

Role of Physician for Health Promotion and Prevention in Geriatric Practice

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Physicians while serving the community encounter and detect for the first time several diseases and treat those ailments. Does their role end there? There is something more which has to be done. The medical profession has focused on disease and its treatment rather than its prevention with emphasis on management of poor health instead of promotion of good health. Health is not merely an absence of disease. Besides treatment, physicians have to protect people from the diseases and promote health. Physicians often pass on these roles for health care workers, but unfortunately, they can't match physician's knowledge about the causation, management, and prevention of the diseases. Physicians will have to look at the medical problems from both the angles i.e. therapeutic and public health implications. Besides secondary and tertiary prevention physician can play a role in primary prevention also.¹

The first great public health revolution gave us potable water, inspection of food to guard against contamination, a safe sewage system and vaccines. This has led to decrease in mortality rates from infectious diseases. Now there has been a rising mortality rate from noncommunicable diseases (diabetes, cardiovascular diseases, cancer and unintended injuries).² Noncommunicable diseases (NCDs) are the leading global causes of death, causing more deaths than all other causes combined and they strike hardest at the world's low and middle income populations. These diseases have reached epidemic proportions, yet they could be significantly reduced, with millions of lives saved and untold suffering avoided, through reduction of their risk factors, early detection and timely treatments.³

The relationship between human behavior and increased risk for certain chronic diseases has been established. Person's behavior; diet; the automobile; and/or drugs are responsible risk factors to account for them. There is a need for a second public health revolution to address the "new morbidity".²

The power of prevention has proven to avoid premature deaths due to NCDs. It is possible to reduce cardiovascular deaths, cancer cases, and disabling complications of Diabetes Mellitus through early detection and intervention, immunization, and motivating change in individual behaviour. In the practice of physicians, these three conditions are most frequently seen. With a significant potential for prevention, treating physician has to be actively involved in health promotion. With better control of risk factors such as poor diet, inadequate exercise, the use of tobacco and drugs, the abuse of alcohol, driving unsafely and a few others, a number of premature deaths and disabilities could be avoided.¹ Healthcare providers and their staff play a unique and important role in motivating and assisting patients' healthy behavior changes. Patients' report that primary care clinicians are expected sources of preventive health information and recommendations for patients.⁴

The physician needs to integrate clinical preventive services in his practice. These are: (1) counseling for behaviour change in the context of the specific risk profile of the individual patient (smoking, use of safety belts, driving while intoxicated, physical inactivity and dietary factors, certain sexual practices); (2) screening tests to detect early, presymptomatic disease or risk factors (hypertension or elevated cholesterol); and (3) immunizations and chemoprophylaxis.⁵

Vaccination is an important component of disease prevention in the elderly; however, immunization coverage in this population is low. Raising awareness and improving the education of physicians and health care workers in the field of vaccination in geriatric populations plays an important role.⁶

Malnutrition risk increases with age and level of care. There is a need to look for malnutrition and counsel about proper nutrition in geriatric practice. Earlier identification and appropriate nutrition support may help to reverse or halt the malnutrition trajectory and the negative outcomes associated with poor nutritional status.⁷

Falls are a common problem in the elderly. A proactive approach is important to screen for the likelihood of fall in the elderly. Fall assessment and evidence-based fall prevention interventions are

essential in geriatric practice. Timed-up-and-go test can be performed quickly and is able to predict the likelihood of fall.⁸

For effective preventive intervention, there is a need to combine community-based health promotion (primary prevention) and screening and treatment done by the physician (secondary and tertiary prevention). Physicians will have to proactively include health promotion into their practice and also actively involved in community based programs. The physician with the professional expertise and authority can reach patients during a teachable moment of acute illness and impart knowledge about the health promotion. Illness visit to health care facility could be utilized for the practice of prevention. Preventive services are underutilized on account of the physician, patient, and health system related factors.⁹ There are a number of barriers like lack of consensus, time and the heavy workload, which may interfere with such practice.¹⁰ Physician education and attitudes; patient education, expectations, and motivations, and aspects of the health care delivery system itself, such as access and reimbursement are other factors influencing it.¹¹ The traditional disease/treatment model should be modified to incorporate more preventive services.¹²

Besides advising the patients physicians should inform and influence the authorities about interventions of importance for the health of society. This could be done through professional bodies also. These pieces of advice will be greeted and raise confidence about health care professionals in the eyes of the public.

What are the characteristics of successful physicians? These physicians always have a word of advice regarding diet, physical activity and prevention in their practice. The physician should proactively ask people to quit tobacco, ask them to be physically active and advise them about proper food.

The physician has the responsibility to lead and direct the public health interventions in the society. Let us not ignore our social responsibility and take up this task in earnestness.

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