Top Ten Things Rheumatologists Should (And Might Not) Know About Geriatrics

By William Earle DeCoteau, MD, FRCPC

In North America, arthritis is the most prevalent chronic condition among persons aged 65 years and older. An estimated 200,000 Canadians aged 25 to 34 have some form of arthritis, and more than four times that number are affected after age 55. There is clearly a need to discuss how best to care for elderly patients. In my experience, here are the top ten points rheumatologists should consider in approaching geriatric patients.

1) **Gerontology ≠ Geriatrics**
Physicians often use these terms interchangeably but **gerontology** actually refers to the study of the aging process while **geriatrics** is the study of health and disease in later life.

2) **Elderly patients are highly heterogeneous**
Everyone has a unique aging trajectory and it is important to keep in mind that a geriatric patient's physiologic age is not always in sync with his or her chronologic age. Factors such as genetics, lifestyle and attitude can create great disparity between one elderly patient and the next. Moreover, 65 years and over is a vast cohort. Clinically, there is often little difference between a young geriatric patient and someone 50 to 65 years of age. Meanwhile the same usually cannot be said of a 75-year-old patient versus someone approaching 100 years of age.

3) **New-onset rheumatoid arthritis (RA) is uncommon among the elderly and becomes even less common among older geriatric populations**
Geriatric patients with RA usually have been living with the disease for years. More often than not, an elderly patient will be seeking care from a rheumatologist or geriatrician due to complications of aging or major deformities left behind by RA after the disease has burnt itself out. As RA involves a highly active immune system, new-onset RA is especially uncommon among people aged 75 years and older.

4) **Aches and pains aren't always arthritis; don't be fooled!**
As with patients of all ages, joint pain and swelling in older patients deserve to be regarded with an open mind. Malignancy, for instance, will often mimic polymyalgia, so what might seem to be a rheumatic condition in an elderly woman may, in my experience, actually turn out to be breast cancer.

5) **Treating RA can negatively influence other diseases**
Geriatric patients often live with multiple chronic diseases. Before prescribing a course of therapy, it is imperative to assess and individualize treatment to match the needs of each patient and avoid iatrogenesis.

6) **Aggressive therapies can be good for older patients**
Although they are more appropriate for use among vigorous elderly who are not as prone to side effects, disease-modifying antirheumatic drugs (DMARDs) should not be denied to older RA sufferers simply due to their age. It is important to note that aging results in the degradation of matrix proteins, which are very important for muscle, bone and skin. Steroids can help geriatric patients combat RA but might not be an appropriate long-term course of treatment for patients whose matrix proteins are already largely depleted.

7) **Geriatric "giants" can wreak havoc on therapy if ignored**
Dr. Bernard Isaacs coined the term "giants" of geriatrics to describe incontinence, immobility, impaired intellect and instability—four problems that complicate all age-related health challenges. Loss of cognitive function is especially menacing, as it affects a patient's ability to make decisions about treatment, his or her motivation to undergo rehabilitation as well as capacity to tolerate surgery.

8) There should be more talking and less doing

This was the mantra of Dr. William Hazzard, a world leader in geriatric medicine. Providing elderly patients with the best care means understanding the full picture, and this requires an open and regular line of communication. Family members can also be extremely helpful in this regard and follow-up visits are crucial to ensuring success.

9) Geriatric units are great places for rehabilitation

When treating RA in the elderly, nonpharmacologic therapies are equally as important as, if not more, important than pharmacologic options. Inpatient rehabilitation specifically designed for geriatric patients can vastly improve treatment outcomes.

10) Geriatric medicine isn't rocket science

But for many physicians its basic principles are a mystery. Rheumatology is a great field to learn about the hallmarks of aging. When armed with knowledge about the "giants" of geriatrics, there is little need for a rheumatologist to refer an RA patient elsewhere, no matter what age.

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Floral Impressions

Freshly picked news: Dr. Janet Markland's garden was recently featured by the local Horticultural Society of Saskatoon. She held a garden party to raise funds for the Lupus Erythematosus Society of Saskatchewan (LESS) and for the Scleroderma Association. A few of her blossoming beauties!