Health Care of the Elderly at Tygerberg Geriatric Clinic and Goodwood Aftercare Hospital

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SUMMARY

Comprehensive geriatric care should receive nation-wide attention in order to realize its objectives. An analysis of patient problems at the Geriatric Clinic, Tygerberg Hospital and Goodwood Aftercare Hospital is presented. The training of personnel, with full motivation of the community, to render health services to the aged is discussed.

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Concern for the welfare of our growing elderly population is a challenge to our national conscience.

A community is generally judged by the way in which it responds to the needs of the most vulnerable members of the society,[1] and we should endeavour to keep the elderly members in our community healthy, happy, independent and useful citizens until the end of their days.

At present there are about 450 000 elderly White people in the country and approximately 600 000 elderly non-Whites. Only 500 000 individuals are intellectually equipped and schooled to attend to this geriatric population, but not all are interested in rendering such services. It is, therefore, important that the full potential of the community be developed.

At the Geriatric Clinic, Tygerberg Hospital, 1 000 patients are attended to annually. These patients are mainly from the northern suburbs of Cape Town, i.e. Goodwood, Parow, Bellville, Durbanville, Kraaifontein and Kuilsriver.

Although the main causes of death of these patients are ischaemic heart disease, cerebrovascular accidents (CVAs), cancer and other malignant conditions, and respiratory diseases, the magnitude of the geriatric problem is revealed by the morbidity figures at the Geriatric Clinic. These reveal that 71% have arthritic conditions, 54% cardiovascular disease, 35% essential hypertension, 31% urinary conditions, 29% respiratory tract disturbances, 26% gastro-intestinal lesions, 20% neurological lesions, 12,5% malignant tumours, and 10% either diabetes mellitus or anaemia. Obesity was a complicating factor in 35% of the patients studied.[2]

Certain aims of preventive geriatric care determine our approach to the sick aged.[3] These aims are: (*i*) to keep old people in their own homes within their local community for as long as they desire to remain there and are able to; (*ii*) to train the responsible personnel, including doctors, medical students, nurses, paramedical staff and social workers, in the atypical and nonspecific ways in which disease presents itself and in its detection at an early stage, so that disease and disability should be prevented and dealt with in good time; (*iii*) to rehabilitate the disabled geriatric patient in aftercare institutions or provincial hospitals by short-term periodic admissions as often as necessary; and (*iv*) admission of patients to hospital for long-term treatment.

A study was made of patients admitted to Goodwood Aftercare Hospital in 1978. This hospital has 60 beds of which 12 are for terminal cases and 6 for patients with cardiac conditions. The cardiovascular disease encountered during 1978 is shown in Table I.

TABLE I. CARDIOVASCULAR DISEASE AND RESULT OF TREATMENT

	Male		Female	
Myocardial infarction	14	28	18	35
Angina pectoris	8		8	
Ischaemic heart disease	3		5	
Congestive cardiac failure	3		4	
Mean age of patients (yrs)	74,5		74	
Average stay in hospital (d)	27		12,5	
End result of treatment				
Return to own home	9		12	
Return to old-age home	10		13	
Left in care of their children	5		6	
Admitted to hospital for chronic sick	3		4	
Deaths	1		0	

CVAs were experienced by 33 men and 50 women (mean ages 73,8 years and 75,7 years, respectively). The complications and results are set out in Table II.

TABLE II. COMPLICATIONS WITH CEREBROVASCULAR ACCIDENTS AND RESULT OF TREATMENT

	Male	Female
Ischaemic heart disease	3	5
Recurrent CVAs	3	—
Diabetes mellitus	2	5
Urinary tract conditions	—	3
Hypertension	—	3
Diffuse obstructive lung disease	2	—
Average stay in hospital (d)	24,9	27
End result of treatment		
Return to own home	9	20
Return to old-age home	8	13
Left in care of their children	3	6
Admitted to hospital for the chronic sick	5	6
Deaths	8	5

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Prostatectomy was required by 33 men (mean age 76,9 years); they remained in hospital for an average of 18 days. Twelve returned to their own homes, 13 to an old-age home, 6 were admitted to a hospital for the chronic sick, and 2 died.

Ten men (mean age 75 years) had some pulmonary disease; 8 had a diffuse obstructive pulmonary syndrome, and 2 a bronchopneumonia. Complications included diaphragmatic hernia, osteo-arthritis, duodenal ulcer, unstable angina, hepatic cirrhosis, and a CVA (1 case each). In addition, 2 of the above had congestive cardiac failure. After treatment 4 returned home, 3 to an old-age home; the remaining 3 were admitted to a hospital for the chronic sick.

Fractures occurred predominantly in women, 40 of whom fractured a femur. Only 5 men fractured a femur but 1 sustained a tibia and fibula fracture, 1 a dorsal vertebral fracture, and 2 required amputation of a leg. The complications and outcome are shown in Table III.

TABLE III. COMPLICATIONS WITH ORTHOPAEDIC CONDITIONS AND RESULT OF TREATMENT

	Male	Female
CVA and diabetes	1	1
Congestive heart failure	1	4
Arterial insufficiency	—	2
Average stay in hospital (d)	63	38
End result of treatment		
Return to own home	3	13
Return to old-age home	3	17
Left in care of their children	2	4
Admitted to hospital for the chronic sick	—	3
Deaths	1	3
Number of patients	9	40
Mean age of patients (yrs)	76,4	79,75

In the Geriatric Clinic altogether 950 patients were dealt with during 12 months, 335 of whom were married, 57 single, 17 divorced and 541 either widows or widowers. Of the total, 175 were living with their children, 387 were living independently, and 388 were living in old-age homes.

Some patients require a long-term stay for treatment, but this is done only after thorough investigation and treatment at home and when rehabilitation and community care have failed. The above goals are attained by the application of all the principles of comprehensive care.

Personnel are trained in health promotion, preventive and healing care, and rehabilitation.[4] The patient and not the disease primarily receives attention.

The geriatric patient is attended to in his family context, an environment in which he has been living and in which the same socio-economic factors are still present which have played such a vital role in his existence. This is the therapeutic environment with which the patient is well acquainted, with no strange threats, with adequate provision for all his needs and protection of his person,[5] and with acceptance of the patient as a useful citizen, surrounded by his friends and relations.

Epidemiological research projects follow as a natural issue from this comprehensive approach. These are conducted under guidance of the Department of Comprehensive Medicine to determine the background factors and circumstances which contributed to the happy and meaningful existence of the patient. Research projects are determined by the Department's policy of maintaining close co-operation with the medical, nursing, paramedical, sociological, economic and political services and the community — a multidisciplinary team approach. All health problems receive attention and resources are made available according to priorities.

The results of computer analysis of reliable statistical data so obtained by the administrative personnel are submitted to policy makers. In this way the latter are guided and influenced in the provision of facilities to maintain optimal geriatric health care. The cliché 'treat the patient as a human being' is sound, provided all aspects of his intricate problems receive attention.[6]

THE PATIENT'S PROBLEMS

Religious problems are brought to the attention of hospital pastors and church organizations. Spiritual problems usually disappear when a sound set of values give new meaning to life and fill the existential vacuum which so often results with retirement. Ethical standards are maintained by sound human relationships. Psychogeriatric problems are dealt with by the Department of Psychiatry at Stikland Hospital. It has been shown that 8% of psychogeriatric patients are seriously ill, while 8% suffer from severe psychoneuroses and 12% are mentally disturbed, but 40% of all psychogeriatric conditions are the result of indigence and lack of proper care.

Biochemophysical problems account for a variety of complex disturbances: (*i*) multiple lesions in the same patient; (*ii*) atypical or nonspecific clinical phenomena; (*iii*) extraordinary interactions of different drugs; (*iv*) life-threatening vascular disturbances of the heart, brain and kidneys; and (*v*) degenerative diseases of connective tissues, joints, ligaments and bones.[7]

Social problems usually originate in an unfriendly environment, with lack of recreation and poor transport facilities. Economic problems with a low standard of living pave the way to severe malnutrition and poor housing.

EFFECTIVE COMMUNICATION

One should listen carefully to the patient, because he is telling you what is wrong with him and what he actually wants. He is usually worried, anxious, insecure and lonely. Impatience on the part of the doctor makes effective communication impossible. The essentials of sound, continuous care comprise sympathy, empathy, reassurance and a simple explanation of technicalities. A quick realistic evaluation of all his needs and a prompt decision on management will help to solve most of the patient's problems.[8]

Very valuable services are rendered by technologists who supply reports on special investigations, social workers, paramedical personnel, and nursing services.

A full clinical evaluation of the geriatric patient now forms part of the nurse's training. The community sister plays a vital role in the whole catchment area of the clinic. She discovers unreported causes of the patients' disabilities, mobilizes the whole family in active geriatric care, and provides them with the necessary training for their task. Members of the community are motivated to render social services. Her appointment enables her to call on the services of various disciplines.[9] These services are rendered by 18 medical and surgical departments at Tygerberg Hospital, where 70 different clinics deal with all the problems in diagnosis, management and aftercare of the sick elderly patient.

A SOCIAL NETWORK APPROACH

The geriatric clinic endeavours to maintain close co-operation with the community in the patient's immediate environment. All complaints about irregular conduct or abnormal behaviour on his part are brought to the notice of persons involved in the social network.

Causative factors are determined, solutions suggested and recommendations made. This rehabilitation team consists of the spouse, children and grandchildren of the patient, relatives and friends, clergymen and church societies with congregational members, neighbours, caretakers and janitors, merchants and caterers, as well as his buddies in the pub or on the sportsfield.[10]

RESEARCH

This is vitally important in respect of two overwhelmingly threatening conditions of old age: (*i*) atherosclerosis with complications in the target organs; and (*ii*) senile dementia due to loss of neurons. Our target for the future is to keep 90% of geriatric patients over the age of 75 years free from physical and mental disabilities. At present only 50 - 60% are enjoying good health, 20 - 30% are mentally or physically infirm, and the remainder are extremely weak.

CONCLUSIONS

The principles of a correct approach to the geriatric patient are thus: (*i*) determine his needs as exactly as possible; (*ii*) provide for these requirements; (*iii*) protect, treat and guide him in independent existence; (*iv*) motivate the community to render their services; and (*v*) rehabilitate him on discharge from hospital after physical or mental treatment by putting responsibility on the community.

Maslow's hierarchy schedule for a meaningful existence is true also for the elderly patient:[11]

(5) Self actualization-satisfaction (a realization of his
↑ full potential)
(4) Esteem (treat him with dignity)
↑
(3) Treat him with tender loving care (make him feel
↑ he belongs there)
(2) Provide security (see to his safety)
(1) Satisfy his physiological needs (basic physical requirements).

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