

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Date: 02-06-2017

From:

Dr. Aravind. C

Professor and Head,

Department of General Medicine

Sri Lakshmi Narayana Institute of Medical Sciences

Bharati Institute of Higher Education and Research

Chennai

To:

The Dean,

Sri Lakshmi Narayana Institute of Medical Sciences

Bharati Institute of Higher Education and Research

Chennai

Sub: Permission to conduct value-added course: GERIATRIC HEALTH

Respected Madam,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: GERIATRIC HEALTH on 07/07/2017. We solicit your kind permission for the same.

Kind Regards

Dr. Aravind. C

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr. Jayalakshmi

HOD: Dr. Aravind. C

The Expert: Dr. Chellapandian

The committee has discussed about the course and is approved.

Dean

Subject Expert

HOD



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSOOU, AGARAM VILLAGE, VILLIANUR COMMUNAL, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

{ Recognised by Medical Council of India, Ministry of Health letter No. U/12/249/2005-ME (P-II) dt. 13/07/2011;
[Affiliated to Bharath University, Chennai - 60]

Circular

08/06/2017

Sub: Organising Value-added Course: GERIATRIC HEALTH reg

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research**, is organising a Value added course, titled, "GERIATRIC HEALTH" between July 2017 and September 2017. The course content is enclosed below.

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 29/06/2017. Applications received after the mentioned date shall not be entertained under any circumstances.

Dean

Incl. Copy of Course content

COURSE PROPOSAL

Course Title: **GERIATRIC HEALTH**

Course Objective: To create an awareness among students of the 2nd year M.B.B.S about GERIATRIC HEALTH; the life, disease and care of the elderly

Course Outcome: The students acquired essential knowledge about geriatric health -- how the elderly population is more vulnerable to sickness and the measures to take care of them

Course Audience: A batch of 20 students belonging to the 2nd year of M.B.B.S

Course Coordinator: Dr. C. Aravind

Course Faculties with Qualification and Designation:

1. Dr. Chellapandian
Professor
Department of General Medicine

2. Dr. Janardhan
Associate Professor
Department of General Medicine

3. Dr. Muthukumarasamy, B
Professor
Department of General Medicine

Course Curriculum/Topics with schedule

SINo	Date	Topic	Time	Hours	Name of the faculty
1.	07/07/2017	Geriatrics	5 pm to 7 pm	2 hours	Dr. Muthukumarasamy, B
2.	10/07/2017	The care of the elderly	4:30 pm to 6:30 pm	2 hours	Dr. Chellapandian
3.	14/07/2017	Physical ailments faced by the elderly	5 pm to 7 pm	2 hours	Dr. Muthukumarasamy, B
4.	17/07/2017	Global statistics	5 pm to 7 pm	2 hours	Dr. Muthukumarasamy, B
5.	21/07/2017	Psychological issues facing the elderly	5 pm to 7 pm	2 hours	Dr. Janardhan
6.	24/07/2017	Frailty	4:30 pm to 6:30 pm	2 hours	Dr. Chellapandian
7.	28/07/2017	Indian society and its aged population	5 pm to 7 pm	2 hours	Dr. Janardhan

8.	04/08/2017	Geriatric health care	3 pm to 7 pm	2 hours	Dr. Chellapandian
9.	14/08/2017	How to offer the elderly care and comfort	4 pm to 6 pm	2 hours	Dr. Janardhan
10.	18/08/2017	The Govt of India initiatives for Geriatric health care	4 pm to 6 pm	2 hours	Dr. Chellapandian
11.	21/08/2017	Geriatric health clinics	4 pm to 6 pm	2 hours	Dr. Muthukumarasamy, B
12.	24/08/2017	Nutrition for the elderly	4 pm to 6 pm	2 hours	Dr. Janardhan
13.	28/08/2017	The issue of frequent falls	4 pm to 6 pm	2 hours	Dr. C. Aravind
14.	01/09/2017	Dementia among the aged	4 pm to 6 pm	2 hours	Dr. Muthukumarasamy, B
15.	08/09/2017	The socio-cultural approach towards the elderly	4 pm to 6 pm	2 hours	Dr. Muthukumarasamy, B
Total Hours				30	

REFERENCE BOOKS:

- 1. HARRISON'S PRINCIPLES OF INTERNAL MEDICINE; 18th EDITION**
- 2. GERIATRIC HEALTH CARE – A textbook of Geriatric Health and Gerontology**

VALUE ADDED COURSE

1. Name of the programme and code:

Geriatric health – the life, diseases and care of the elderly; JM06

2. Duration & period:

30 hrs; between July 2017 – September 2017

3. Information Brochure and course content of value-added courses:

Enclosed as Annexure - I

4. List of students enrolled

Enclosed as Annexure - II

5. Assessment procedures:

Short notes – Enclosed as Annexure - III

6. Certificate model:

Enclosed as Annexure - IV

7. No. of times offered during the same year

1; July 2017 – September 2017

8. Year of discontinuation

2018

9. Summary report of each program year wise:

VALUE ADDED COURSE: July 2017 – September 2017					
Sl. No.	Course code	Course name	Resource persons	Target Students	Strength and year
1	JM06	Geriatric health – the life, diseases and care of the elderly	Dr. Chellapandian Dr. Muthukumarasamy, B Dr. Jayarajan	2 nd year MBBS	20 (July 2017 – September 2017)

10. Course feedback:

Enclosed as Annexure - V

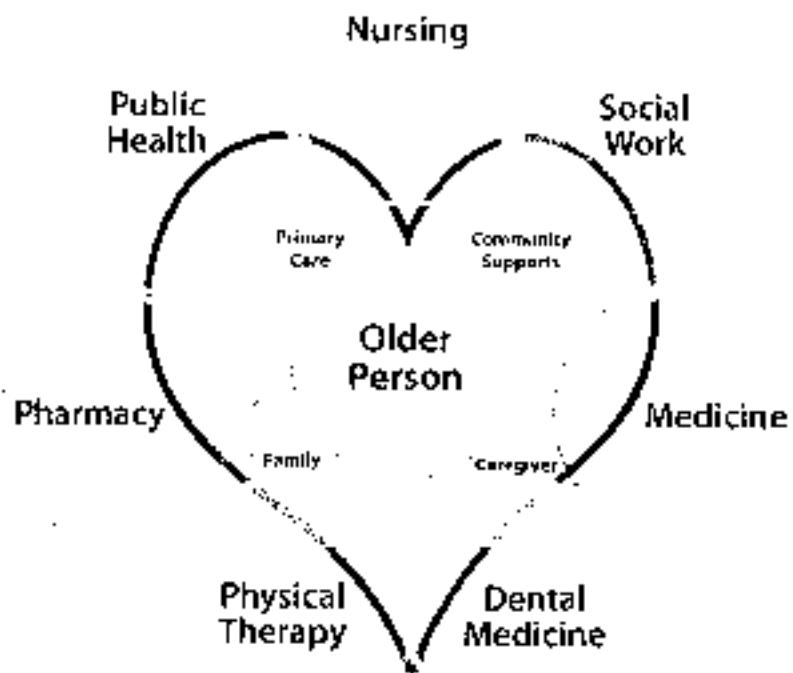
RESOURCE PERSONS – Dr. Chellapandian

Dr. B. Chellapandian

COORDINATOR – Dr. Aravind G

Dr. Aravind G

ANNEXURE - I
PARTICIPANT HANDBOOK
GERIATRIC HEALTH - the life, diseases and care of the elderly



COURSE DETAILS

PARTICULARS	DESCRIPTION
Course title	GERIATRIC HEALTHII
Course code	IM06
Objective	<ol style="list-style-type: none">1. Geriatrics2. The care of the elderly3. Physical ailments faced by the elderly4. Global statistics5. Psychological issues facing the elderly6. Frailty7. Indian society and its aged population8. Geriatric health care9. How to offer the elderly care and comfort10. The Govt of India initiatives for Geriatric health care11. Geriatric health clinics12. Nutrition for the elderly13. The issue of frequent falls14. Dementia among the aged15. The socio-cultural approach towards the elderly
Key competencies	On successful completion of the course, the students will have a better knowledge about geriatric health care.
Target students	Second year MBBS
Duration	30 hours; between July 2017 and September 2017
Assessment procedure	Short notes

GERIATRIC HEALTH

Gerontology

The scientific study of the biological, psychological, and sociological phenomena associated with old age and ageing.

Geriatrics or geriatric medicine is a speciality that is based on improving health care for elderly people. It supports healthy improvement in older adults by preventing and treating disease and disability that often comes with ageing.

Aim of providing geriatric care is the following:

- A. Maintenance of healthy function
- B. Detecting severe disease at an early stage
- C. Prevention of deterioration of an existing health problem

GERIATRIC CARE

THE COMPONENTS OF GERIATRIC CARE:

- Consider patients preferences and their needs.
- Be kind, patient, and sympathetic towards them. Communicate with each other on a friendly level while showing respect to their feelings.
- Support their decision-making skill and encourage them for independence in making choices for themselves.
- Help adults to achieve emotional stability. On overcoming emotional blockage and expressing themselves to their loved ones.
- Stimulate mental acuity and sensory input and physical activity to uplift their mood, self-esteem, and confidence.
- Make the elders feel homely at their home. Help them stay lively and happily involved with the family members.
- Offer diversion/ occupational therapy.
- Maintain privacy. Make them feel safe and secure to openly talk about their physical and emotional needs.
- Handle them gently.

- Offer utmost comfort with the facilities you provide such as a comfortable bed, clean bed sheet, dry bed that's smooth and unwrinkled. Keep their surroundings neat, clean and fresh.
- Teach and encourage them to maintain body hygiene thus regulate body temperature.
- Assist them for taking care of their vision, auditory and dental aid.
- Prevent them from any risk of injuries, falls and accidents. Provide a much safer surrounding.
- Ensure a healthy, and nutritional meal.
Facilitate elimination. Support them in maintaining external genitalia hygiene
- Support them in participating in active range of motion exercise for maintaining body alignment and posture. Ensure 100% mobility.
- Help them achieve a healthy sleeping pattern.
- Caution elders from any type of drug use
- Get them a routine physical checkup to avoid any problem.
- Closely observe any psychophysical changes in their body and behaviour.

CARING FOR THE AGED:

With increasing age, the number of people living well past 80 grows in turn growing the need for those with an aging expertise. Gerontology nurses are nurses who specialize in gerontology and work in many different settings including private practices, personal homes, and nursing homes. These nurses specialize in geriatric care and geriatric medicine both to provide the older adults with specialized care and geriatric nursing and a high quality of life.

Functionally and cognitively fit elderly are physically and mentally fit to be independent and may be fit enough to even work and earn. Main concern for these elderly is the need for more health promotional activities. These include geriatric medicine, nutrition, physical activity, social contact, psychological support, and activities for the brain.

For elderly with mild functional limitations or mild cognitive impairment, assistance for living is needed. They usually fall in the age group of 70-80 years. Geriatric care in many forms like support with Meals on Wheels, special transport, need for assistance for hospital visits or support for physical rehabilitation is required for these people.

Since their healthcare needs are enormous, they need special geriatric clinics where they are comprehensively assessed and rehabilitated. Other helpful aids to their betterment are physiotherapy, psychological support, and constant medical help. In case of decline in functional or cognitive status, they may need hospitalization and full-time geriatric nursing.

Elderly with severe functional limitations or cognitive limitations are absolute candidates for receiving home geriatric care or hospice care. Home members need to be trained in caregiving and also it is almost essential to have training home care providers for geriatric nursing. A need for home health care programs for these elderly with doctors, geriatric medicine specialists, nurses, physiotherapists, laboratory services, and pharmacy services at home for these elderly.



RISK FACTORS FOR FALLS

- Lower limb weakness
- History of falls
- Gait/balance problem
- Visual impairment
- Arthritis of lower limb joints

- Postural hypotension
- Polypharmacy, i.e. four or more drugs
- Cognitive impairment
- Incontinence
- Age over 65

Common causes of postural hypotension

- Drugs
- Dehydration
- Anemia
- Sepsis
- Alcohol
- Prolonged bed rest following illness
- Carotid sinus disease
- Autonomic failure
- Adrenal insufficiency

Drugs linked to falls via other mechanisms, e.g. sedation/ confusion/ unsteadiness Benzodiazepines Antipsychotics, e.g. haloperidol Opiates Codeine-based analgesics Anticonvulsants Antidepressants, particularly tricyclics and selective serotonin reuptake inhibitors (SSRIs)

- One in three adults over the age of 65 falls annually and falls are therefore a significant public health concern.
- Falls in older people are the leading cause of hip fracture – a condition associated with high morbidity, mortality and cost to the NHS.
- Up to 30% of falls can be prevented with targeted multidisciplinary risk factor assessment and intervention.
- Falls prevention should include assessment and treatment of osteoporosis as a means to prevent fracture.
- Any older patient presenting with a fall and an unsteady 'get up and go' test warrants a full multidisciplinary assessment.

ORAL HEALTH DENTAL PROBLEMS

1. Dry Mouth: As we age, many people experience dry mouth as a side effect of medications or reduced saliva production.
2. Ill-Fitting Dentures: If you wear dentures, over time they may become ill-fitting. When dentures are not properly fitted, one may experience pain with eating or chewing.
3. Dysphagia: This condition is where it becomes more difficult to move food or liquid from your mouth to your stomach. Dysphagia can occur at any age, but is most common in older adults. People who experience dysphagia will most likely need a texture modified diet.

Say "no" to eating alone:

1. Make a lunch date with a friend or your favorite niece.
1. Join a class or a volunteer group where you can meet like minded people and make new friends. Adult day care services will provide activities and a healthy meal.

GERIATRIC CARE IN INDIA:

India has 112 million elderly people with multiple physical, social psychological, and economic problems with unmet needs in all domains of health. If we look at the physical and psychological domain, we have the following figures from the previous studies conducted in India.

- 3.7 million suffer dementia
- 40 million suffer from poor vision
- 1.6 million annual stroke cases
- 1 in 3 suffer from arthritis
- 1 in 5 has hypertension
- 1 in 5 has diabetes
- 1 in 5 has auditory problems
- 1 in 4 suffer from depression
- 1 in 10 falls and sustains a fracture

1 in 3 bowel disorders

Cancer is 10 times more common.

In addition, we have data to show that Indian elderly face several social issues such as loneliness, elder abuse, neglect, lack of income security, and poor access to health care. We also have lack of policies on advanced directive, palliative care, and end-of-life care for the elderly. There is lack of data on the spiritual health of older people.

Ministry of Health and Family Welfare has provided the following benefits:

- A. Separate queues for older persons in government hospitals
- B. Geriatric clinic in several government hospitals
- C. A total of 104 districts of 24 states/union territories and eight Regional Geriatric Centres have been covered under the program
- D. So far, 930 CHCs, 4438 Primary Health Care Centers, and 28,767 subcenters have been covered under the program.

NATIONAL HEALTH CARE PROGRAM FOR THE OLDER PEOPLE IN INDIA

The national policy on older persons was announced in January 1999 to reaffirm wellness of older people. National Policy on Senior Citizens which is ready from March 30, 2011, is under implementation stage. The ministry implemented the National Programme for the Health Care of the Elderly (NPHCE) from the year 2010 to 2011. NPHCE forms a part of the Noncommunicable Division in the Ministry with the following objectives.

OBJECTIVES

1. To provide preventive, curative, and rehabilitative services to the elderly at various levels of health-care delivery system of the country
2. To strengthen referral system
3. To develop specialized workforce

MAJOR COMPONENTS

- a. To establish geriatric departments in all the existing eight Regional Geriatric Centers
 - b. To strengthen health-care facilities for elderly at various levels of 100 identified districts in 21 states of the country
 - c. Regional institutions to provide technical support to geriatric units at district hospitals whereas district hospitals will coordinate and supervise activities at Community Health Centers (CHC), Primary Health Centre, and subcenters.
4. promote research in the field of diseases of the old age.



DEMENTIA AMONG THE AGED

Dementia is a condition that is common in the elderly and frequently contributed to by multiple pathologies and comorbidities, including delirium, depression and polypharmacy. The diagnosis of dementia relies greatly on clinical assessment that includes collaborative history and exclusion of contributing conditions. However, emerging technologies, including the development of biomarkers and novel neuroimaging techniques may supplement clinical assessment in the near future. Although pharmacological therapies have been largely unsuccessful in treating dementia, targeting potential risk factors aiming to decrease incidence of dementia is an important public health initiative.

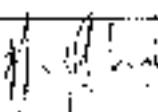
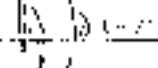
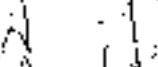
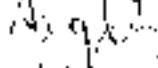
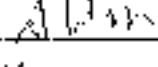
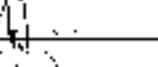
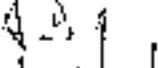
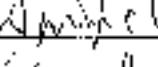
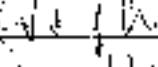
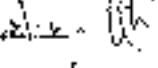
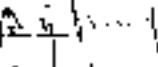
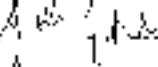
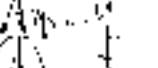
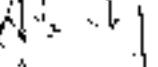
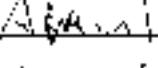
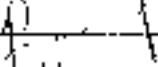
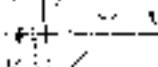
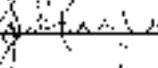
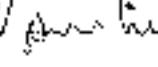
ANNEXURE - II

Bharath Institute of Higher Education and Research

Sri Lakshmi Narayana Institute of Medical Sciences

Participant list with signatures

Value-added course, Geriatric health (dated 07/07/2017)

SLNo	Reg.No	Name of the candidate	Signature
1.	U15MB250	AARTHI.J	
2.	U15MB251	ABARNA.M	
3.	U15MB252	ABINAYA.J	
4.	U15MB253	ADARSH.S	
5.	U15MB254	AGILAN.A	
6.	U15MB255	AKSHAYA.S	
7.	U15MB256	AKSHAYA.M.R	
8.	U15MB257	AMARNATH.S	
9.	U15MB258	AMODDEESWAR.M	
10.	U15MB259	ANANDH.S	
11.	U15MB260	ARCHITH.VIGNESH.B	
12.	U15MB261	ARJUNBALAJI.A	
13.	U15MB262	ARUL.NIVEETHINI.VA	
14.	U15MB263	ARUL.PRINCE.E	
15.	U15MB265	ARUN.PRASAD.K	
16.	U15MB266	ARUNA.S	
17.	U15MB264	ARIANKUMAR.S	
18.	U15MB267	ASATHIASTHAGIR.M	
19.	U15MB268	ASWIN.B	
20.	U15MB269	ARCHITH.VIGNESH.B	

ANNEXURE – III



**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL
SCIENCES**

GERIATRIC HEALTH

SHORT NOTES

Course Code: IM06

WRITE SHORT NOTES ON THE FOLLOWING:

1. The main psychosocial and physical health issues faced by the elderly
2. Dementia and its social, economic and cultural implications.
3. The actions taken by the Govt of India to tackle the geriatric health care crisis
4. Geriatric health care clinics

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Annexure - Pr

GERIATRIC HEALTH

Year: I Semester

SHORT NOTES

Period: 1st Year

Course Code: IM06

WRITE SHORT NOTES ON THE FOLLOWING:

1. Some psychosocial and physical health issues faced by the elderly.

2. Dementia and its social, economic and cultural implications.

3. The actions taken by the Govt of India to meet the geriatric health care needs.

4. Geriatric health care clinics.

1. Physical health issues - depression, loneliness
neglected by children.

2. Physical health - diabetes, hypertension, bronchitis,
ulcers, generalized weakness.

3. Dementia -
A group of thinking & social symptoms that
interfere with daily functioning

4. Socio-
and memory, cognitive function, like memory

5. Neglect

6. National programme for the health care of
elderly persons.

4. Congratulate health care services
+ Health promotion under Primary health care
" Care centre
" Health education & Health Galas
+ Community " Health centre.

GERIATRIC HEALTH

SHORT NOTES

Class / Name : American

Course Code: IM06

WRITE SHORT NOTES ON THE FOLLOWING:

1. The main psychosocial and physical health issues faced by the elderly
2. Dementia and its social, economic and cultural implications
3. The actions taken by the Govt of India to tackle the geriatric health care crisis
4. Geriatric health care clinics

Q) Main psychosocial issue faced by elderly - Depression, loneliness, substance abuse, & violence, physical health.

Q) Some faced by elderly are chronic diseases such as, stroke, diabetes, cancer.

Q) Social implications of Dementia - Reduced work hours, loss of employment, loss of relationships, time with family & friends, & social activities.

Q) Economic implications - Medical & social care cost, institutional or medical, higher funeral expenses, loss of workforce.

Govt of India to tackle geriatric health care crisis,

Shishu National programme for health care of elderly (NPFE) and other national policies for senior citizens.

Q) Geriatric health care clinics are in hospitals. And provide care and support for the elderly patient with wide range of health care facilities.



Sri Lakshmi Narayana Institute of Medical Sciences



CERTIFICATE OF ATTENDANCE

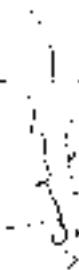
This is to certify that AARTHI.H has actively participated in the Value Added Course on Geriatric health organized between July 2017 - September 2017 by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry, 605 502, India.

Dr. Chellappandian
RESOURCE PERSON

Dr. C. Aravind
COORDINATOR

This is to certify that AMARNATH. S has actively participated in the Value Added Course on "Geriatric health" organized between July 2017 and September 2017 by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry - 605 502, India.


Dr. Chellapandian
RESOURCE PERSON


Dr. C. Aravind
COORDINATOR

Student Feedback Form

Course Name: **GERIATRIC HEALTH**

Subject Code: IMD6

Name of Student: *John J. Lee* Roll No.: *10* Reg. No.: *U37M0135*

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance.

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear	-	-	-	✓	
2	Course contents met with your expectations	-	-			✓
3	Lecture sequence was well planned	-	-	-	-	
4	Lectures were clear and easy to understand	-	-	-	-	
5	Teaching aids were effective	-	-	-	✓	
6	Instructors encouraged interaction and were helpful	-	-	-	-	✓
7	The level of the course	-	-	-	-	✓
8	Overall rating of the course	1	2	3	4	5

REFERENCES

Date 13.7.1977

 Signature

COURSE COMPLETION LETTER

Date: 11/09/2017

From
Dr. Aravind. C
Professor and Head
Department of General Medicine
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research
Chennai

Through Proper Channel

To
The Dean,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research
Chennai

Sub: Completion of value-added course: Geriatric Health

Respected Madam,

With reference to the subject mentioned above, the department has conducted the value-added course titled, "Geriatric Health" on 08/09/2017. We solicit your kind action to send certificates for the participants. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. Aravind. C

End: Photographs

