

# The Significances and Evolving Landscape of Geriatric Care

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## ABOUT THE STUDY

As our society continues to age, the importance of geriatric care becomes increasingly significant. Geriatric care encompasses a range of medical, social, and psychological services aimed at promoting the health and well-being of older adults.

### Significance of geriatric care

**Specialized medical care:** Geriatric care focuses on addressing the specific healthcare needs of older adults. Aging brings about a multitude of physical and mental changes, including chronic conditions, cognitive decline, and frailty. Geriatricians are healthcare professionals specially trained to diagnose and treat these age-related issues [1]. They consider the complexities of multiple chronic illnesses, medication management, and the social determinants of health to provide holistic care for older patients [2].

**Promoting independence:** One of the primary goals of geriatric care is to help seniors maintain their independence and quality of life for as long as possible. This involves addressing mobility issues, ensuring a safe home environment, and providing rehabilitation services when necessary [3]. By doing so, elderly individuals can continue to engage in daily activities and enjoy a sense of autonomy.

**Emotional and psychological support:** Geriatric care recognizes the importance of mental health in older adults [4]. Loneliness, depression, and anxiety are common challenges faced by the elderly, especially when dealing with loss and isolation [5]. Geriatric specialists, along with psychologists and social workers, offer emotional support and counselling to help seniors cope with these issues and maintain their emotional well-being.

### Challenges in geriatric care

**Shortage of geriatric specialists:** Despite the growing need for geriatric care, there is a shortage of healthcare professionals specializing in this field. This shortage poses a significant challenge as the demand for geriatric care services continues to rise. Efforts to incentivize medical professionals to pursue geriatric training and expand the availability of geriatric programs are crucial to address this issue [6].

**Complex health needs:** The elderly often present with complex healthcare needs, including multiple chronic conditions that require careful management [7]. Coordinating care between different specialists and addressing potential drug interactions can be challenging. To improve the quality of geriatric care, there is a need for integrated health care systems and improved communication among healthcare providers [8].

**Financial barriers:** Cost can be a significant barrier to accessing geriatric care [9]. Many seniors face financial constraints, which can limit their ability to access necessary medical services and support. Policymakers must explore ways to make geriatric care more affordable and accessible to all older adults, regardless of their financial circumstances.

### Evolving landscape of geriatric care

**Telehealth services:** The COVID-19 pandemic accelerated the adoption of telehealth services in geriatric care. Telehealth allows seniors to consult with healthcare professionals from the comfort of their homes, reducing the need for travel and potential exposure to illnesses [10]. This technology has become a valuable tool for monitoring chronic conditions and providing timely medical advice.

**Aging in place:** Many older adults prefer to age in place, staying in their homes and communities rather than moving to long-term care facilities [11]. Geriatric care is evolving to support this preference by providing home-based healthcare services. This includes home health aides, meal delivery, and home modifications to ensure safety and accessibility.

**Palliative and hospice care:** Geriatric care also includes palliative and hospice services for individuals with serious illnesses or at the end of life. These services focus on improving the quality of life, managing symptoms, and providing emotional support for both patients and their families [12]. The availability and utilization of palliative and hospice care are expanding to ensure that older adults receive appropriate end-of-life care.

Geriatric care plays a crucial role in supporting the health and well-being of our aging population. By addressing the unique needs of older adults, providing specialized medical care, and

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promoting independence and emotional well-being, geriatric care improves the quality of life for seniors [13]. However, challenges such as a shortage of specialists, complex healthcare needs, and financial barriers must be addressed to ensure that all elderly individuals receive the care they deserve [14].

## REFERENCES

1. Beers MH, Ouslander JG, Rollingher I, Reuben DB, Brooks J, Beck JC. Explicit criteria for determining inappropriate medication use in nursing home residents. *Arch Intern Med.* 1991;151(9):1825-1832.
2. Beers MH. Explicit criteria for determining potentially inappropriate medication use by the elderly: An update. *Arch Intern Med.* 1997;157(14):1531-1536.
3. Green AR, Aschmann H, Boyd CM, Schoenborn N. Assessment of patient-preferred language to achieve goal-aligned deprescribing in older adults. *JAMA Network Open.* 2021;4(4):e212633.
4. Guyatt G, Oxman AD, Akl EA, Kunz R, Vist G, Brozek J, et al. GRADE guidelines: Introduction—GRADE evidence profiles and summary of findings tables. *J Clin Epidemiol.* 2011;64(4):383-394.
5. Guyatt G, Oxman AD, Sultan S, Brozek J, Glasziou P, Alonso-Coello P, et al. GRADE guidelines: Making an overall rating of confidence in effect estimates for a single outcome and for all outcomes. *J Clin Epidemiol.* 2013;66(2):151-157.
6. Andrews JC, Schünemann HJ, Oxman AD, Pottie K, Meerpohl JJ, Coello PA, et al. GRADE guidelines: Going from evidence to recommendation—determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 2013;66(7):726-735.
7. Balshem H, Helfand M, Schünemann HJ, Oxman AD, Kunz R, Brozek J, et al. GRADE guidelines: Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):401-406.
8. Guyatt GH, Oxman AD, Vist G, Kunz R, Brozek J, Alonso-Coello P, et al. GRADE guidelines: Rating the quality of evidence—study limitations (risk of bias). *J Clin Epidemiol.* 2011;64(4):407-415.
9. Shea BJ, Grimshaw JM, Wells GA, Boers M, Andersson N, Hamel C, et al. Development of AMSTAR: A measurement tool to assess the methodological quality of systematic reviews. *BMC Med Res Methodol.* 2007;7(1):1-7.
10. Davidson KW, Barry MJ, Mangione CM, Cabana M, Chelmow D, Coker TR, et al. Aspirin use to prevent cardiovascular disease: US preventive services task force recommendation statement. *Jama.* 2022;327(16):1577-1584.
11. Kales HC, Gitlin LN, Lyketsos CG. When less is more, but still not enough: Why focusing on limiting antipsychotics in people with dementia is the wrong policy imperative. *J Am Med Dir Assoc.* 2019;20(9):1074-1079.
12. Marcantonio ER. Old habits die hard: Antipsychotics for treatment of delirium. *Ann Intern Med.* 2019;171(7):516-517.
13. Inouye SK. The importance of delirium and delirium prevention in older adults during lockdowns. *JAMA.* 2021;325(17):1779-1780.
14. Gitlin LN, Winter L, Dennis MP, Hodgson N, Hauck WW. Targeting and managing behavioral symptoms in individuals with dementia: A randomized trial of a nonpharmacological intervention. *J Am Geriatr Soc.* 2010;58(8):1465-1474.