

GERIATRIC SOCIAL WORK

UNIT-1

PART-1





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GERONTOLOGY AND GERIATRICS

CONCEPT



Gerontology • This is the study of the aging process itself. The study of physical and psychological changes which are incident to the old age is call gerontology.



Geriatrics • Geriatrics is the branch of internal medicine that focuses on health care of the elderly. It aims mainly to promote health and to diagnosis , prevent and treat diseases and disabilities in older adults.





Definition of Gerontology

According to Merriam-Webster, Gerontology the comprehensive multidisciplinary study of aging and older adults.

Definition of Geriatric

According to Collins English Dictionary, Geriatrics is the study of the illnesses that affect old people and the medical care of old people.

HISTORY OF GERONTOLOGY

People have been fascinated with aging since ancient times.

Of course, many ancient cultures, much like today's society, were highly interested in slowing the aging process or reversing it.

The earliest known recipe for an anti-aging ointment is from an Egyptian papyrus dating back to 2800-2700 B.C. called "The Book for Transforming an Old Man into a Youth of Twenty".

It claimed to beautify the skin and remove any disfiguring signs of age.

Another ancient papyrus from 1550 B.C. describes some of the biological changes that can occur with aging, such as heart pain, deafness, blindness, and what would later be known as cancer.





Gerontology research, and other forms of scientific research, really took off during the 19th Century, when the use of the compound microscope became widespread.

Many scientists at first began to study bacteria under the microscope in order to study senescence, or aging, but this proved difficult because bacteria reproduce by dividing themselves into two cells and do not become senescent in the way that the cells of multicellular organisms do.





Multicellular animal models had to be used instead, and this is one reason why the use of mice became so ubiquitous in research. With the use of the microscope, scientific knowledge advanced a great deal.

For the first time, researchers could examine the processes of aging at the cellular level, and really begin to understand the specific changes that take place in the cells of older people.





People began to develop theories about why aging occurs; August Weissman, a German **embryologist**, proposed that lifespan was related to an evolutionary selective advantage, and that species with different body sizes, intelligence, and ecology had different lifespans.

The term gerontology was coined in 1903 by Élie Metchnikoff, a Russian zoologist who did immunology research and won the Nobel Prize in Physiology or Medicine for his work.





In the mid-20th century when the structure of DNA was uncovered, another paradigm shift occurred in gerontology research.

Scientists could now study genetics relating to aging; for example, they looked at unique mutations in abnormally long-lived or short-lived fruit flies.

Other ways of extending an organism's lifespan were also found, like putting mice on calorie- restricted diets or putting fruit flies in very small cages so that they couldn't fly as much.

Further progress was made when age-related decline in certain hormones, like growth hormone, thyroid hormone, and estrogen, was discovered.

More recently, genome sequencing has been used to identify genes associated with aging.





HISTORY

<https://youtu.be/iqNDWGfqo4I>

FIELD OF GERONTOLOGY

Biogerontology:

This is a sub-field of gerontology that studies the biological process of ageing.

It is composed of the interdisciplinary research on biological ageing, causes, effects and mechanisms in order to better understand human senescence.

Some biogerontologists like Leonard Hayflick, have worked to show that aging is a biological process which we are far from controlling. They are also known as conservative biogerontologists.

They have predicted that the life expectancy figures will peak at about the age of 85 (88 for females and 52 for males). Although this figures are not static. They may continue to rise or decrease.



Biomedical Gerontology:

This is also known as experimental gerontology or life extension. Life extension is a sub discipline of biogerontology that endeavours to slow, prevent and even reverse ageing in both humans and animals by curing age-related diseases and showing the underlying processes of ageing.

Some biogerontologists are at intermediate position, emphasizing the studying of the ageing process as a means of mitigating ageing – associated diseases. They claim that maximum life cannot be altered.



Medical Gerontology:

This branch of gerontology studies the biological causes and effects of ageing, medical and biogerontology are considered by many scientists to be the most important frontier in ageing research.





Social Gerontology:

This is a multidisciplinary sub-field of gerontology that specializes on studying and working with older adults. Social gerontologists are responsible for educating, researching and advancing the broader causes of ageing in older adults by giving informative presentations, publishing books and articles that concerns the ageing population, producing relevant films and television programmes and producing new graduates in colleges and universities.





HISTORY OF GERIATRIC CARE IN INDIA

In India, the elderly suffer from dual burden of communicable and non-communicable diseases besides impairment of special sensory functions like vision and hearing and other degenerative diseases.

Poor geographical access and high cost of treatment also lead to poor utilization of health care especially among the elderly.





The elderly are also prone to abuse in their families or in institutional settings.

A study in Chennai among 400 community-dwelling elderly aged 65 years and above found the prevalence rate of mistreatment to be 14%. Chronic verbal abuse was the most common followed by financial abuse, physical abuse and neglect.

Geriatric care is conspicuously missing from the medical education curriculum.

Similarly the nursing and other paramedical staff members are not formally trained in providing care for elderly patients.

There is no specialized training in geriatrics in most medical schools in India.

Geriatrics is a low-profile specialty that lacks visibility in academia and finds least favor among the medical students.





Only selected facilities have a dedicated geriatric unit, but concentrated in urban areas and highly expensive.

Very few hospitals provide inpatient geriatric care.

Although, there are hundreds of old-age homes, day-care centers and mobile medicare units that provide care to the elderly population, these facilities are managed by NGOs or funded partially by government, but are urban-based, expensive or focused on tertiary as opposed to primary care.

Recently, the Government of India has taken significant strides towards securing the rights of the elderly.

In 2007, Indian parliament passed a bill known as Maintenance and Welfare of Parents and Senior Citizens Act, which made maintenance of parents or senior citizens by children or relatives obligatory and justifiable and also provided penal provision for their abandonment.





Government of India formulated the National Program for the Health Care of Elderly in 2011 to provide easy access to preventive, promotive, curative and rehabilitative services to the elderly at all levels of health care delivery system along with specialized long-term and short-term training of health professionals to address the growing health needs of the elderly.

The National Policy on Senior Citizens in 2011 recognizes senior citizens as a valuable resource for the country and ensures their full participation in society.

It aims at providing socio-economic support through income-generating activities, insurance and pension schemes, and promoting care of senior citizens within the family.



Apart from medical care models, we should also explore innovative models of economic support and insurance.

Although health insurance sector is on a rise in India, the insurance policies tend to exclude those who need the most, especially the elderly.

A comprehensive preventive package should be delivered, including knowledge and awareness regarding common geriatric problems and their prevention, healthy nutrition, physical exercise, yoga and meditation, and promotion of mental well-being.

Laws and policies cannot teach us family values and respect for elders. Thus, parents have a major role to play toward fostering respect for elders at a tender age.

The government should focus on raising the capacity of health professionals in geriatric care through specialized courses and trainings and develop socio-economic support mechanisms for the elderly in the community.



