Medicine for the Elderly Symposium

A joint symposium with the Royal College of General Practitioners held on 1 April 2011 at the Royal College of Physicians of Edinburgh.

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INTRODUCTION

Due to the ever-increasing ageing population, the challenges of caring for elderly patients are present in most medical and surgical specialties, and have relevance to both primary and secondary care. Looking after the older patient often requires cross-specialty and multidisciplinary input, as well as an understanding of the physiology of ageing and adequate planning and resourcing of services which provide care. The Royal College of Physicians of Edinburgh and Royal College of General Practitioners Joint Symposium in Medicine for the Elderly delivered a varied programme to a broad spectrum of healthcare professionals.

SESSION 1: RHEUMATOLOGY IN LATER LIFE

The symposium opened with three lectures on musculoskeletal conditions affecting the elderly. Dr Sarah Saunders (Consultant Rheumatologist, Glasgow Royal Infirmary) described how many classical clinical features of rheumatoid arthritis e.g. symmetrical joint involvement, are absent in older people; also, around 20% of patients present with symptoms which can be difficult to differentiate from polymyalgia rheumatica. Serological markers can be misleading as rheumatoid factor can be positive in healthy elderly patients or in infections. Disease modifying drugs and biologic therapies are often better tolerated in the elderly than is generally supposed. Dr Rajan Madhok (Consultant Rheumatologist, Glasgow Royal Infirmary) used a case-based format to discuss polymyalgia rheumatica, demonstrating that alternative diagnoses such as statin-induced myopathy or neoplastic disease should be sought in patients with atypical features such as a normal erythrocyte sedimentation rate or poor response to steroids. He also reminded the audience of the importance of looking for features of giant-cell arteritis. Recently, there has been increasing awareness of sarcopenia. Professor Marion McMurdo (Consultant in Medicine for the Elderly, Ninewells Hospital, Dundee) presented three key messages: the definition is age-

related loss of muscle, the condition is a common but modifiable cause of disability, and the only known effective treatment is resistance exercise.¹

SESSION 2: COMMUNITY MODELS OF SPECIALIST HEALTHCARE IN OLD AGE

Recently, there have been increasing efforts to develop specialist services for elderly people in the community. There are many drivers, including fewer inpatient beds, economic factors, risks associated with hospital admission (such as nosocomial infection), and the prevention of unwanted care home admissions. Professor John Gladman (Professor of the Medicine of Older People, University of Nottingham) discussed three models. Firstly, intermediate care, which has some evidence in favour of avoiding acute admissions, specialist services in nursing homes for which there have been few proper trials, and community matron schemes vs virtual wards for patients experiencing recurrent admissions.

The Sydney Watson Smith Lecture was given by Professor Thomas Kirkwood (Director, Institute for Ageing and Health, Newcastle University). He discussed telomeres in relation to human ageing. Telomeres shorten with age, and prematurely short telomeres have been linked with increased risk of age-related disease, for example vascular dementia², and reduced survival. However, telomere changes are only one of a variety of mechanisms contributing to ageing, including mitochondrial dysfunction and DNA damage. There is still much work to be done to further our understanding of the science of ageing and of the contribution of age-related molecular changes to disease in later life.

SESSION 3: THE 'OTHER' HEALTHCARE ACQUIRED INFECTIONS

Nosocomial infections have received much publicity in recent years. Press reports tend to focus on methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*, however those working with elderly patients also recognise the significant contribution to morbidity and mortality from other pathogens. Professor John Simpson (Professor of Respiratory Medicine, University of Newcastle) discussed the most commonly fatal healthcare-associated infection – hospital acquired pneumonia (HAP). A definitive diagnosis is often difficult to make as often only invasive tests, which are potentially risky and poorly tolerated in the frail elderly, can acquire samples containing pathogens from the alveolar level. Prevention is therefore very important, and positioning the patient at 45 degrees can significantly reduce HAP. Norovirus can devastate care of the elderly wards, and cause considerable morbidity for staff and patients. Dr John Cowden (Consultant Epidemiologist, Health Protection Scotland) listed several factors including low infectious dose, lack of prodrome and multiple routes of transmission, which explain why the norovirus attack rate is so high. There are three critical hospital 'control points' – introduction into the hospital environment, containment at ward level and prevention of spread to other wards.³

SESSION 4: CHALLENGES OF OLD AGE IN RENAL MEDICINE

Renal impairment is common in the elderly, with 40% of those aged over 80 having at least chronic kidney disease (CKD) stage 3. The significance of decline in kidney function in old age was outlined by Dr Jane Goddard (Consultant Nephrologist, Royal Infirmary of Edinburgh), who explained that lower glomerular filtration rates (GFRs) were associated with comorbidity, especially cardiovascular disease.⁴ The rate of decline and presence of proteinuria are more important than the actual value of GFR, and a pragmatic approach to addressing cardiovascular risk in the elderly is important. Issues surrounding renal replacement therapy (RRT) and palliative care in end-stage renal failure were discussed by Professor Chris Isles (Consultant Physician and Nephrologist, Dumfries & Galloway Royal Infirmary). Comorbidity seems to be the main determinant of outcome of patients on RRT⁵, with age no longer considered a contraindication. It is important to consider patients' wishes, expectations and the practicalities of different modes of dialysis, and discuss withdrawal and end of life issues at the outset.

TAKE-HOME MESSAGE

A number of themes were integral to the symposium. These include the complexity of diagnosing and managing common conditions in the elderly, the impact of comorbidity on patient outcomes and the diversity of healthcare specialists needed to provide comprehensive care for older people. In the future, these challenges should benefit from further understanding of the science of ageing.

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