

The challenge of geriatric orthopedics

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I would like to start with the information provided by the National Population Council (CONAPO) stating that the 2005 census reports a total population of 108'396,211 for the Mexican Republic, with a life expectancy of 75.4 years. It is estimated that the total population by 2050 will be 121'855,703, with a life expectancy of 81.9 years, and an increase in the population over 60 years of age, which will go from 9 million to 33.8 million.

The concept of geriatrics, which literally means «the care of the aged» (the medicine of the old people), is currently a «*medical specialty focusing on health care considering the preventive, curative, therapeutic and rehabilitation aspects of the elderly, and should be differentiated from gerontology*», which refers to the study of aging-related phenomena and to the physical, social, psychologic and economic effects of aging on individuals. Geriatrics adapts this knowledge to improve the care provided to the elderly.

There is no paradigm between old age and aging. *Old age* begins at age 60 and has a chronological and social construction dimension to it. It manifests itself as «*the loss of certain instrumental and functional abilities necessary to maintain autonomy and independence*». Aging is considered as «*a universal, irreversible process with a cumulative effect through time, it includes all the stages of life, from conception to death, it is the last stage of life*».

In our country we are currently experiencing an «early» vulnerable aging process with impairment in the quality of life.

Which are the major fears and concerns of the elderly in our population? *Depression, loneliness, disease and poverty*. The former setting leads us to a pathologic type of aging that is initially triggered by the metabolic syndrome, its complication, together with one of the geriatric syndromes that are interrelated with old age.

Orthopedic surgery: is a surgical specialty that treats the disorders of the locomotor system, especially the muscles,

bones, joints and their acute, chronic, traumatic and recurrent lesions. It also deals with the involved factors of the genetic, tumor, metabolic and biomechanical pathology. *A preventive consultation should take place starting at the stage that precedes old age.*

1. the orthopedic surgeon sees the following types of patients:
 - A). patients with acute traumatic lesions at the emergency room in an institutional or private hospital without knowledge on:
 - 1). whether the patient had an active, functional and healthy aging process or
 - 2). a pathologic and decompensated aging.
 - B). outpatients with a chronic-degenerative orthopedic condition seen at an institutional or private hospital, or at a private office that allows for a comprehensive questioning, thorough orthopedic history, identification of the typology of the elder, the presence of a geriatric syndrome, or the aging of bones, muscles, connective tissue, joints or the intervertebral disc.
2. the indispensable type of orthopedic care should be:
 - A). effective: obtain a possible result or effect according to the current advances of medical science.
 - B). efficient: with the resources needed for a good outcome.
 - C). ethical: according to the accepted medico-social values.
 - D). safe: involving the least possible risk.
 - E). surgical resolute: provided at a hospital unit with trained staff and the indispensable and necessary equipment to appropriately treat the traumatic and orthopedic event.
 - F). affordable: at the least possible cost; conservative orthopedic treatment is proposed starting from:
 1. ages 45-49, pre-old age stage (1st stage of aging) Aging)
 - A). angular knee deformity, genu varum – genu valgum
 - B). weight bearing deformities and defects: flat, cavus and rheumatic foot
 - C). degenerative joint stage: coxarthrosis - gonarthrosis
 - D). lumbar degenerative stage, arthrotic lumbar stenosis

By means of: weight control, insoles, viscosupplementation, physical activity, osteotomies, medical treatment for osteoporosis, osteoarthritis, CL/RX control. Inevitable surgical orthopedic and prosthetic treatment as of:

 2. age 60-74 years. Stage of early old age (gradual senescence). 75-89 years. True old age (full-blown old age)
 3. age > 90 years. Elder (great old people). *Thorough assessment* Surgical treatment. Risk-benefit.

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«Medical history and orthopedic exam»

- A. attach the orthopedic medical history and the geriatric assessment
 - * biotypology of the elder
 - * economic-environmental situation
 - * daily life activities including instrumental ones
 - * gait and balance
 - * geriatric depression scale
- B. prepare practical guidelines of the major orthopedic disorders and their preventive medical-surgical treatment as

well as rehabilitation. (E.g., falls at home; hip fractures are the major cause of death among elderly people)

The challenge is preventing and achieving «*a successful aging with good quality of life*» by means of:

1. preventive orthopedic treatment starting at the pre-aging stage, since it may become a serious health problem in the short or medium term. (rural-urban population migration)
2. promote a functional, autonomous, independent orthopedic aging, integrated into the social and family setting, and into the changes that occur throughout life.