

SUMMARY

Background

Elderly people are known to face multiple medical and psychosocial problems and a significant proportion of them seek care from primary care doctors (allopathic). In Sri Lanka, no particular attention has been paid to the care of the elderly though developed countries in the world have introduced programmes to address the needs of this section of society.

Objectives

To determine the reason/s for encounter (RFE) and existing medical and psychosocial problems of geriatric patients in a general practice.

Method

All the geriatric patients (65 years and above) who consulted the investigator during a period of two months were included in the study. The RFE was recorded at every consultation but with regard to other information data was collected only once. The Mini mental state examination (MMSE) was used to determine cognitive impairment while assessment of depression was based on DSM-4 criteria. RFEs were coded using the International Classification of Primary Care-2 (ICPC-2)

Results

A total of 127 patients (females 63%, males 37%) consulted during the study period. There were a total of 166 consultations and 228 RFEs. Common RFEs according to ICPC chapter were Respiratory (25.4%), Locomotor (20.6%), cardiovascular (11.4%) and Neurological (11.0%). Cognitive impairment was found to be present in 14.5% and depression was present in 17.1%. More than 50% had 2 or more medical problems, 63.2% were on medication and 46.2% were taking 3 or more drugs. The activity of daily living (ADL) most affected was walking (53%) while 12% had impairment of 3 or more ADLs. Three or more instrumental activities of daily living (IADL) were impaired in 31%. A statistically significant relationship was found between depression and impairment of ADL and between depression and having a problem.

Conclusion

Multiple medical and psychosocial problems were identified in geriatric patients. It is unlikely that all these problems could be detected during routine consultations. Therefore geriatric screening programmes have to be introduced through the primary health care system. Postgraduate and undergraduate curricula should include geriatric medicine to make future doctors competent to address the multiple and complex problems of this vulnerable age group.