

Preface



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Guest Editors

For age is opportunity no less than youth itself, though in another dress, and as the evening twilight fades away, the sky is filled with stars, invisible by day.

—Henry Wadsworth Longfellow, 1807–1882

At the start of the twentieth century there were 3.1 million people over the age of 65 years, representing 4.1% of the total population of the United States. By 2000, 34.9 million older people composed 12.6% of the total population. This growth in the elderly demographic has been particularly dramatic for the oldest old, with more than 4.5 million people currently over the age of 85 years. By the year 2030, one in five Americans will be older than 65. The number of individuals over 75 will triple and those over 85 will double in the same period.

The United States, like most developed nations, is seeing a “squaring off” of the life expectancy curve, meaning individuals are living longer and dying at a greater frequency in the older years. At age 65, the average life expectancy is 19.1 years for females and 15.3 years for males [1]. Currently the average life expectancy for a 75-year-old individual is 11.3 years and for an 85-year-old it is 6.5 years.

This then also means that older individuals are living longer with a greater number of chronic medical conditions. The care of these individuals is becoming increasingly complex; diseases that were rapidly fatal in the past have become chronic conditions that elders now “live with” rather than “die from.” As a result, the approach to care of the older adult has evolved to use a comprehensive, multidisciplinary method of assessment and

treatment. This process identifies and addresses medical as well as cognitive, functional, social, financial, and psychological impairments. Therapists, social workers, and nursing specialists work together with physicians to coordinate care for these most frail and challenging adults.

As the population ages, the need for physicians well trained in the complex care needs of the aging adult has grown. It is unlikely that in the near future there will be a sufficient number of fellowship-trained geriatricians to personally care for all those older than age 65. It is thus necessary for all physicians, primary care providers and consultants, surgeons and specialists, to provide age-appropriate care across all areas of the health care setting.

Just as one would not approach the care of an adolescent in the same manner as an infant, one does not approach the care of an older adult in the manner of a young adult. Chronologic age itself, however, is not the best marker for selecting evaluation and management strategies. Ageist views, such as “the patient is not a good candidate at this age,” continue to restrict healthy old individuals from receiving beneficial treatments. Functional status or the presence of frailty are better markers for decision-making and can be equally useful in reducing inappropriate treatments for individuals too impaired to tolerate traditional interventions.

Despite living longer and with more chronic conditions, the population is living with less functional impairment. Over a 10-year period ending in 2003, the percent of individuals over age 65 with impairments declined in all activities of daily living. This was true for both men and women and across all age categories. Community-dwelling elders had the greatest decline in functional impairment, whereas institutionalized individuals had greater functional limitation in all activities of daily living [2].

Geriatrics brings together a multidisciplinary group of providers for the coordinated care of a complicated and challenging group of patients. As team leaders, geriatricians are called upon to be educators for institutions, health professionals, families, and the community, on the standards of quality care for older adults. As the economic, social, and political climate has changed in the United States, geriatricians promote policies and direct debates on care of the aging population. Lobbying for health care benefits and services is increasingly necessary as financial aspects of health care are politically determined by governmental agencies.

Research in geriatric medicine is of growing importance in our understanding of the physiology and pathophysiology of aging. This work continues to demonstrate the differences between normal aging and disease. Scientists are breaking down barriers to understanding and treating conditions such as dementia, delirium, and frailty. Geriatricians are specifically trained to incorporate this research into a care plan designed to address the health care needs of the individual person. Geriatricians are the educators, researchers, and expert clinicians leading the medical profession through the changing economic, political, and medical environment in which our elders are living.

This issue highlights the most recent data for evaluation and management of common medical conditions found in the older adult. The chapters are authored by some of the most well-known and respected geriatric medicine physicians in the United States. This review provides a guide for the practicing clinician who cares for older adults, using a syndrome-based and in some cases a disease-based approach. It is hoped that, as presented above, old age can represent a time of opportunity and wellness, with starry skies in the years of fading twilight.

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References

- [1] Life Expectancy National Center for Health Statistics. Trends in Health and Aging. <http://www.cdc.gov/nchs/agingact.htm>. Accessed May 16, 2006.
- [2] Functional Status and Aging. National Center for Health Statistics, Trends in Health and Aging. <http://www.cdc.gov/nchs/agingact.htm>. Accessed May 16, 2006.