

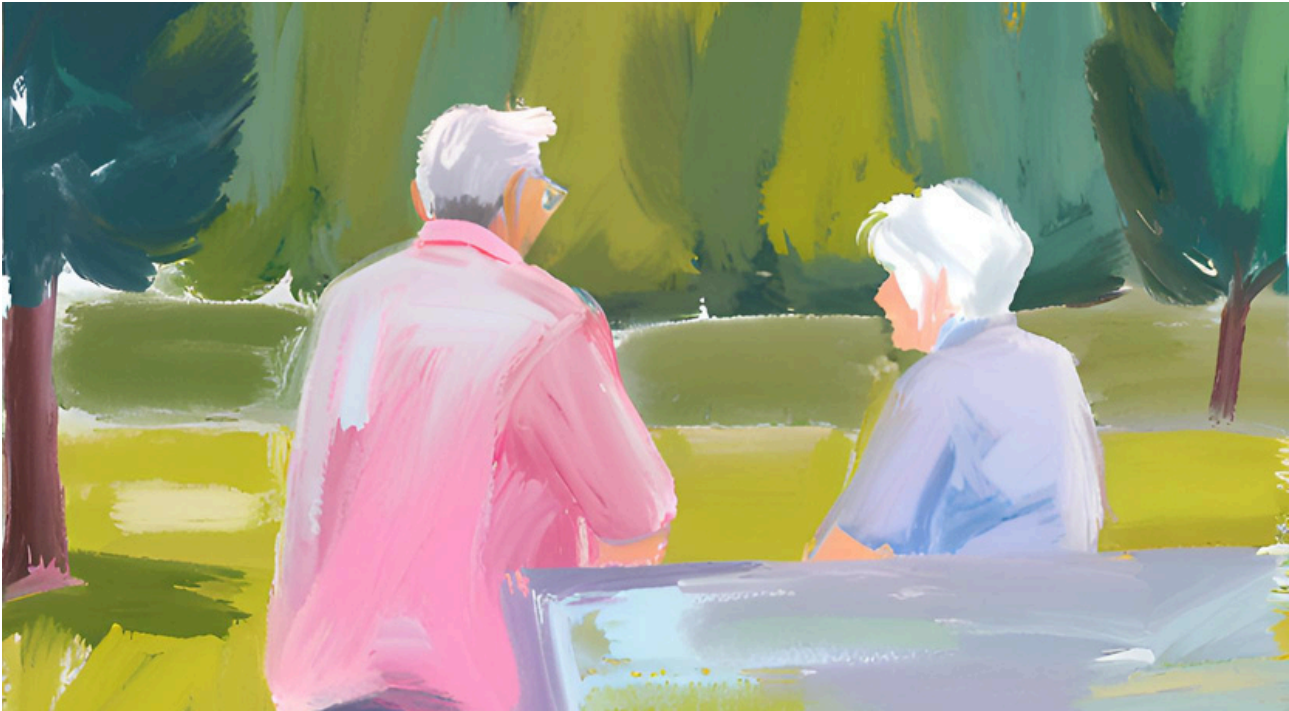


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**Volume 1, Issue 1**

# **SILVER LINING**

**GERIATRIC MEDICINE  
NEWSLETTER**

**A Quarterly Publication by:  
Department of Geriatric Medicine,  
All India Institute of Medical Sciences,  
Rishikesh, Uttarakhand, India - 249203.**



## FROM THE EDITORS DESK

"Silver lining" is an ode to phase of human life which is the milestone each human is destined to arrive in their life journey . We all have silver linings, the treasure of people in our life, people we deal with professionally , people we treat as health care professionals, people who help us in our daily lives. As per UNFPA , Indian geriatric populations above 60 years will be one fifth of Indian population by 2050.

The need for a dedicated Geriatrics newsletter has never been more critical. As older adults face complex health issues, there is an increasing demand for specialized knowledge and resources. "Silver Lining" aims to bridge the gap by providing valuable insights into Geriatric Medicine, innovative care strategies, the latest research along with "fodder for right hemisphere"!.

Our newsletter will serve as a platform for healthcare professionals, caregivers, and seniors themselves to share experiences, best practices, and support. We believe that informed communities are empowered communities, capable of advocating for better care and resources.

Join us on this journey as we explore the challenges and triumphs of aging, always seeking the silver lining that comes with wisdom and experience.

As we navigate the golden years, let's find the silver linings together. Stay tuned for more inspiring stories, expert advice, and creative expressions in our next issue!

## CONTENTS

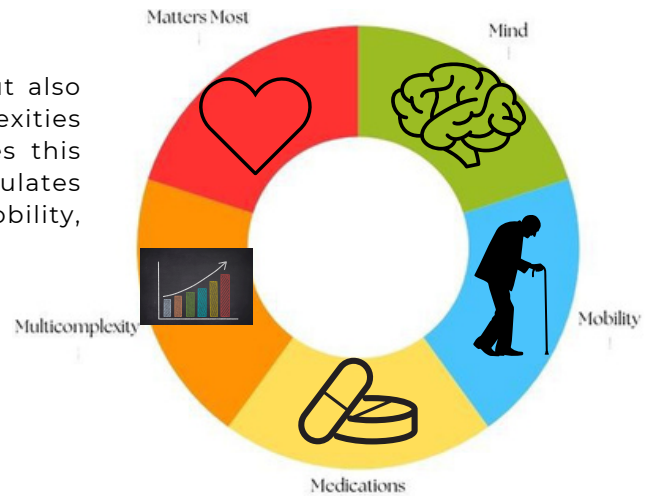
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# 5 M'S OF GERIATRICS: UNDERSTANDING IMPLICATIONS FOR ELDERLY CARE

Dr. Sudeep Mathew George  
Dr. Pankhuri Saxena

Geriatrics focuses not only on treating diseases but also on addressing the unique challenges and complexities that come with aging. One framework that guides this approach is the "5 Ms of Geriatrics," which encapsulates the multifaceted aspects of elderly care: Mind, Mobility, Medications, Multi-complexity, and Matters Most.



## MIND

The first "M" in Geriatrics emphasizes the importance of mental health and cognitive function in older adults. Cognitive decline, including conditions like dementia and Alzheimer's disease, poses significant challenge in caregiving. Healthcare professionals must assess and manage cognitive impairments effectively to ensure the well-being and safety of their patients. .

**Assessment:** Screening tools like the MINICOG or Montreal Cognitive Assessment (MoCA) help detect cognitive impairment early. Evaluation also include assessment for depression, hearing impairment.

**Management:** Interventions focus on lifestyle modifications, cognitive stimulation measures, and pharmacological treatments to slow progression.

## MOBILITY

Mobility encompasses the physical ability to move safely and independently. It includes walking, balance and activities of daily living (ADLs). Loss of mobility is a common concern in older adults due to conditions such as arthritis, osteoporosis, or neurological disorders. Preserving mobility through exercise, physical therapy, and assistive devices is essential to prevent falls and maintain functional independence.

**Assessment:** Functional status is assessed in terms of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living assessments (IADLs). Mobility assessment to support safe mobility is checked using tools like the Timed Up and Go (TUG) test, chair stand test etc.

**Management:** Exercise programs, selected mobility aids and assistive devices, and environmental modifications promote mobility and prevent falls.

## MEDICATIONS

Polypharmacy is the concurrent use of multiple medications. Although there is no standard definition, polypharmacy is often defined as the routine use of five or more medications. While medications are crucial for treating illnesses and improving quality of life, they also carry risks of adverse effects and drug interactions. Geriatric care involves careful medication management, including regular review, deprescribing unnecessary drugs, and monitoring for side effects.

**Assessment:** Medication reconciliation and comprehensive geriatric assessments identify inappropriate prescriptions and potential interactions.

**Management:** Deprescribing, simplifying regimens, and patient education reduce polypharmacy-related risks.

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## MULTI-COMPLEXITY

The concept of multi-complexity acknowledges that older adults often present with multiple chronic conditions, functional impairments, and social complexities. Managing these interconnected health issues requires a holistic approach that considers the patient's medical history, lifestyle factors, social support systems, and personal preferences. Coordination among healthcare providers, specialists, caregivers, and community resources is crucial to ensure comprehensive care and improve overall health outcomes for elderly patients.

**Assessment:** Holistic assessments, including social determinants of health and geriatric syndromes (e.g., frailty, elder abuse), provide a comprehensive view.

**Management:** Integrated care teams, care coordination, and advanced care planning optimize management of complex conditions.

## MATTERS MOST

At the heart of geriatric care is the principle of patient-centeredness, where healthcare decisions align with the individual's values, preferences, and goals. Understanding what matters most to the patient involves discussing their priorities, quality-of-life preferences, and end-of-life wishes. Advance care planning plays a pivotal role in ensuring that healthcare interventions are consistent with the patient's values, promoting dignity and autonomy throughout the aging process.

The Indian Supreme Court has recently enabled Advance Medical Directives (AMD). Implementation of Advance Care Planning (ACP) will depend on civil society and the palliative care sector until government support is available.

**Assessment:** Advance care planning conversations explore treatment preferences, goals of care, and end-of-life wishes.

**Management:** Shared decision-making, palliative care, and hospice services ensure care aligns with patients' wishes.

## IMPLICATIONS FOR HEALTHCARE PROVIDERS

The 5 Ms framework not only guides clinical practice but also highlights broader implications for healthcare providers and society as a whole. Firstly, it emphasizes the need for specialized training and education in geriatrics among healthcare professionals to effectively address the unique needs of older adults. Secondly, it promotes research into aging-related issues to advance treatment modalities and improve outcomes for older adults.

In conclusion, embracing the 5 M's of Geriatrics represents a holistic approach to caring for older adults, focusing on their mind, mobility, medications, multi-complexity, and what matters most to them. By addressing these domains comprehensively, healthcare providers can enhance the quality of life, promote independence, and optimize health outcomes for older adults. As our population continues to age, investing in geriatric care is not only a necessity but a compassionate commitment to honoring the unique journey of aging individuals within our communities.



## REFERENCES

1. Molnar F, Huang A, Tinetti M. Update: the public launch of the geriatric 5Ms. *Can Geriatr Soc J CME*. 2017 Apr 28.
2. Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. What is polypharmacy? A systematic review of definitions. *BMC Geriatr*. 2017 Oct 10;17(1):230. doi: 10.1186/s12877-017-0621-2. PMID: 29017448; PMCID: PMC5635569.
3. Gursahani R, Salins N, Bhatnagar S, Butola S, Mani RK, Mehta D, Simha S. Advance Care Planning in India: Current status and future directions. A short narrative review. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*. 2023 Jun 21.

# ELDER ABUSE

Dr. Vasu  
Dr. Nikhil Choudhary

Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.  
- WHO



“A single or repeated act or lack of appropriate act occurring in a relationship where there is an expectation of trust is called an elder abuse. It might be an act of omission or commission.”

It can happen in a number of places, such as the home of an elderly person, a nursing home, or another long-term care facility.



<sup>th</sup>  
15 June, 2024

The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect.

**Theme 2024**  
**Spotlight on Older Persons in Emergencies**

## TYPES

- 1. Physical Abuse:** Inflicting physical pain or injury, such as hitting, slapping, or pushing.
- 2. Emotional or Psychological Abuse:** Using words or nonverbal cues like isolation, humiliation, or intimidation to cause mental suffering.
- 3. Sexual Abuse:** Any form of non-consensual sexual contact, including unwanted physical contact and all forms of battery or assault.
- 4. Neglect:** Failing to provide an older adult with necessary care, such as food, shelter, health care, or protection.
- 5. Financial exploitation:** Any unethical or unlawful use of an elderly person's money, assets, or property, including fraud, theft, or unapproved financial control.
- 6. Abandonment:** Desertion of an older adult by someone who has assumed responsibility for providing care.

## CAUSES

- Abused children upon reaching adulthood, abuse their parents
- Stressed caregiver
- A caregiver suffering from a psychiatric disease
- Alcohol or other illicit drug use
- Personality disorder
- Caregiver with Bv-FTD
- Low social support
- Living with others (except in financial abuse)
- Family disharmony with poor or conflictual relationships

## RISK FACTORS

- Cognitive impairment
- Behavioural problems
- Psychiatric illness or psychological problems
- Functional dependence (requiring assistance with activities of daily living)
- Poor physical health or frailty
- Low income or wealth
- Trauma or past abuse

### Ageism in healthcare(Elder abuse much?)

It is the prejudice, discrimination, and stereotyping of individuals based on their age, which can lead to inadequate or inappropriate care for older adults.

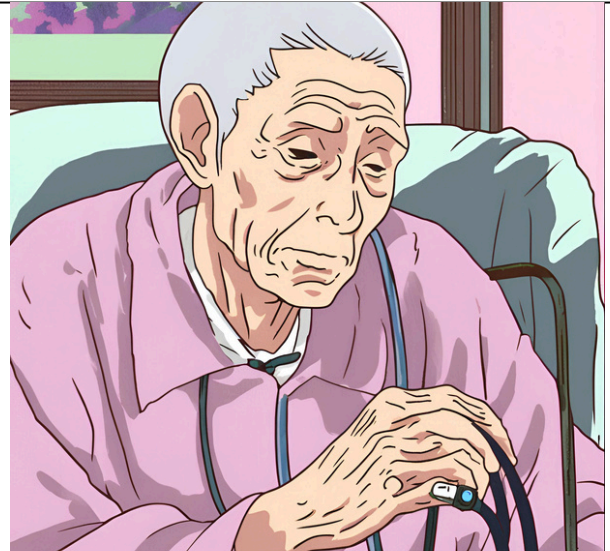
Attributing health issues to aging rather than investigating treatable conditions.

Older adults receive less aggressive treatments because of assumptions about their ability to benefit from them.

Providers not communicating effectively with older patients, assuming they are less capable of understanding or making decisions

Barriers in accessing healthcare services, including transportation issues, financial constraints, and physical limitations.

— “People will age like fine wine... if only healthcare would stop treating them like expired milk.” —



## ASSESSMENT

- In ED, look for patient-caregiver interaction.
- Head to toe examination
- Taking history from the patient directly without the caregiver
- Corroborative history from the patient after taking history from the caregiver
- Look for interruption of an answer, angry caregiver, lack of knowledge of patients' history or a fearful patient.

### Screening Questionnaire:

**EASI-** Elder Abuse Suspicion Index in which five questions are asked to the patient and one question is further assessing physician.

**BASE-** Brief Abuse Screen For Elderly helps practitioners assess the likelihood of abuse. It is a brief, self-report screening tool designed to detect abuse, neglect, and exploitation of older-adults.

## PHYSICAL SIGNS

- **Physical Abuse-** Unexplained bruises, welts, or scars, Broken bones, sprains, or dislocations, Broken eyeglasses or frames, rope marks on wrists
- **Emotional or Psychological Abuse-** Unexplained withdrawal from normal activities, Unusual depression or agitation, Appearing scared, anxious, or confused, especially around certain people
- **Sexual Abuse-** Bruises around breasts or genital area, sexually transmitted infections or diseases, Torn, stained, or bloody underclothing
- **Neglect-** Unusual weight loss, malnutrition, or dehydration, bed sores, dirt, bugs, soiled bedding, etc., Unsuitable clothing for the weather

## WHAT NEEDS TO BE DONE?

- Treat the underlying issues
- Ensure patient safety first
- Report to authorities
- Involve social worker, hospital administration or law
- Assess the capability of older adult to refuse treatment
- Money management for older people
- Helpline number to be given to all older adults in whom we suspect abuse
- Phone number and address of an emergency shelter
- Preparation of an emergency kit with medicines, money etc.

# Physical Signs of Elder Abuse



Dehydration  
or unusual  
weight loss



Missing  
daily living  
aids



Unexplained  
injuries, bruises,  
cuts, or sores



Unsanitary living  
conditions and  
poor hygiene



Unattended  
medical  
needs

## GOVT POLICIES

**Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019** enables older adults to avoid ill-treatment or abuse. The bill penalizes individual perpetrators with imprisonment for three to six months, a fine of up to Rs 10,000, or both.

The legal provision for maintenance of aged or infirm parents was first made through the **Hindu Adoptions and Maintenance Act, 1956**, which laid down that maintenance must be provided only to those who are unable or have no means to sustain themselves (Government of India, 1956).

Other programs aimed at improving the overall well-being of older adults include the **Indira Gandhi National Old Age Pension Scheme, The Annapurna program, The National Policy for Older Persons, and the Maintenance and Welfare of Parents and Senior Citizens Act** (Government of India, 2020; Ministry of Law and Justice, 2007; Ministry of Social Justice and Empowerment, 1999).

**Agewell Foundation** has been working for the welfare of older adults since 1999. They provide advice on financial and legal matters, including pension problems, property matters, and income-related taxes (Agewell Foundation, 2018). The vision of the organization is to provide appropriate support to older adults to help them lead better lives.

**HelpAge India** provides health care, financial grants, and health assistance to older adults. They deal with active aging centers, old age homes, cancer care, and livelihood support. It also runs a national toll-free Elder Helpline service (1800-180-1253) operational in 15 State locations. It is also the implementing partner for the 'Elderline – 14567' in 8 States and Union Territories. 'Elderline – 14567' is a National Helpline for Senior Citizens set up by the Ministry of Social Justice and Empowerment in collaboration with National Institute of Social Defence and State Governments.

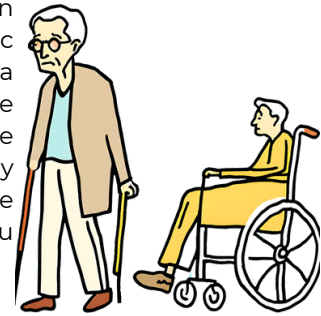
## REFERENCES

<https://doi.org/10.1007/s12062-022-09399-x>  
<https://www.nia.nih.gov/health/elder-abuse>  
<https://www.un.org/en/observances/elder-abuse-awareness-day>  
<https://www.helpageindia.org/>

# CLINICAL CASE VIGNETTE

Dr. Parul Bhutani  
Dr. Yatharth Malik

An 80 year old male, known diabetic and hypertensive for 30 years on regular medication, who lives with his 75 years old wife, visited the geriatric clinic. He complained of “not feeling active and energetic” recently and a feeling of constant fatigue throughout the day. He said that however he could still independently perform his daily activities and could go to the market for day to day groceries and manage their finances. He routinely checks his blood pressure and sugar levels at home and it stays somewhere between 140-150/90 mmHg and 180-200 mg/dL (Fasting) respectively. You decide to do a full comprehensive geriatric assessment for this patient.



1. How do you assess Frailty in this patient ? What is his frailty status ?
2. What should be the targets for his blood pressure and glycemic control according to his age and frailty status ?
3. What is the difference between an ICOPE screening and CGA (Comprehensive Geriatric Assessment) ?
4. What general advice would you give to this patient ?

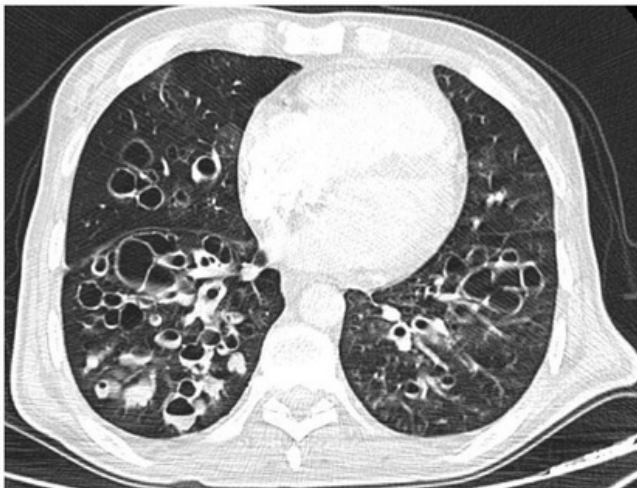
## IMAGE CHALLENGE

1. A 70 years old man with chronic low back ache with easy fatigability is admitted in the geriatric unit. His skull x ray as a part of his diagnostic work up showed the following finding-



- What is the finding ?
- What is the likely diagnosis ?

2. A 65 years old lady, presented to the geriatric clinic with complaints of intermittent fever for 1 month with occasional episodes of blood streaked sputum. She looked emaciated on general examination. A section of her chest CT is shown below -



- What is the finding ?
- Give three differentials for this finding ?



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# FODDER FOR RIGHT HEMISPHERE

Dr. Kritartha Kashyap

She asks me how I've been doing,  
And both of us drown into an ocean of endless silence.  
We will continue to sit like this for the next one hour exactly,  
until she asks her next question.  
For I don't know how to answer the first one.  
It's one hour always, I'm not sure about the reason,  
Maybe it's the time limit for which one can endure  
the deafening silence and screams in their heads.  
It's been quite a while,  
Since the days have turned into a monochrome of dusty gray.  
I don't remember when was the last time I saw a hint of yellow in  
them!  
Actually.....do I remember anything ?  
What do I remember? What can I remember?  
I sense the beaconing of a familiar war in my head.  
My neurons putting armor on their synapses,  
for a battle destined to be lost yet another time.  
I take a long deep sigh, and look around the room!  
A monotonous arrangement of furnitures and books;  
Reflecting my life lately.  
And then I notice a younger looking face,  
Sitting exactly 6 feet away from me, earnest, curious, hopeful ??  
I try to jolt my neurons, to remind myself of that face,  
Somewhere in a dusty corner of my cortex, a cabinet opens;  
A blurry image of sunshine, a faint ringing of laughter....  
And it's gone!!!  
And I notice a torrential rain coming down that face, drowning the pupils.  
For some reason, I can't look at it anymore.  
So I turn back to the one sitting across me;  
"Have you been sleeping well ?"; another question !  
This time I remember,  
I remember the shadows that lie beside me every night !  
I remember every time I open my eyes my brain starts afresh,  
Like a newborn baby opening its eyes for the first time  
completely ignorant of the world.  
I tell her the walls around me have started closing in inch by inch every day  
Lately they have turned into the colours of black and white!  
Whispering sighs of despair in my ears,  
She exchanges a look with the person sitting beside me;  
Communicating in a language I can't seem to comprehend.  
I'm used to it now,  
Lately people around me have started talking in this way.  
As if they've forgotten how to communicate  
Or is it me who's forgotten ?  
A familiar headache, my neurons have now started revolting back  
They're getting weary of the battle they've been playing since last one and half hour.  
All three of us again sit in the silence  
I've become pretty comfortable with it now,  
I can feel the days memories have already started fading in, like a clean slate  
"Donggg !!!" The clock strikes suddenly breaking the silence in the room  
It will continue for exactly eleven times more.  
We all get up  
She smiles at me with a "good work today, until next time."  
Then she pats on the back of the person beside me and sighs.  
I can understand why, but it doesn't really matter.  
For eventually this whole day will soon fade away.  
Memory.....since when it's become such a luxury !!  
And I started laughing hysterically.



## KENOPSIA

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Nobody's joining me, I see rain in his eyes has now turned heavier  
Someone's dragging me out of the room,  
I hear a door closing on my back,  
Am I lying on a bed ? Yes, I am, I can almost feel the softness of the satin.  
Ahhh !!! a sharp pain.  
And then it's calm and peaceful!!  
It's silent again.....

(The poem is an effort to reflect on the life from the point of view of a person suffering from Major Neurocognitive Disorder, commonly referred to as dementia. Although we look at them from our eyes and knowledge, we hardly invest our time to understand what goes on inside their mind and head, what do they feel. Maybe we'll never know !! But we can always support them.)

## CAPTION CONTEST



Picture credits-Dr. Monika Pathania



# PHOTO GALLERY





## SEND IN YOUR SUBMISSIONS

If you know the answers to the above asked questions or you want to give a fun caption to the picture in caption contest, kindly mail us the answers with your name and department. Correct answers win a SHOUT-OUT on subsequent issues of the newsletter. If you don't know the answers, well wait for it in the next issue.

Do you have a talent for writing, whether it's in scientific or creative fields? Show off your skills in our newsletter! We're accepting submissions for Creative Sections. Send us your essays, stories, memoirs, poetry, prose, or artwork at [\*\*\*silverliningsaiimsrishikesh@gmail.com\*\*\*](mailto:silverliningsaiimsrishikesh@gmail.com)

We hope you've enjoyed this edition of 'SILVER LINING'. We value your feedback and would love to hear about your experience. Contact us for any queries or feedback at [\*\*\*silverliningsaiimsrishikesh@gmail.com\*\*\*](mailto:silverliningsaiimsrishikesh@gmail.com)

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