



FEATURES OF PROVIDING MEDICAL CARE TO ELDERLY AND SENILE CITIZENS

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<https://www.doi.org/10.37547/ejmns-v03-i02-p2-45>

ARTICLE INFO

Received: 12th February 2023

Accepted: 23th February 2023

Online: 24th February 2023

KEY WORDS

Elderly age, senile age, senile asthenia, comprehensive geriatric examination, medical organization, medical and social assistance.

ABSTRACT

Currently, the state policy in the field of organization of medical care for elderly citizens is aimed at ensuring its quality, creating a system for monitoring the quality and volume of medical and diagnostic measures, further development of medical examination, prevention and rehabilitation, timely consultations of patients undergoing inpatient treatment, continuity in the treatment of patients at inpatient and outpatient stages. The article analyzes the necessary actions of doctors during a comprehensive geriatric examination. The characteristic symptoms and signs of senile asthenia, as well as its relationship with age-related diseases, are described.

Introduction.

The proportion of people over 60 years of age ranges from 19 to 24% of the population in different countries. According to existing forecasts, by 2050 it will increase to 38-50%. Today, most people can live to 60 years or more. According to the "World Report on Aging and Health" published by the World Health Organization (WHO) in 2015 [2], from 2015 to 2050, the share of the elderly population in the world will almost double, from about 11% to 22%. In absolute terms, the number of people aged 60 and over is projected to increase from 900 million in 2015 to 1400 million by 2030. and up to 2100 million by 2050, which could reach 3200 million in 2100. By 2050, in Europe, the proportion of people aged 60 years and older in the total population will be approximately 34%.

It is important to note that while in low- and middle-income countries the increase in life expectancy is mainly the result of a significant reduction in mortality at a young age, especially in childhood and childbirth, as well as mortality from infectious diseases, in high-income countries the constant increase in life expectancy is mainly due to reducing the mortality rate of the elderly.

The population of the WHO European region is aging at the fastest pace: already today the average age here is the highest in the world. Life expectancy has increased from 73.0 years at birth in 2000 to 77.1 years in 2015, and the proportion of people aged 65 and older is



projected to increase from 14% in 2010 to 25% in 2050. In the countries of the European Union (EU), the proportion of the population over 80 years of age is 5.6%, and this figure is expected to grow to 14.6% by 2100. Citizens of almost all countries in the WHO European Region live longer, but their chances of spending the last years of their lives maintaining good health and a high level of well-being vary not only between countries, but also within countries. Today, for too many people, old age is associated with a high risk of social isolation and poverty with limited access to affordable, high-quality medical and social services. That is why effective government strategies are needed to ensure sustainable positive trends.

The increase in the total number of elderly people and their share in the population structure leads to the need to take into account their needs for medical and social assistance and, accordingly, organize the necessary care. In 2017, the main causes of death of elderly people were cardiovascular diseases, cancer and disorders of the nervous system, while diseases of the musculoskeletal system, sensory organs and cardiovascular diseases were the main causes of disability for this category of the population. In EU countries in 2014, almost 50% of people aged 65 and over reported long-term limitations in daily activities, and more than two thirds reported physical or sensory functional limitations.

The problem of population aging is currently the most urgent in Uzbekistan. The growing number of elderly people increases the costs of pensions, medical care and social services and creates other problems for the country and society.

Elderly people in Uzbekistan receive medical care in multidisciplinary medical organizations. In recent years, basic geriatric centers have been established in Uzbekistan, which specialize in providing specialized medical care to elderly and senile people with senile asthenia syndrome.

The purpose of the study. To determine the step-by-step sequence of actions of attending physicians when setting the syndrome "Senile asthenia".

Materials and methods.

The normative legal documents on senile asthenia in force today have been studied, which determine the algorithm of doctors' actions when determining indications for hospitalization of patients in a geriatric center or for providing them with medical and social assistance in outpatient settings.

The symptoms characteristic of senile asthenia have a significant negative impact on the quality of life of the patient, shorten its duration. There are five typical signs of senile asthenia:

- permanent weight loss;
- reduced brush strength;
- constant weakness and fatigue;
- reduced movement speed, walking;
- significant decrease in physical activity.

Only if the patient has three or more signs of this complex of symptoms, we can talk about senile asthenia. On average, the frequency of senile asthenia worldwide is about 13%, and preasthenia is about 50%. If treatment is not carried out, then after 4-5 years, the transformation progresses to asthenia. Many manifestations of senile asthenia are interrelated - one symptom causes the development of another. For example, a decrease in the



speed of movement leads to a decrease in human activity. Also, senile asthenia is characterized by pronounced biorhythm disorders - a malfunction in sleep and wakefulness, a decrease in intelligence, emotional callousness and other signs of disruption of the nervous system, including depression.

The development of senile asthenia is caused by various changes and diseases that occur in old age. First of all, the musculoskeletal system, neuroendocrine and immune systems are affected. Patients lose a large percentage of muscle mass, the endurance of muscle fibers decreases. Due to the manifestation of osteoporosis, bones become brittle, as calcium is washed out of them. Due to chronic diseases of the internal organs, the production of important hormones and vitamins decreases, and, of course, in old age, the body's immune system weakens every year, patients become susceptible to frequent infectious diseases.

Senile asthenia is a condition of the body in which the work of many, and sometimes all, organs is affected. This condition very often leads to disability.

The main cause of the development of senile asthenia is age-related changes that occur due to accumulated chronic diseases. However, this syndrome does not manifest itself in all elderly people. Senile asthenia can occur at different ages, but most often - after 65 years. Every year of life, the risk of senile asthenia increases.

The standard of management of patients with senile asthenia syndrome is the preparation of an individual plan based on a comprehensive geriatric examination. Comprehensive geriatric assessment (CGA) is a multidimensional interdisciplinary diagnostic process that includes an assessment of the physical and psycho-emotional status, functional capabilities and social problems of an elderly person in order to develop a treatment plan and follow-up aimed at restoring or maintaining the level of his functional activity.

Even in the absence of the possibility of CGA by an interdisciplinary team of geriatricians, the management of a patient with senile asthenia syndrome should be based on a holistic approach to assessing his needs. It is important to apply this approach not only when consulting a patient with a geriatrician, but also when conducting it by a district therapist, family doctor and specialist doctors.

The main objectives of CGA are:

- identification of the main problems that worsen the functional state and quality of life of the patient;
- development of an action plan aimed at solving (eliminating) these problems;
- determination of the severity of senile asthenia.

CGA can be performed on an outpatient or inpatient basis, including at the patient's home. A multidisciplinary team that includes:

- geriatrician;
- a nurse who has been trained to work in geriatrics;
- social work specialist;
- instructor-methodologist in physical therapy;
- other specialists (for example, a nutritionist, a speech therapist).

The set of scales and tests carried out within the framework of the CGA may vary somewhat depending on the venue and the patient's condition. The duration of CGA is on average 1.5-2 hours.



It is preferable to conduct CGA in the presence of a family member / guardian or a person caring for the patient in order to obtain the necessary anamnestic data, a more reliable assessment of the patient's problems and functional capabilities, as well as discuss a further management plan. At the same time, it is important to clarify the expectations and preferences of the patient and his family members. After CGA, the severity of senile asthenia is determined in accordance with the clinical scale of senile asthenia and an individual patient management plan is developed, including recommendations in the following areas:

- level of physical activity;
- food;
- organization of safe life;
- optimization of drug therapy;
- laboratory and instrumental examinations, consultations of specialists are necessary;
- the use of means and methods that adapt the environment to the functional capabilities of the patient (vehicles, prosthetics and orthopedic products, correction of sensory defects, etc.);

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