

Breaking the cycle: Managing the interplay of geriatric giants in older adults.

Marco Booth*

Research Group on (M3O), Faculty of Health Sciences and Welfare, University of Vic - Central University of Catalonia (UVIC-UCC), Vic, Spain

Introduction

As the global population continues to age, the prevalence of multiple chronic conditions in older adults is on the rise. Alongside this, healthcare providers are faced with a complex challenge: the interplay of geriatric giants. These giants, including cognitive impairment, falls, urinary incontinence, immobility, and frailty, often coexist and interact, leading to a vicious cycle that can significantly impact the health and well-being of older individuals [1]. However, by understanding and effectively managing the interplay of these geriatric giants, healthcare professionals can break this cycle and promote better health outcomes for older adults.

The interplay of geriatric giants

Geriatric giants are common health conditions that occur in older adults and are typically associated with functional decline and reduced quality of life. What makes them particularly challenging is their interconnected nature. Cognitive impairment, for example, can increase the risk of falls, which can further lead to immobility and frailty. Urinary incontinence, on the other hand, can contribute to falls and mobility issues. This interplay creates a cycle where each condition exacerbates the others, making it difficult to address one without considering its impact on the rest [2].

Managing the interplay

Breaking the cycle of geriatric giants requires a comprehensive and multidimensional approach. Here are some strategies that healthcare professionals can employ to effectively manage their interplay:

Comprehensive Geriatric Assessment (CGA): A CGA evaluates an older adult's overall health, including physical, cognitive, and psychosocial aspects. By conducting a thorough assessment, healthcare providers can identify the presence of multiple geriatric giants and understand their interrelationships. This knowledge enables personalized and targeted interventions to address the specific needs of each individual.

Fall prevention programs: Implementing fall prevention programs are crucial to mitigating the risk of falls and subsequent complications. These programs may include exercises to improve strength and balance, home safety

assessments, medication reviews to minimize side effects, and vision assessments [3]. By reducing the occurrence of falls, the cycle of functional decline and subsequent complications can be disrupted.

Cognitive stimulation: For older adults with cognitive impairment, engaging in cognitive stimulation activities can help maintain cognitive function and delay further decline. Mental exercises, social interactions, and personalized interventions tailored to the individual's cognitive abilities can promote brain health and potentially reduce the risk of falls and immobility.

Physical activity and rehabilitation: Promoting physical activity and rehabilitation programs can help older adults improve mobility, strength, and balance. Regular exercise, under proper supervision, can reduce the risk of falls, increase independence, and slow down the progression of frailty. Tailoring exercise programs to individual capabilities and preferences enhances adherence and long-term benefits [4].

Continence management: Addressing urinary incontinence requires a multidimensional approach that includes lifestyle modifications, bladder training, pelvic floor exercises, and, if necessary, pharmacological interventions. Effective management of urinary incontinence reduces the risk of falls and associated complications, thereby interrupting the interplay of geriatric giants [5].

Social support and care coordination: Providing older adults with a robust support system, including caregivers, family members, and community resources, can improve their overall well-being. Additionally, facilitating care coordination among healthcare professionals ensures a holistic approach to managing geriatric giants and prevents fragmented care.

Conclusion

Breaking the cycle of geriatric giants in older adults requires a comprehensive and integrated approach that addresses the interconnectedness of these conditions. By implementing strategies such as comprehensive geriatric assessment, fall prevention programs, cognitive stimulation, physical activity, continence management, and social support, healthcare professionals can effectively manage the interplay of geriatric giants. Through early detection, personalized interventions, and a patient-centered focus.

*Correspondence to: Marco Booth, Research Group on (M3O), Faculty of Health Sciences and Welfare, University of Vic - Central University of Catalonia (UVIC-UCC), Vic, Spain, Email: booth.m@uvic.cat

Received: 03-Apr-2023, Manuscript No. AAAGP-23-98499; Editor assigned: 06-Apr-2023, PreQC No. AAAGP-23-98499 (PQ); Reviewed: 20-Apr-2023, QC No. AAAGP-23-98499; Revised: 22-Apr-2023, Manuscript No. AAAGP-23-98499 (R); Published: 27-Apr-2023, DOI: 10.35841/aaagp-7.3.144

References

1. Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: Evidence for a phenotype. *J Gerontol A Biol Sci Med Sci*. 2001;56(3):M146-57.
2. Hubbard RE, Andrew MK, Rockwood K. Effect of parental age at birth on the accumulation of deficits, frailty and survival in older adults. *Age Ageing*. 2009;38(4):380-5.
3. Nicolson M, McLaughlin C. Social constructionism and medical sociology: a study of the vascular theory of multiple sclerosis. *Sociol Health Illness*. 1988;10(3):234-61.
4. Powel C. Whither geriatrics? Do we need another Marjory Warren?. *Age Ageing*. 2007;36(6):607-10.
5. Rockwood K, Mitnitski A. Frailty defined by deficit accumulation and geriatric medicine defined by frailty. *Clin Geriatr Med*. 2011;27(1):17-26.