

News

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***Geriatric assessment may save treatments

DALLAS -- An ounce of assessment can prevent a pound of future treatment for geriatric patients. An accurate diagnosis of medical problems by health care professionals can help prevent serious complications. But many problems of geriatric patients are inaccurately attributed to growing old.

A one-day seminar is scheduled from 8 a.m. to 5 p.m. Nov. 4 at the Stouffer Dallas Hotel to help health care professionals learn how to assess geriatric patients. Joint sponsors are The University of Texas Southwestern Medical Center's Departments of Gerontology and Geriatric Services, Psychiatry, Physical Medicine and Rehabilitation, Internal Medicine and the Dallas Area Agency on Aging and Parkland Memorial Hospital Geriatric Program/Geriatric Assessment Team.

The registration fee is \$75 for health care professionals and \$50 for students. After Oct. 21, late registration will be \$100 for professionals. There will be no on-site registration. For more information, call the Parkland Geriatric program at 214-590-8369.

The seminar will feature seven lectures as well as panel discussions and exhibits. Dr. Ron Anderson, Parkland president and chief executive officer, will deliver the keynote address -- "An Overview of Geriatric Assessment." He will discuss the present and potential states of geriatric assessment, the need for such programs, funding and the impact of geriatrics on the health care arena.

"Geriatrics already accounts for a third of all moneys spent in health care," said Paula Loftis, clinical nurse specialist and director of Parkland's geriatric program. "If we don't start to develop the expertise to treat these patients now, we're going to fail to meet the needs of that population."

Dr. Lynne Kirk, associate professor of internal medicine at UT Southwestern and medical director of outpatient clinics at Parkland, will address the medical aspects of aging.

"You have to know what you're looking for before you can offer help," Loftis said. "A lot of health care professionals don't know what's normal. They dismiss disease as just a part of aging."

Dr. Richard Jones, chief of stroke services at Dallas Rehabilitation Institute and former assistant professor of physical medicine and rehabilitation at UT Southwestern, will outline rehabilitation strategies and identify who among the elderly can benefit.

"That's the most ignored area in geriatrics," Loftis said. "Most geriatric patients could benefit from strengthening and conditioning exercises and energy conservation techniques. Those factors really have an impact on how long the patient is able to stay at home and out of the hospital or nursing home."

Loftis begins the afternoon session with "Assessment of the Psychosocial

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Function." Assessing family dynamics, personal awareness, reaction to losses and social functioning is a critical part of geriatric care. Loftis will stress a normal function few people consider when dealing with geriatric patients -- sex.

"We have a little age discrimination when sex is involved," she said.

"Again, many professionals think geriatric patients are just lucky to be alive. Sex is an added bonus. But if the patient wants to have sex and can't because of a physical problem, that problem should be treated."

Assessing social function continues in the next segment, which will be presented by Parkland social workers Maria Reynolds, Jane Hunley and Doni Van Ryswyk. The three will explain the process of taking a social history. They will also discuss how to keep the interview focused on the patient and his problems. The goal of the segment is to show professionals how to determine where help is needed in social functioning.

"Many times patients come in with their families, and the families will say, 'Mother doesn't talk to us. We know she can hear because we yell at her. But she ignores us.'," Loftis said. "Usually the problem is that Mother can't understand what the family is saying. Yes, she can hear noise, but she can't understand high-pitched, loud voices. The family needs to be educated about hearing aids. And Mother may need a hearing aid."

Loftis said that a geriatric patient will participate in the afternoon to simulate what professionals should expect in an interview.

Dr. Michael Fitzpatrick, assistant professor of psychiatry at UT Southwestern, will explain assessment of intellectual abilities and moods.

"Delirium, depression and dementia are different," Loftis said. "But sometimes they're mistaken for one another because professionals don't take time to assess the problem. They just treat the symptoms. Dr. Fitzpatrick will explain how the conditions are presented and how to assess for them."

The last segment will be presented by Sheral Cade, a registered dietitian in Parkland's nutrition clinic. Loftis said nutrition is the second most overlooked aspect in geriatric patients. "Sometimes geriatric patients look OK," Loftis said. "But they're suffering from malnutrition because they're living on Twinkees."

The program will end with a panel question-and-answer period. Materials will be provided to help link professionals with treatment services.

"Assessment is most critical," Loftis said. "If you believe in preventive health care, then you have to believe in assessment. Any professional -- be they doctors, nurses, hospital administrators, nursing home administrators, dietitians or social workers -- should be able to apply what they've learned in the seminar and do geriatric assessments regardless of where they practice. You don't need a high-powered assessment team to do the job. The goal of this seminar is to help professionals realize this, and help them begin to apply geriatric assessment."

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Note: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern Allied Health Sciences School.