Preface

"I offer no apology for the publication of this volume. The subject is one of the highest importance, and yet it has been strangely overlooked during the last half-century by the physicians of all countries."

George Edward Day (1815–1872)

Unfortunately little has changed since George Day wrote his introduction to “Disease of Advanced Life” in 1848. My colleagues in internal medicine and family practice are continually telling me that they see so many older persons, that they really are geriatricians. Despite their belief, a large number of children bring their parents to me because they are frustrated with the inability of their physicians to solve the problem they perceive. Geriatricians differ from generalist physicians in that they focus on improving function as opposed to focusing on treating specific diseases. The tools of the geriatrician are to assess function, from basic activities of daily living to walking speed, and identify those who are frail so they can prevent them from developing disability. Their treatment armamentarium consists of reducing polypharmacy; enhancing nutrition, including preventing weight loss; treating delirium, dementia, and depression; increasing exercise capacity with a focus on aerobic, resistance, and balance exercises; and providing social support for the older adult.

At present in the United States there are just over 7,000 geriatricians with an added certification of specialization. This means that there are approximately 3.8 geriatricians for 10,000 of the population 75 years and older. Clearly these numbers suggest that geriatricians should perform as subspecialists, focusing on the care of the most complex older persons. To allow this to happen, there is an urgent need to increase the basic geriatric knowledge among generalists. This issue of Medical Clinics is focused on increasing the basic knowledge of geriatrics.

This issue focuses on geriatric syndromes and diseases where the treatment of frail elderly with this condition often differs from that of younger persons. In addition, we review the growing need for high-quality nursing home care. The International Association of Gerontology and Geriatrics together with the World Health Organization have produced a white paper calling for increased prestige for all who work in nursing homes, and an increase in research to improve quality of life in nursing homes.2 The
task force also stressed the need for increased physician presence in nursing homes. This has been justified by the finding that nursing homes with a medical director who has been trained as a Certified Medical Director by the American Medical Directors Association have better outcomes than those nursing homes with untrained physicians.3,4

It is hoped that as the “baby boomers” age, articles such as the ones in this issue of the Medical Clinics will increase the physician’s awareness of the nuances of geriatric medicine, and enhance the quality of care of our aging population.

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REFERENCES