

# Differentialdiagnostiske overvejelser ved den ældre/geriatriiske patient

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# Geriatric

- WHO klassificerer aldersgruppen 60 – 74 år som ældre og aldersgruppen > 75 år som gamle.
- Flere og flere lever til de bliver gamle. Middellevetid for kvinder ca 82 år og for mænd ca 76 år.
- Målsætning med geriatri: At gøre overlevelseskurven mest mulig rektangulær.



# Geriatric

- Aging wave
- Solitude wave
- Egobølgen
- Both the aging wave, the solitude wave and the egobølgen play a role for the future's need for public commitment to care and support for sick and frail elderly.



# annonce i Sønderjysk ugeavis

Idre Sagen i Vojens arrangerer  
Ældreskydning

på

Vojens Skydecenter

Mandag i ulige uger fra kl. 14.


Tag med og få en hyggelig eftermiddag

Alle er velkomne




# Geriatric

## Normal age changes

- Body composition - more dry and reduced fluid volume
  - Kidney function falls by 1 - 2 % per year
  - Elastic structures weaken (muscles, tendons, ligaments)
  - Height reduction (collapse of discs and bones)
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# Geriatric

Normal age changes

- Chest diameter becomes smaller
  - Heart grows
  - Obesity - protruding abdomen
  - Mammary atrophies
  - Body hair changes - incl  
pubic hair
  - Psychomotor speed decreases
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# Geriatric

Which role does it play that the body composition becomes more dry?

Which role does it play that kidney function declines?

Which role does it play that elastic structures weaken?



# Geriatrici

gtige og sædvanlige problemer hos ældre

Ensomhed

Inaktivitet og tab af muskulatur

Depression og angst

Intellektuel svækkelse og demens

Kommunikationsproblemer, svækket

syn og hørelse





## **Geriatri**

**Typiske og sædvanlige problemer hos ældre**

Vægttab, fejlernæring og reduceret appetit

Svimmelhed og fald

Smarter og forflytningsbesvær

Inkontinens og obstipation

Polyfarmaci og lægemiddelbivirkninger

Sammenbrud af socialt netværk

Overbelastning af pårørende



# Geriatrici

gtige og sædvanlige problemer hos ældre

Hvilken rolle spiller det, at ældre bliver mere inaktive og får svækket muskulatur?

Hvad kan være årsag til svimmelhed?

Hvilken rolle spiller ensomhed og feks depression?

Årsager til inkontinens?

Årsager til obstipation?



# Geriatric

Dizziness and falls

- Otologiske årsager
- Neurologiske årsager
- Kardiovaskulære årsager
- Årsager i bevægeapparatet
- Medicin
- Psykiske årsager



# Geriatric

Assessment of the elderly/old patient's  
functional level and resources

Immediate impressions:

- Does the patient seem frail
- Hygiene
- Nutritional status and hydration degree
- Skin color
- Respiration
- Swollen feet
- Communication



# Geriatrici

## Klinisk undersøgelse

- Hud, tæer og negle, tænder, syn og hørelse
- BT – ortostatisk hypotension?
- Hjertestetoskopi
- Lungestetoskopi
- Palpation af abdomen
- Brok i bugvæg



# Geriatric

At rise up – sit test - RSS

Patienten rises and sits from a stool 43-44 cm as many times as possible in 30 sec. Arms are held across the chest. Instruct in, that it is a max-test.

The test is proven valid for the group of home-dwelling elderly (>60)



# Geriatric

Normal values for RSS:

Age 60–64, 65–69, 70–74, 75–79, 80–84, 85–89

Women 12–17, 11–16, 10–15, 10–15, 9–14, 8–13

Men 14–19, 12–18, 12–17, 11–17, 10–15, 8–14

Reference values are for American patients.



# Geriatric

Timed Up and GO – (TUG) – has the purpose of testing basic mobility

That one can get up, walk a short distance, turn, walk back and sit down. The person must use walking aids during the test, but no personal support should be used.

Normal values at 3 meters test. Under 20 sec. good and over 30 sec. low functional ability





# Geriatric

erordnet mål:

**Vedligeholde funktionsniveauet længst muligt**

**Reducere patients svækkelse (ikke rask da ældre har kroniske sygdomme)**

- Sikre præcis diagnostik (intensitet, komplikationer, nye symptomer eller sygdomme)
- Vurdere aktivitet og færdighedstab (fysisk, psykisk, kognitiv, emotionel, dagligdag, krav og behov)
- Kortlægge socialt netværk og hjælpeforanstaltninger.
- Fastlægge realistisk prognose (mål)
- Intervenere hvor det er muligt (så målene opfyldes)



## Geriatric - case

65-year-old man, who over the years has been treated for hypertension with Centyl m KCl 1 dgl. Smokes ca 15 cigarettes daily.

He now complains of pain in the legs. After a few 100 m walks, the pain comes when he stops. He has until now played handball but had to stop because of the pain.



## Geriatric - case

75-year-old woman, lives alone, mentally well.

Previously in good health.

She presents with some severe pain in the lower back, acute onset, radiating to the legs, numbness and tingling in the feet. No trauma.

What could it be?



## Geriatric - case

72-year-old man. Is being treated with Amlodipin 10 mg for hypertension. Centyl m KCl 1 dgl vanddrivende, Metformin 500 mg, 1 x 2 dgl for type II diabetes, Pulmicort 2 sug x 2 dgl mod KOL, Bricanyl Turbuhaler pn.

Refers to a chiropractor with pain in the neck and pelvis, treated through ca. 1/2 year, no radiation, no numbness, no sensory disturbances.

What would I like to know more about?

What could he be missing?



# Geriatric - medicine

## Polypharmacy

- > 2 medications - mild polypharmacy
- > 5 medications - severe polypharmacy

## Adverse effects of medication

## Medication interactions

Ca 10% of hospitalizations are due to problems with medication



# Geriatric medicine

## Interactions

- NSAID and Marevan
- NSAID and SSRI/SNRI (mod depression and anxiety)
- Medications for epilepsy, psychosis, depression, anxiety, antifungals etc.
- [www.interaktionsdatabasen.dk](http://www.interaktionsdatabasen.dk)



# Geriatric - medicine

Always get a medical history

Always get a medication history

Ask patients to bring their medication list or  
medication, if it involves several things.

Check in FMK (with patient's help)

Consider medication side effects or  
interactions.



## Geriatric - case

69-year-old woman, formerly fit, consults her chiropractor with some pain on the right side of the chest, does not radiate to the arm. She comes and goes and has stood for a while.

What will I ask you about the chest pain?





# Geriatry – psykiske sygdomme


**Depression** – ofte uklare symptomer, smerter. Er en klinisk diagnose

MDI skema (Major Depression Inventory) kan ikke bruges til diagnose, kun mistanke

Kernekriterier: Nedtrykthed, nedsat lyst og interesse, træthed. "Ja" til mindst to af disse bør føre til overvejelse om depression.

**Angst** – obs autonome symptomer, dvs hjertebanken, rysten, sveden, rødmen osv. En klinisk diagnose

ASS skema (Angst, Symptom, Score), ikke til diagnose, kun mistanke og differentiering mellem angstsygdommene.



# Geriatry – depression og angst

## Depression

- Under- og overbehandling
- Kognitiv terapi, medicinsk behandling (SSRI, SRNI; TCA)

## Angst

- Kognitiv terapi, medicinsk behandling (SSRI, SRNI)



# Geriatry – mistanke om demens

## Mistanke om demens

Sygehistorien med oplysninger fra pårørende

- Symptomer, forløb,
- medicin, alkohol

Objektiv undersøgelse

- Almen objektiv undersøgelse
- Neurologisk
  - fokale, lateraliserede eller ekstrapyramidale udfald?
- Psykiatrisk
  - vurder specielt depression
- Kognition
  - Egne data, Urskivetest, ordgenkaldelse af 3 ord
  - MMSE test

Blodprøver, urinundersøgelse, EKG

CT scanning af cerebrum



# Geriatry - dementia

## Dementia

Alzheimer's disease: ca 50%

Vascular dementia: Ca. 10%

Mixed AD + VaD: Ca. 20 %

Lewy Body dementia: 5 %

Other mixed forms: 5-15%



# Geriatric - dementia

## Differential diagnoses for dementia

Depression

Delirium (confusion)

Alcohol misuse

Medication effect

Psychosocial crisis?

Reduced vision and hearing

Focal brain syndromes

Primary cognitive impairment



# Geriatric - delirium

Delirium: Acute onset of often short-term disturbance of attention, consciousness, and cognition including disorientation, psychomotor disturbance, and disturbed sleep.

Causes:

- Alcohol
- Medication
- Dehydration
- Electrolyte disturbances



# Differentialdiagnostiske overvejelser med den ældre/geriatriiske patient

## Litteratur/hjælpemidler

Brug Lægehåndbogen på [www.sundhed.dk](http://www.sundhed.dk)

Brug [www.pro.medicin.dk](http://www.pro.medicin.dk)

FMK – hvis I kan logge jer ind? Bed evt. om  
tilladelse hos patienten.

[www.interaktionsdatabasen.dk](http://www.interaktionsdatabasen.dk)

Almen Medicin, Steiner Hunskår i dansk  
redaktion. Munksgaard 2014

