

Geriatric patients – characteristics, definition and the problem of malnutrition

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During the last decades population aging revealed a rapid progression. With advancing age functional impairments, chronic diseases and malnutrition become more common. About 80 percent of adults over 65 years of age have at least one chronic disease, and 50 percent have at least two chronic diseases.

The primary therapeutic aim in geriatric medicine is to maintain quality of life as a measure reflecting functional status, emotional and social well-being, and overall health status.

Under a chronological aspect persons older than 65 years were defined as geriatric patients, but this does not seem to be adequate nowadays. Because the geriatric patient is not primarily characterized by the age but more by multimorbidity and the presence of functional impairments, patients at an advanced age, usually older than 70 years, with multimorbidity or patients at an age older than 80 years with age-associated frailty are classified as geriatric. Multidimensional and standardized tests and questionnaires summarized as the geriatric assessment are applied to define functional impairments but also capacities of the patients. Because malnutrition is frequent in elderly, the geriatric assessment comprises also the Mini Nutritional Assessment (MNA). Malnutrition is associated with complications such as impaired immune response, reduced muscle strength, an increased risk to fall, osteoporotic fractures, impaired wound healing and susceptibility to infection. According to the results of a recently published meta-analysis the prevalence of malnutrition in community-dwelling elderly is about 2 % and increases up to more than 20% in institutionalized elderly patients (Guigoz, *J Nutr Health Aging* 2006). Among various risk factors, including the number of medication, cognitive dysfunction and depressive disorders, especially problems caused by artificial teeth, as well as chewing and swallowing dysfunction are responsible for undernutrition in the elderly (Feldblum et al, *Nutritional Journal* 2007).

Correction of dehydration and malnutrition, diagnosis and management of cognitive disorders, prevention of unintended drug interaction and side effects of medication, as well as functional rehabilitation are priorities of care in geriatric medicine. By a multidisciplinary approach geriatric departments focus on the re-attainment of mobility of the elderly patients and thus independency. This is of great importance regarding the demographic situation and the high costs related to institutionalized care.