The sixth edition of Reichel's Care of the Elderly: Clinical Aspects of Aging remains the pioneering text for the practicing physician confronted with the unique problems of an increasingly elderly population. Dr. William Reichel's formative text is designed as a practical and useful guide for health specialists from medical students to practicing physicians. This book is not a collection of subspecialty chapters but rather emphasizes the clinical management of the geriatric patient with simple to complex problems. The editors have reviewed every chapter and have included the most up-to-date advances in the care of the elderly. New topics include hormonal therapy in postmenopausal women, drug therapy for Alzheimer sufferers, alternative medicine, the chronic understaffing of nursing homes, management of delirium, and ethical issues. The targeted audience is not only the geriatric specialist, but also medical and allied health practitioners who need practical and relevant information in a comprehensive format.

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Reichel’s Care of the Elderly

Clinical Aspects of Aging

Sixth Edition

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The world is aging. Already in 2003, the US Census Bureau reported that 35.9 million persons in the United States were 65 years or older, 12% of the population.1 The first baby boomers turn 65 years old in 2011, and the next 25 years will witness the most rapid increase in the number of older adults. The oldest of the old, those aged 85 years and older, are the fastest-growing segment of the American population. This, coupled with further advances in chronic disease management, diffusion of “best practices,” increased attention to maintaining physical, cognitive, and psychological function, and availability of improved treatments for the most common causes of death and disability, is likely to continue to extend both the average life expectancy and years of active life. Increasing awareness of persistent inequalities in our health care system, a decreasing ratio of working adults to support dependent children and retirees, and an increasing burden on family caregivers are just some of the countervailing forces that continue to limit the promise of healthy, productive aging.

We certainly want good health care waiting for us in our golden years, but what is good care? In the care of the elderly patient, there are 11 essential principles that should be considered: 1) the role of the physician as the integrator of the biopsychosocial–spiritual model; 2) continuity of care; 3) bolstering the family and home; 4) good communication skills; 5) building a sound doctor–patient relationship; 6) the need for appropriate evaluation and assessment; 7) prevention and health maintenance; 8) intelligent treatment with attention to ethical decision making; 9) interprofessional collaboration; 10) respect for the usefulness and value of the aged individual; and 11) compassionate care. These essentials are closely related to the six health system redesign imperatives identified by the Institute of Medicine in its landmark 2001 report, Crossing the Quality Chasm.2 The embodiment of these eleven principles represents a standard of excellence to which we can all aspire.

THE PHYSICIAN AS INTEGRATOR OF THE BIOPSYCHOSOCIAL–SPIRITUAL MODEL

As medical care becomes more complex and specialized and relies more on technology, good care requires having a physician who provides leadership in the integration and coordination of the health care of the elderly patient. The current generation of older adults has witnessed amazing advances in research and great accomplishments in diagnostic and curative medicine, but, today, we are realizing that scientific reductionism is not enough. The reforms in medical education, care, and research over the past century have too often resulted in fragmentation of medical thought and care. It is imperative that the health care professional responsible for the care of older adults keep the “big picture” firmly in mind – we must never forget that the patient is so much more than the sum of his or her organ systems.3,4

Society is calling out for a physician with a commitment to the person and not just to a specific disease state or mechanism. The person is usually part of a family and a larger community, but, sadly, there are some elders who have no family and are isolated from the community. The first essential for the physician who cares for an elder is to act as an integrator of the biopsychosocial and, one can add, spiritual, model. To accomplish this, the physician must know the patient thoroughly. This is not to denigrate the excellence of the specialties and subspecialties that have achieved much over the past few decades. The ideal model of health care, however, will exist when the patient is seen not from a single specialty point of view but with the full appreciation of other organ systems, emotional or psychosocial factors, information based on the continuity of care over time, and knowledge of the patient’s family and community.

Recent position statements of the Future of Family Medicine,5 American Geriatrics Society,6 and Society of General Internal Medicine7 have all recognized this increasing...