



Health in Elderly People: Age-Related Duodenal and Gastric Ulcer Treatments

Temi Lampejo*

Department of Health Science, University of Sheffield, Sheffield, United Kingdom.

ABOUT THE STUDY

Gastric and duodenal ulcers are painful sores that form on the lining of the stomach (gastric ulcer) or the upper part of the small intestine (duodenal ulcer). Effective treatment is essential to relieve symptoms, promote healing and prevent complications. The present article summarizes the most effective treatments for these conditions [1].

Medications for older adults

Proton Pump Inhibitors (PPIs): While PPIs are effective in healing ulcers by reducing stomach acid, they can have side effects, especially in older adults, such as increased risk of nutrient deficiencies (e.g., vitamin B12, magnesium, calcium), fractures and kidney issues. In older populations, it's important to monitor the use of PPIs to minimize long-term risks and ensure they are prescribed only when necessary. As we age, the body's ability to metabolize medications can change, so careful dose adjustments may be needed [2,3].

H2-receptor antagonists: These medications, though less potent than PPIs, are often safer for older adults and may be preferred when long-term acid suppression is needed. They also have fewer side effects, making them a good alternative for those who cannot tolerate PPIs.

Antibiotics (for *H. Pylori*): In the case of *H. pylori* infection, antibiotics like amoxicillin, clarithromycin, and metronidazole are essential. In older adults, drug interactions and potential side effects (such as antibiotic resistance or gastrointestinal issues) should be carefully considered and managed [4,5].

Cytoprotective agents: These agents which include drugs like sucralfate, misoprostol protect the stomach lining and promote healing. While they are beneficial, older adults may have more sensitive gastro- intestinal systems, so they should be used with caution.

Lifestyle and dietary modifications in geriatrics

Dietary adjustments: Older adults are more likely to experience digestive issues, such as reduced stomach acid, slower gastric

emptying, or food sensitivities. A diet that avoids irritants like spicy foods, alcohol, and caffeine can help reduce discomfort and prevent ulcer exacerbation. Eating smaller, more frequent meals is particularly beneficial for older adults as it helps manage stomach acid production and supports easier digestion [6].

Avoidance of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): NSAIDs are commonly used for pain relief, but they can cause stomach irritation and ulcers, especially in older adults who may already have a higher risk of gastrointestinal issues. For older adults, using alternative medications or adding protective agents like PPIs or H2 blockers when NSAIDs are necessary is important for preventing ulcer complications [7].

Stress management: Chronic stress can exacerbate ulcer symptoms, and stress is often more pronounced in older adults due to factors like health concerns, retirement, or loss of loved ones. Stress management techniques such as relaxation exercises, mindfulness, or counselling can improve overall well-being, promote ulcer healing, and contribute to healthy aging.

Surgical Treatment and Healthy Aging

Surgical interventions: While surgery is rarely needed for gastric or duodenal ulcers, it may be considered in cases of severe or complicated ulcers, such as those leading to bleeding or perforation. However, in elderly individuals, surgery carries greater risks due to factors like reduced organ function, comorbid conditions (e.g., cardiovascular disease, diabetes), and slower recovery. Surgical options should be carefully considered, and non-invasive treatments should be prioritized where possible [8].

Partial gastrectomy: This procedure is typically reserved for cases where ulcers are severe and resistant to medical management. However, in older adults, the risks associated with any surgery are higher, and alternatives (such as more intensive medication management or endoscopic interventions) should be explored first.

Monitoring and follow-up

Regular follow-up: Ongoing monitoring is particularly important for older adults to ensure that ulcer treatments are

Correspondence to: Temi Lampejo, Health Science, University of Sheffield, Sheffield, United Kingdom, E-mail lampejotemi71@gmail.com

Received: 19-Aug-2024, Manuscript No. HAR-24-34168; **Editor assigned:** 21-Aug-2024, PreQC No. HAR-24-34168 (PQ); **Reviewed:** 05-Sep-2024, QC No. HAR-24-34168; **Revised:** 13-Sep-2024, Manuscript No. HAR-24-34168 (R); **Published:** 23-Sep-2024, DOI: 10.35248/2261-7434.23.13.218

Citation: Lampejo T (2024) Health in Elderly People: Age-Related Duodenal and Gastric Ulcer Treatments.13: 218.

Copyright: © 2024 Lampejo T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

effective and that complications (such as bleeding, perforation, or recurrence) are identified early. Endoscopic exams or other diagnostic tests may be necessary to monitor ulcer healing and adjust treatment plans. This helps minimize risks and ensures the patient's overall health is not compromised by the ulcer or the treatment regimen.

Overall fit with healthy aging

The treatment plan outlined focusing on appropriate medication use, lifestyle and dietary adjustments, and regular monitoring aligns well with healthy aging principles [9,10]. Healthy aging emphasizes managing chronic conditions, preventing complications, and maintaining a high quality of life, all of which are critical components of ulcer treatment. Additionally, the focus on lifestyle modifications, such as reducing irritants, managing stress, and avoiding harmful substances (like NSAIDs), supports long-term health and well-being in older adults.

REFERENCES

1. Al-Assi NM, Genta RM, Karttunen TJ, Graham DY. Ulcer site and complications: relation to *Helicobacter pylori* infection and NSAID use. *Endoscopy*. 1996;28(02):229-233.
2. Metzger J, Styger S, Sieber C, Vogelbach P, Harder F. Prevalence of hel infection in peptic ulcer perforations. *Swiss MED Wkly*. 2001;131(07-08):99-103.
3. Banerjee S, Cash BD, Dominitz JA, Baron TH, Anderson MA, Ben-Menachem, et al. The role of endoscopy in the management of patients with peptic ulcer disease. *Gastrointest endosc*. 2010;71(4):663-668.
4. Limani K, Place B, Philippart P, Dubail D. Aortoduodenal fistula following aortobifemoral bypass. *Acta Chir Belg*. 2005;105(2):207-209.
5. Liu H, Liu Y, Wang L, Xu D, Lin B, Zhong R, et al. Prevalence of primary biliary cirrhosis in adults referring hospital for annual health check-up in Southern China. *BMC Gastroenterol*. 2010;10(1):1-5.
6. Puvaneswary M, Cuganesan R. Detection of aortoenteric fistula with helical CT. *Australas Radiol*. 2003;47(1):67-69.
7. Papacharalambous G, Skourtis G, Saliveros A, Karagannidis D, Makris S, Panousis P, et al. Endovascular treatment of a primary aortoduodenal fistula: 2-year follow-up of a case report. *Vasc endovascular surg*. 2007;41(3):265-270.
8. Ogawa Y. Acquired autoimmune coagulation factor XIII/13 deficiency. *Japa Jour of Clini Hematol*. 2020;61(7):799-808.
9. Fiumara NJ. Genital ulcer infections in the female patient and the vaginitides. *Dermatol Clin*. 1997;15(2):233-245.
10. Schmid GP. Approach to the patient with genital ulcer disease. *Med Clin North Am*. 1990;74(6):1559-1572.