

INTRODUCTION

Welcome to the Special Activity block on Ageing.

The elderly use a disproportionately large amount of health resources compared to their percentage of the population and this percentage is increasing as more and more people reach old age. Coupled with the unique manner of disease presentation in the elderly, together with social factors, the care of the elderly presents a challenge to the physician of the future. This block will endeavor to prepare you for this challenge and will encompass physical, social and psychological problems of the aged.

Many of the conditions seen in the elderly have been discussed in previous blocks of the curriculum. Due to time constraints these subjects will not be presented again, but it is expected of you to revise these subjects (self-study) and integrate them as embedded knowledge in this course. A list of these subjects is contained in this book.

Enjoy your time with us.

LECTURERS OF BLOCK SA 8 - BLOCK CHAIRPERSON: PROF MMTM ALLY

DEPARTMENT	LECTURER	TELEPHONE	ADDRESS
Internal Medicine	Prof MMTM Ally Dr T Kemp Dr H Bierman	354-1253 (#61537) 354-2112 (#61203) 354-2112 (#61878)	R92420, Level 9, SBAH
Pharmacology	Dr K Outhoff	319-2412/2243	BMS R6-10
Infectious Diseases	Prof A Stoltz	354-4961/2112	R92390, SBAH
Urology	Prof MS Bornman Dr E Kok Dr EM Moshokoa	354-1281/2377 #61367 354-1513	R71207, Bridge C, SBAH Level H7, SBAH
Family Medicine	Dr EN Britz Prof D Cameron	354-5663 (#61688) 354-5991	BP East Tshwane Dist Hos HWS North, Room 7-27
Psychiatry	Dr C Kotze	319-9746	Weskoppies Hospital
Surgery	Prof JHR Becker	354-2099	R71109, Level 7, SBAH
Obstetrics & Gynaecology	Dr A Mouton	354-2366 (#61256)	R72459, Level 7, SBAH
Anaesthesiology	Dr JM Dippenaar	354-3742 (#61325)	R71338, Level 7, SBAH
Library	Ms Magriet Lee	354-2233	HW Snyman North

EVALUATION

CBE: "Adopt a Granny" : -30%
Block test: Written 28 September 2012 : -70%
09H00 – 12h00 (Venue: 2-21; 3-23; 3-24 and 3-29)
(If the student fails to write this test, the examination must be written).
Venue: To be announced.

1st Examination: 22 October 2012 Commence at 08h00, venue to be announced

2nd Examination: 26 November 2012 Commence at 08h00, venue to be announced

Combination of the above two gives the Block mark. A Final block mark of 60% and above results in promotion. A block mark below 60% obligates the student to write the examination and the combination of the block mark and examination mark results in the final block mark.

VENUE

All lectures/discussion groups take place in room 3-23 H W Snyman Building.

RESOURCES

Numerous books pertaining to this block will be placed in the reserved section of the library for the duration of the block. Of special interest are:

Geriatric secrets, 3rd Edition – M A Forciea em (MED 618.97 Geriatric)

Geriatric Medicine an Evidence based approach. C K Cassel (MED 618.97)

Online text book : Access Medicine. Hazzard's Geriatric Medicine and Gerontology, 6e edition. Jeffrey B Halter, et al

ADOPT A GRANNY

Welcome to our project! I hope this will be the beginning of an exciting venture. Our elderly patients are grateful for our services and we can learn a lot from them.

The class will work in groups of three students. The matron at ONS TUIS old age home will give us a list of patients. On Tuesday 25 September 2012 and Wednesday 26th September 2012 we will be introduced to our 'grannies'. The aim is to write a report on the visit. We have to do a comprehensive geriatric assessment.

The important domains are:

- *functional ability e.g. activities of daily living (ADL)*
- *physical health e.g. vision, hearing, continence, gait and balance*
- *mental health e.g. MMSE*
- *socio-economic situation*

This assessment with feedback could improve their care and clinical outcomes. Marks will be given for insight into the elderly person's life situation: understanding their lives and problems will enrich our lives.

The full report (2 pages) must be submitted on Monday 1st October 2012 before 14h00 at the office of Ms N Koekemoer, Department of Internal Medicine, Level 9, Room 92419, Steve Biko Academic Hospital. The report will count 30% of the marks of Block SA8.

CASES

To gain maximum benefit from these cases please use study time allocated to research possible approaches to these cases. 1-2 Cases will make up part of the block test.

CASE 1

86 year old female, Mrs K.M. is brought to the casualty department by her sister, Edith. Edith is visiting and has noticed that her sister is starting to have problems managing her basic finances, is more sedentary than usual and fatigues easily.

Mrs K.M. has a medical history of diabetes and hypertension with her current medication being diamicron 80 mg daily / lipitor 10mg daily / Coversyl 4mg daily / HCL thiazide ½ daily / Aspirin ½ daily.

Clinical findings of note:

2+ oedema, BP ¹⁷⁰/₉₀, Pulse 84, Weight 81kg.

elevated jugular venous pressure(JVP).

Cardiac examination reveals a pan systolic murmur at the apex radiating into the axilla.

Questions:

1. Which diagnosis would you consider (discuss each option relevant to the case)

- a) Thyroid disease.
- b) Depression.
- c) Dementia.
- d) Renal failure.
- e) Cardiac failure.
- f) Anemia.

2. What investigation would be appropriate?

- a) CT brain.
- b) Thyroid function test.
- c) Echocardiogram.
- d) U & E, glucose, Calcium
- e) Pro BNP

3. What possible treatment could have been given?

She recovers well, is mentally alert again but still has some fatigue. Her effort tolerance has improved. Six months later she presents with sudden onset shortness of breath and palpitations and found to have an irregularly irregular pulse of around 140 with raised JVP, basal crepitations, , BP ¹³⁰/₈₀. (weight 86 kg)

4. What is the most likely cause for this deterioration?

- a) Sodium retention.
- b) Myocardial Infarction.
- c) Valvular heart disease.
- d) Hypertension.
- e) Arrhythmia.

4.1 How would you manage this patient?

4.2 What complications could occur?

Patient responds well to treatment and is discharged. She visits her children and they take her to another doctor. Her medication has been changed and she is just concerned that although her dyspnea has improved she feels unwell and tired with associated dizziness.

On examination her chest is clear.

Pulse is 110. BP ¹¹⁰/₆₀. Weight 72 kg.

5 What could be her new problem?

CASE 2

Mr S.F. is a 72 year old male complaining of pain both knees not settling with Paracetamol. Pain is worse at the end of the day and he feels a gel like sensation in his knees on standing up with mild stiffness lasting 5-10 minutes.

His friend has advised him to use Brufen, but the patient is hesitant to start without your advice.

1. What is his likely diagnosis and what advice would you give him?

He responds well to your treatment and is coping well, but presents to you again 2 years later complaining of weight loss and severe pain and stiffness of his shoulder, neck and pelvic area. Clinical examination is unremarkable except for the marked weight loss.

Investigations of note:

ESR 104

CRP 62,9

2. How would you approach this problem now?

CASE 3:

84 Year old male presents to casualty with a fracture L hip following an episode of dizziness. Patient has been losing weight for the past 3 years.

Discuss your approach and management to this patient.

PROGRAMME SPECIAL ACTIVITY 8 MBChB IV 2ND SEMESTER
Lecture Room: H W Snyman Building, Room 3-23

TIME	MONDAY 17/9/2012	TUESDAY 18/09/2012	WEDNESDAY 19/09/2012	THURSDAY 20/09/2012	FRIDAY 21/09/2012
09:00 – 09:40	BLOCK	BLOCK	BLOCK	Introduction <i>Prof MMTM Ally Dr E Britz</i>	PADAM <i>Prof MS Bornman</i>
09:45 – 10:25	SA11	SA11	SA11	The consultation process – Pitfalls Presentation of illness in the elderly/ Multiple Pathology/ Etiology <i>Dr E Britz</i>	Medical disorders in the Elderly <i>Prof MMTM Ally</i>
10:25 – 10:55	TEA	TEA	TEA	TEA	TEA
11:00 - 11:40	BLOCK	BLOCK	BLOCK	Polypharmacy in the elderly <i>Dr K Outhoff</i>	Gynaecological problems in the Elderly <i>Dr A Mouton</i>
11:45 – 12:25					Pre/Post Op Care of the Elderly <i>Prof MMTM Ally</i>
12:30 - 13:10	SA11	SA11	SA11	Comprehensive Geriatric assessment <i>Prof JHR Becker</i>	Urinary Incontinence in the elderly <i>Dr EM Moshokoa</i>
13:10 - 14:00				LUNCH	LUNCH
14:00 - 17:00				Adopt-a-Granny/ Geriatric case Self Study	Adopt-a-Granny/ Geriatric case Self Study

PROGRAMME SPECIAL ACTIVITY 8 MBChB IV 2ND SEMESTER
Lecture Room: H W Snyman Building, Room 3-23

TIME	MONDAY 24/09/2012	TUESDAY 25/09/2012	WEDNESDAY 26/09/2012	THURSDAY 27/09/2012	FRIDAY 28/09/2012
09:00 – 09:40	PUBLIC HOLIDAY	The Management of the dying patient	The Ageing Heart	Infectious disease in the elderly	BLOCK TEST 09h00 – 12h00 <i>Lecture Room</i> 3-21 3-23 3-24 3-29
09:45 - 10:25		<i>Prof D Cameron</i>	<i>Prof IA Sarkin</i>	<i>Prof AC Stoltz</i>	
10:25 – 10:55 TEA		TEA	TEA	TEA	
11:00 - 11:40		The confused elderly patient <i>Dr C Kotze</i>	Hypertension in the Elderly and Renal disease Dr H Bierman	Exercise in the Elderly <i>K Nolte (Biokineticist)</i>	
11:45 - 12:25		The confused elderly patient Dr C Kotze	Endocrine Disorders in the elderly <i>Dr T Kemp</i>		
12:30 - 13:10		Elder abuse <i>Dr C Kotze</i>		Revision <i>Prof MMTM Ally</i>	
13:10 – 14:00		LUNCH	LUNCH	LUNCH	
14:00 – 17:00		Adopt-a-Granny/ Geriatric case Self Study	Adopt-a-Granny/ Geriatric case Self Study	Adopt-a-Granny/ Geriatric case Self Study	