# Geriatric medicine: Its impact on the prevention and management of agerelated disorders.

## Alison Craswel\*

Department of Geriatrics, Neurosciences and Orthopedics, Catholic University of the Sacred Heart, Rome, Italy

#### Introduction

Geriatric medicine, a specialized field of healthcare dedicated to the elderly, is becoming increasingly significant as the global population ages. With a focus on promoting health, preventing disease, and managing chronic conditions, geriatric medicine plays a pivotal role in addressing the unique healthcare needs of older adults [1]. This article aims to delve deeper into the impact of geriatric medicine on the prevention and management of age-related disorders.

# The growing importance of geriatric medicine

As life expectancy increases, so does the prevalence of age-related disorders such as dementia, osteoporosis, and cardiovascular diseases. Geriatric medicine, with its holistic approach to elderly care, is uniquely positioned to address these challenges. Geriatricians are trained to understand the complex interplay of physical, psychological, social, and environmental factors that affect an older person's health [2]. They are skilled in managing multiple chronic conditions, a common scenario in older adults, and are adept at coordinating care among different specialists.

# Prevention: A key aspect of geriatric medicine

Prevention is a cornerstone of geriatric medicine. Geriatricians work closely with patients to identify risk factors for agerelated diseases and develop personalized strategies to mitigate these risks. This preventive approach often involves lifestyle modifications, such as dietary changes, exercise regimens, and in some cases, preventive medications [3].

For instance, osteoporosis, a common age-related disorder, can be prevented or delayed by promoting bone health. Geriatricians recommend adequate calcium and vitamin D intake, regular weight-bearing exercise, and when necessary, medications to enhance bone density. Similarly, cognitive decline, a significant concern for many older adults, can be mitigated through mental stimulation, social engagement, and management of cardiovascular risk factors.

## Management of age-related disorders

Beyond prevention, geriatric medicine plays a crucial role in managing age-related disorders. Geriatricians consider the patient's overall health and quality of life in treatment decisions, ensuring that medications do not interact harmfully and that treatments align with the patient's health goals [4, 5].

Take Alzheimer's disease as an example. A geriatrician managing a patient with Alzheimer's would not only prescribe medications to slow cognitive decline but also address associated issues such as depression, sleep disturbances, and caregiver stress. They would coordinate with neurologists, psychiatrists, and social workers to ensure comprehensive care. Similarly, in managing arthritis, a geriatrician would consider the impact of pain on the patient's mobility, independence, and overall well-being. Treatments would be tailored accordingly, with an emphasis on pain management, physical therapy, and if necessary, surgical interventions.

# The impact of geriatric medicine on quality of life

The ultimate goal of geriatric medicine is to enhance the quality of life for older adults. By focusing on prevention and comprehensive management of age-related disorders, geriatricians help their patients maintain their health, independence, and well-being as they age. They also provide support to caregivers, recognizing the crucial role they play in the health of older adults.

#### Conclusion

In conclusion, geriatric medicine plays a vital role in the prevention and management of age-related disorders. Its holistic, patient-centered approach ensures that older adults receive care that is tailored to their unique needs and health goals. As our population continues to age, the importance of geriatric medicine will only continue to grow. It is a field that not only adds years to life but also life to years.

## References

- 1. Landi F, Russo A, Liperoti R, et al. Anorexia, physical function, and incident disability among the frail elderly population: results from the ilSIRENTE study. J Am Med Dir Assoc. 2010;11(4):268-74.
- 2. Amjad H, Roth DL, Samus QM, et al. Potentially unsafe activities and living conditions of older adults with dementia. J Am Geriatr Soc. 2016;64(6):1223-32.
- 3. Kennedy BK, Berger SL, Brunet A, et al. Geroscience: linking aging to chronic disease. Cell. 2014;159(4):709-13.

<sup>\*</sup>Correspondence to: Alison craswel, Department of Geriatrics, Neurosciences and Orthopedics, Catholic University of the Sacred Heart, Rome, Italy, E mail: alison\_craswel@unicatt.it

Received: 20-Jun-2023, Manuscript No. AAAGP-23-105938; Editor assigned: 21-Jun-2023, PreQC No. AAAGP-23-105938(PQ); Reviewed: 06-Jul-2023, QC No. AAAGP-23-105938;

Revised: 08-Jul-2023, Manuscript No. AAAGP-23-105938 (R); Published: 14-Jul-2023, DOI: 10.35841/aaagp-7.4.155

- 4. Hill LJ, Pignolo RJ, Tung EE. Assessing and counseling the older driver: a concise review for the generalist clinician. Mayo Clin Proc. 2019;94(8):1582-88.
- 5. Montero-Odasso MM, Barnes B, Speechley M, et al. Disentangling cognitive-frailty: results from the gait and brain study. J Gerontol A Biol Sci Med Sci. 2016;71(11):1476-82.