

# Integrative Medicine for Geriatric and Palliative Care



Mikhail Kogan, MD<sup>a,\*</sup>, Stephanie Cheng, MD<sup>b</sup>, Seema Rao, MD<sup>c</sup>, Sharon DeMocker, MD<sup>d</sup>, Mariatu Koroma Nelson, MD<sup>e.1</sup>

## KEYWORDS

• Geriatrics • Palliative care • Osteoporosis • Falls • Frailty

## KEY POINTS

- US health care for elderly with chronic illnesses is expensive and not fully effective in part because lifestyle interventions are underutilized.
- Common geriatric syndromes, such as falls, frailty, and others, are often overtreated with medical interventions, whereas nonpharmacologic integrative modalities are underutilized.
- Evidenced integrative approaches for falls, osteoporosis, and end-of-life syndromes are available and recommended for comprehensive quality care.

## INTRODUCTION

Societies worldwide are challenged by the ongoing growth in health care expenditures and the changing patterns in the demand for medical services.<sup>1</sup> Contemporary health care systems face difficulties in solving these challenges, because they have originally been designed to solve single-episode, acute short-term diseases.<sup>2</sup> Worsening this situation, ongoing specialization and technological improvements have led to fragmentation of care delivery and resulted in a substantial increase in health care expenditures. This negatively affects the provision of integrated long-term care and support for the chronically ill and for elderly people with complex care needs.<sup>3</sup>

---

Disclosure Statement: The authors have nothing to disclose.

<sup>a</sup> Center for Integrative Medicine, George Washington University, School of Medicine, 908 New Hampshire Avenue, Suite 200, Washington, DC 20037, USA; <sup>b</sup> Division of Geriatrics, Department of Medicine, University of California, 3333 California Street, Suite 380, Box 1265, San Francisco, CA 94143, USA; <sup>c</sup> 11686 Wannacut Place, San Diego, CA 92131, USA; <sup>d</sup> War Related Illness & Injury Study Center, VA Medical Center, 50 Irving Street Northwest, MS 127, Washington, DC 20422, USA; <sup>e</sup> Geriatric Medicine, Virginia Hospital Center, Arlington, VA, USA

<sup>1</sup> Present address: 3440 South Jefferson Street, Falls Church, VA 22041.

\* Corresponding author.

E-mail address: [mkogan@mfa.gwu.edu](mailto:mkogan@mfa.gwu.edu)

Med Clin N Am 101 (2017) 1005–1029

<http://dx.doi.org/10.1016/j.mcna.2017.04.013>

0025-7125/17/© 2017 Elsevier Inc. All rights reserved.

[medical.theclinics.com](http://medical.theclinics.com)

Epidemiologic research shows that in the United States approximately 80% of all persons aged  $\geq 65$  years have at least one chronic condition and 50% have 2 or more.<sup>4,5</sup> Chronic illness and appropriate management is an increasingly important issue because many aspects of disability and mortality among older adults may be preventable through a change in lifestyle behaviors. Studies show that lifestyle factors (ie, tobacco use, poor diet, and physical inactivity) directly contribute to the leading causes of death (ie, heart disease, malignancy, cerebrovascular disease, and chronic lower respiratory disease) in aging adults.<sup>6</sup>

## FALLS AND FRAILTY

A fall is considered to have occurred when a person comes to rest inadvertently on the ground or lower level. Falls are one of the most common geriatric syndromes threatening the independence of older persons. Between 30% and 40% of community-dwelling adults older than 65 years fall each year, and the rates are higher for nursing home residents. Falls are associated with increased morbidity, mortality, and nursing home placement.<sup>7</sup> Adjusted for inflation, the direct medical costs for fall injuries are \$31 billion annually.<sup>8</sup> Falls are symptomatic of underlying clinical deficits, and a multidisciplinary approach is essential in identifying the risk factors and appropriate treatments for these patients.<sup>9</sup>

Frailty in the elderly carries an increased risk of falls that can lead to fractures, dependency, and disability. Frailty is defined as a clinically recognizable state of older adults with increased vulnerability, resulting from age-associated declines in physiologic reserve and function across multiple-organ systems. Frailty occurs in 7% to 12% of community-dwelling adults. Prevalence of frailty increases from 3.9% in the 65- to 74-year-old age group to 25% in the 85-year-old and older age group.<sup>10</sup>

Frailty can be *primary*, resulting from aging, or *secondary*, associated with diseases such as cancer, chronic obstructive pulmonary disease (COPD), heart failure, and HIV/AIDS. Frailty syndrome is diagnosed based on the presence of 3 or more of 5 phenotypic components: weight loss ( $>10$  pounds in 1 year), weakness (measured by grip strength), slow walking speed (time to walk 15 feet), low physical activity (expends  $<270$  kcal/wk), and patient-reported exhaustion.<sup>11</sup> Many patients may present without the full syndromic definition of frailty. Clinicians caring for the elderly need to be aware of the syndrome because early intervention can improve outcomes and prevent falls. Adults at least 70 years old should be screened for frailty syndrome. Frailty can be assessed in several different ways: presence of 3 of the above criteria (preferred method), use of the FRAIL scale<sup>12</sup> (<http://www.albertahealthservices.ca/assets/about/scn/ahs-scn-bjh-hf-frail-scale.pdf>), and the Clinical Global Impression of Change in Physical Frailty.<sup>13</sup> The FRAIL scale is interview-based, quick, and sensitive in the clinical setting.

### ***Pathophysiology and Risk Factors for Falls***

---

Although fall-related injuries are not a common cause of death in older adults, fall-related complications are the leading cause of death in adults  $\geq 65$  years old. **Box 1** lists risk factors for falls.

Sarcopenia, defined as a decrease in muscle power and muscle mass,<sup>17</sup> is an important cause of frailty leading to falls. Physical inactivity, poor nutrition, and age-related changes in hormones and cytokine levels are important risk factors for muscle loss.<sup>17</sup> Estrogens prevent loss of muscle mass.<sup>18</sup> However, trials have not shown increases in muscle mass after hormone replacement therapy.<sup>19</sup> Testosterone levels decline with age, and low levels of testosterone are associated with loss of muscle

Download English Version:

<https://daneshyari.com/en/article/5680537>

Download Persian Version:

<https://daneshyari.com/article/5680537>

[Daneshyari.com](https://daneshyari.com)