Elder Abuse
- Legal Documents (Advance Directives, Living Will, Power of Attorney)



How can a geriatrician help?

- Family Conferences
- Placement Issues/Decision Capability
- **CAN NOT** Assess Competency, but **CAN** Assess ability to make decisions.
- Navigation of the HealthCare System
- Coordination of Care
- Community Resources (Adult Day Care, Senior Community Centers, Memory Care etc.)

Examples

- *Review Medication List*
- Majority of senior and patient with 3 or more chronic illnesses will take more than 5 medications.
- More than 8 medicines is a red flag for side effects.
- Multiple Interactions



- **Memory Loss**
- Causes, treatment, short and long term goals on treatment.
- Placement planning, home care and needs.
- Mood Behaviors



- **Falls**
- Multifactorial
- Physical Therapy
- Occupational Therapy
- Pain
- Risk of More Falls



- **Care Coordination**
- Multiple Consultants
- Focus on Priorities: Life Expectancy
- Geriatric Primary Care



- **End of Life Issues**
- Hospice and Palliation for terminal Illness
- Family Conferences regarding delicate topics like decision making, placement etc.



Questions

- Thank you for your attendance!
- FYI: Geriatric Medicine has the highest level of job satisfaction of all subspecialites according to a 2002 survey published in Archives of Internal Medicine.

Thank You

