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Modern Care of Older People

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INTRODUCTION

The symposium reflected how the healthcare systems of today need to change to adapt to the needs of older people. It looked at the patient journey from care at home, assessment at the front door of the hospital, common clinical problems seen as an inpatient and at end of life care. The symposium attracted 155 delegates from across the UK, and included consultants, trainees, GPs, students, nurses and pharmacists. The event was streamed to over 22 overseas sites across four continents.

SESSION 1 – LONG TERM CONDITIONS MANAGEMENT OUTSIDE OF THE HOSPITAL

Professor Conaghan (University of Leeds) opened the day by updating us on the different options available for management of osteoarthritis. He emphasised that muscle strengthening exercise, weight loss and education are the most effective treatments and the benefits of regular paracetamol are, at best, uncertain. Of patients with osteoarthritis, 71% reported varying degrees of persistent pain despite taking all prescribed medications and 25% of patients take over the counter medications.[1]

We had some fantastic presentations by trainees from across the UK talking about local service initiatives, and how these are transforming the care we provide. Dr Maxwell (Lurgan Hospital) spoke about people being supported in their own homes leading to a 10% reduction in hospital admission. Dr Shields (Aberdeen Royal Infirmary) told us about the 'Silver City' project in Aberdeen. This involves extending the traditional community multidisciplinary team approach, including non-traditional roles, to better manage frail older people with a focus on wellbeing. The final talk was about the Rapid Access Frailty Assessment service by Dr Lewis (Chesterfield Royal Hospital). This gives patients rapid access to investigations and consultant geriatrician assessment in an ambulatory care setting.

SESSION 2 – STRUCTURING SERVICES AROUND THE NEEDS OF OLDER PATIENTS

Dr Thomas (Poole Hospital) told us about the development of the Rapid Access and Consultant Evaluation (RACE) unit which assesses older people at the front door of the hospital and discharges home whenever possible. This has involved a change in culture from an 'admissions' to an 'assessment' unit.

Professor Gladman (University of Nottingham) spoke on comprehensive geriatric assessment (CGA). He emphasised the need for a holistic assessment, a care plan based on this, and for this care plan to be implemented.[2] The evidence for CGA in different settings was reviewed. He summed up that most trials are positive or neutral, most likely due to usual care being optimised.

SESSION 3 – ON THE WARD: MANAGEMENT OF COMMON SYNDROMES IN OLDER PATIENTS

This session began with an excellent overview of female urinary incontinence by Dr Guerrero (NHS Greater Glasgow and Clyde). She reminded us of the simple investigations that can give important diagnostic information, e.g. external vaginal examination and bladder diaries. Next, Dr Genever (Chesterfield Royal Hospital) gave an overview of the non-motor symptoms in Parkinson's disease including useful tips for the order of medication withdrawal if psychotic symptoms develop, and advice on postural hypotension.[3] Professor Harwood (Nottingham University Hospitals) highlighted the importance of delirium, with 61% persisting for 24

hours and 21% persisting for 6 months.[4] He then gave his nine top management tips for managing delirium and dementia. This session finished with Dr Meredith (Aberdeen Royal Infirmary) looking at common skin conditions in the elderly. In total, 70% of elderly patients have often preventable skin conditions.[5] Always look under the dressing!

SESSION 4 – DEBATE: THIS HOUSE BELIEVES THAT PHYSICIAN-ASSISTED SUICIDE IS A STEP TOO FAR

Professor Catto (University of Aberdeen and London) and Dr Fade (Northwick Park Hospital) put forward strong arguments for both sides of the physician-assisted suicide debate. Attendees, whatever their views on this controversial matter, were left better informed as a result. The motion, that physician-assisted dying is a step too far, was carried but with a considerable swing in favour of Professor Catto's argument by the end of the debate.

CONCLUSION

This symposium provided some marvellous examples of how geriatricians are innovating across the country to better address the healthcare problems of older age. It was particularly encouraging to see the next generation of geriatricians presenting new models of care. In tune with this forward-looking approach, attendees took to Twitter (#rcpeCoE2016) to share their views about the talks and ideas like the Geriatrician of the Day (or GoD!). We are already looking forward to next year's symposium and next year's hashtag!

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