

Common Mental and Physical Health Problems of Elderly: Care hints for Caregivers



MUSCULO SKELETAL SYSTEM



Issued in the interest and for the care of the elderly by

THE DEPARTMENT OF GERIATRIC MENTAL HEALTH

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Osteoporosis

Osteoporosis is one of the several bone diseases that occurs with more frequency in elderly patients. More common and occur earlier in multiparous women. Osteoporosis is a decline in bone mass, that is, in the total amount of bone substance. As the bone loose calcium and gets less dense, they become more susceptible to fracture.

In a Osteoporotic bone trauma is not essential for causing fracture. Only mild stress that is created during the usual activities of daily living may cause fractures.

The most common is post menopausal osteoporosis, also called type I osteoporosis, and less common is senile osteoporosis called type II osteoporosis.

Osteoporosis usually remains completely asymptomatic until a bone breaks. Diagnosis of osteoporosis is often made at the time of X-ray and with demonstrable decrease in bone density.

Best management is to prevent the risk factors. Risk factors are family history, inactive life style, poor nutritional intake of calcium, deficiency of vitamin D, multiparity

and smoking. Once diagnosed, management should be done under care of an expert. Calcium supplement, Vit. D and milk are useful.

Osteoarthritis

Wear and tear of joints can produce the symptoms of osteoarthritis. Osteoarthritis is a problem of elderly. With the development of osteoarthritis, cartilage cushion begins to deteriorate. Osteoarthritis is slowly progressive. The fingers and toes, knees and spine and hips are particularly susceptible.

With movement, joints are painful, but they usually recover and become pain free with rest. Pain is the most common symptom of osteoarthritis. The pain is worse with movement of the joint. Joints may feel stiff in the morning and in cold seasons. In some patients inflammation may occur in the damaged joint. The inflamed joint may be painful even at rest.

Anti-inflammatory drugs combined with physio-therapy can slow the progression of osteoarthritis.

Caregivers should know that weight reduction is helpful in reducing the pain associated with

the arthritis. Surgical treatment in the form of joint replacement may be helpful for many patients. Joint lavage is also helpful.

Gout

Gout is a cause of acute joint pain. It occurs at an earlier age and is more common in men than in women. Patients with gout have elevated level of uric acid in blood, since kidneys fails to excrete the uric acid as fast as it is made. Gradually, crystals of uric acid deposit around joints and release of the crystals into the joints may cause sudden development of arthritis.

The joint becomes red , swollen, hot and tender. Tenderness is extreme and patients with fully developed gouty attacks are unable to sustain even a light touch on the joint. It usually affects small joints.

Usually gout affects one joint at a time although attacks involving several joints do occur. Deposit of uric acid, called tophi, distort and interfere with the smooth functioning of the joint.

The treatment of acute attacks of gouty arthritis is with anti inflammatory drugs and a drug called colchicine.

Muscle Cramps

Muscle Cramps are a frequent problem in elderly patients. Cramps can occur because of electrolyte abnormalities. However, more commonly an idiopathic or unexplained variety of leg cramps are also seen in the elderly.

Leg cramp can be relieved by standing and placing the involved muscle under some tension.

Cramps can be prevented with a nightly dose of medication. It is most common to use quinine. Physio therapy may help, particularly if it is done just before bedtime. Carnitine and Vit – E may also help.

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