

# Speaking for Myself

## Emergency care for older people in India

ASHISH GOEL

### INTRODUCTION

Increasing longevity has been hailed as a triumph of medicine in recent years. With increasing life expectancy all over the world, ageing has been seen to outpace social and economic development in many countries. Declining mortality rates and total fertility rates result in an increase in the proportion of elderly individuals. The impact of the ageing population is felt less in the developed world, and it has been estimated that by the year 2050 over 80% of the elderly world population would be living in the developing world. Despite a higher life expectancy in developing nations, there has also been an increase in the risk of having chronic ailments during the increased years; a reflection of life-long accumulation of risk factors.<sup>1</sup>

### ELDERLY CARE

The 60th round of the National Sample Survey conducted by the National Sample Survey Organization (NSSO) in January to June 2004, recorded 66.4 million older individuals living in India.<sup>2</sup> Although this number is lower than the estimate of 76.6 million from the 2001 Census, the magnitude of older individuals in terms of number or share in the total population is similar in both evaluations and, more importantly, has been found to rise steadily. Not only has the share of the elderly to the total population increased from 6.5% in 1981 to 7.4% in 2001, but also the old age dependency ratio has risen from 89 to 119 in the same period of time, indicating the number of older persons to be supported by every 1000 of the commonly believed 'productive' population. The survey has shown that as many as 5% of older individuals are living alone due to several reasons including widowhood, separation or migration of children. About 6.8% of older persons report commencement of an ailment in the previous 15 days and an equal number are dependent on others for activities of daily living. Despite 5% of older people living alone and almost 10% of them getting hospitalized in any 365-day period, standards for institutional care are poorly established.

### EMERGENCY CARE FOR THE ELDERLY

Emergency healthcare is the most critical unit for any healthcare system. In providing early and accessible care at the most critical moment for the individual and society, emergency care is important. However, pre-hospital and emergency care remain poorly developed in India where independent departments not only of Geriatrics but also Emergency Medicine are an exception rather than the rule and Geriatric Clinics held in several public hospitals have been reduced to mere drug-dispensing units.

### ACADEMIC GERIATRIC EMERGENCY MEDICINE IN INDIA

While both Geriatric and Emergency medicine have been recently

recognized as academic branches in India, specialization in Geriatric emergency medicine already conceptualized abroad is not widely visualized in the near future in India.<sup>3</sup>

### GERIATRIC EMERGENCY PATIENT CARE

Older persons usually account for more than a quarter of all emergency visits across the world and are likely to rise to almost half by 2050.<sup>4-6</sup> Atypical clinical presentations and multiple comorbid conditions make evaluation and management difficult in busy emergency areas.<sup>7</sup> It is not uncommon for an older person to present with multiple and confusing symptoms that need a provider with at least basic knowledge and training in the care of older people to decipher the root cause. Emergency rooms usually called Accident and Emergency or Casualty wings in Indian hospitals are frequently used to provide terminal care to chronically ailing older patients due to lack of alternative healthcare infrastructure systems.<sup>8</sup>

Screening in emergency care for frail, non-disabled, older persons could yield individuals with morbidity and functional limitation who could be successfully involved in an intensive medical and exercise intervention to improve quality of life.<sup>9-11</sup> Walking difficulties, risk of fall, malnutrition and cognitive impairment could predict a longer length of hospitalization at the time of emergency presentation among older patients.<sup>12</sup> Although it has not been shown to improve outcome, yet it is logical that subsequent disability and further morbidity could be reduced if a carefully planned, focused and modelled intervention is executed following an emergency visit.<sup>13</sup>

The emergency room forms a fulcrum of the healthcare system, and appropriate, timely, clinical or social intervention in the emergency directed at patients or caregivers, is instrumental not only in reduction of mortality but also in prevention of life-time morbidity in the elderly.<sup>14,15</sup> However, a sizeable number of elderly individuals either do not approach emergency care, or are neglected universally in emergency rooms and succumb to their illness even during and after hospitalization due to several reasons. The area of geriatric emergency care remains largely neglected as it is seen to be unrewarding and monetarily non-profitable. However, a healthy, productive and active elderly population is in the best interest of society as a whole and a huge burden of disease and morbid care can be prevented by judicious and apposite intervention in emergency care. An older population in good health releases resources that can be used for other healthcare needs. It is understandable that most emergencies are busy intersections where healthcare workers are always short of time and resources. It is therefore important to use their time and resources most efficiently.

### CONCLUSIONS

The social and health state of the older population who need attention in health-related emergency situations can be improved only if ground-level individual healthcare workers in small- and medium-sized emergency rooms are equipped with the

Department of Medicine, University College of Medical Sciences, Delhi 110095, India; Correspondence to ASHISH GOEL, C2/403, Janak Puri, New Delhi 110058; [ashgoe@gmail.com](mailto:ashgoe@gmail.com)

knowledge, skill, training and sensitization to the needs of their older patient.

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