

Attending to crucial ageing needs

MANY people do not know much about geriatrics, says Dr Lam Ngee Wei, consultant physician and geriatrician at Subang Jaya Medical Centre. “The public and even a few people in the medical industry think that geriatricians are general practitioners (GPs) who treat elderly people, as opposed to geriatrics being a legitimate sub-specialisation,” he says.

These misconceptions affect the way patients seek treatment, as they do not think a visit to a geriatrician is necessary. Dr Lam explains that geriatricians are trained with advanced knowledge in the healthcare of the elderly. Geriatricians analyse the physical, physiological, social and emotional challenges of the elderly patient and determine if these issues are caused by the natural ageing process, multiple medical conditions and cultural or social influence.

Dr Lam illustrates the differences between a geriatrician and a GP, saying, “GPs will treat an illness and discharge you when you are well. Geriatricians will look into why the illness occurs and if there are any underlying causes to the illness. For example, geriatricians will not just give a patient with pneumonia antibiotics. Geriatricians will check if the patient has had problems swallowing or bad dental hygiene as these factors could be causing the pneumonia, and we will provide vaccinations after treatment to prevent its reoccurrence.”

He emphasises that the elderly do not recover as easily as younger people do, and thus require a more cautious approach during treatment.



Dr Lam Ngee Wei.

Not just a simple cold

It is common for people to not go to the doctor for mild symptoms or illnesses, but Dr Lam discourages elderly people from doing the same. He explains that older people respond to illness differently because of ageing and sometimes, mild symptoms can signify something more serious.

Dr Lam suggests that associating symptoms with normal signs of ageing plays a role in patients' reluctance to visit a geriatrician. This is because people do not see the need to send their parents or themselves to a geriatrician for check-ups. However, ignoring these issues may cause complications in the long run.

He says, “Prevention is better than cure. Don't wait for the elderly to fall, become weak, lose weight or become frail because of lack of treatment and intervention. If patients go to the hospital early, geriatricians can anticipate, target and treat the



Geriatricians are trained with advanced knowledge in elderly health to help elderly patients stay healthy and independent for a longer time.



If an elderly loved one is reluctant to see a geriatrician, Dr Lam suggests eliciting the help of someone trusted by the patient to encourage him to do so.

condition so patients can stay healthy and independent for longer. It may be too late if you wait for something to happen before going to the hospital.”

For patients who may be considering a first visit to a geriatrician, Dr Lam advises that the patients bring along all the medication they may be on, as well as past health reports and their main carers or guardians.

He assures that there is no need for any additional preparation to an appointment. “Geriatricians will carry out a comprehensive geriatric assessment on your medical illness, medication, daily activity, social support, mood and more. They can draw conclusions and help you come up with a healthy ageing plan for you. Geriatricians work very closely in a team with professionals of other specialties and allied health staff to coordinate and provide the care you need accordingly.”

At the end of the day, for older people who are required to meet with multiple specialists for their multiple medical conditions, the burden falls on the carer, commonly the children, to send them for appointments. Hence, it can be overwhelming for those who care for ageing parents.

Dr Lam says geriatricians are designed to help with this issue.

“Geriatricians will coordinate the patients' medical appointments, prescribe medication and monitor their overall medical conditions so they do not have to see so many specialists when it is not necessary.” With that, Malaysian

elders and their loved ones will have fewer things to worry about while ensuring their health and quality of life.

■ For more information, call 03-5639 1212.

The care you deserve in your later years

The study of geriatrics requires a prior background in internal medicine. Geriatricians operate by the rule of 5Ms to assess and ensure the well-being of elderly patients

● **Mind** – It is common for the elderly to experience dementia, depression or delirium. Geriatricians are trained to diagnose and differentiate these conditions and formulate the appropriate treatment and intervention.

● **Mobility** – Geriatricians will assess the mobility of the patient such as body functionality, balance, frailty, vulnerability to infections and diseases and proneness to falling to anticipate and prescribe preventative methods to help elderly patients maintain their independence.

● **Medication** – Some elderly people have multiple ailments and consume various types of

medications a day. Geriatricians evaluate the reactions the medication have with each other and optimise the drug combinations to reduce or manage unwanted side effects.

● **Multi-complexity** – Every patient has his or her own set of worries such as multiple medical conditions, financial ability, social support and caregiver availability. Hence, the geriatrician will assess the situation and provide personalised plans for the care and treatment of the patient.

● **(What) Matters most** – Geriatricians provide a holistic line of care by taking the patient's concerns and life situation into account when prescribing a care plan. While a general physician may discharge you after treatment, geriatricians will follow up on your condition and care plan to prevent and detect potential health issues.

Who needs to see a geriatrician?

Malaysia classifies elderly persons to be above the age of 65, but consultant physician and geriatrician at Subang Jaya Medical Centre Dr Lam Ngee Wei says the need to see a geriatrician largely depends on the person's general health. He explains that geriatricians work as health coordinators for elderly patients who have multiple medical illnesses, consume a variety of medications, or experience a form of disability.

Therefore, an 80-year-old man who leads an active lifestyle with normal cognitive function and maybe has only one medical condition such as high

cholesterol does not need to see a geriatrician. A regular check-up with a general physician is enough. On the other hand, a 50-year-old with multiple medical conditions or a functional disability can choose to see a geriatrician even if he is not yet classified as an elderly person.

For seniors who do not want to see a geriatrician, Dr Lam advises loved ones to understand the elderly's reluctance. “It may be out of fear, thinking it is a waste of money, a distrust for new doctors or other reasons. So, we need to figure out what the elderly person's reluctance stems from and solve the

problem accordingly.”

He suggests that family members bring in a third party the patient respects and trusts, such as their primary care doctor, an older member of the family or even a religious leader to advise them to see a geriatrician. Besides that, he cautions elderly patients' family members to not put too much pressure on the patient, but instead persuade them gently to take their geriatric health journey one step at a time. If the patient is comfortable with the experience in his first visit to the geriatrician, he would want to go back of his own volition.