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KEY ASPECTS OF MEDICAL CARE FOR ELDERLY PATIENTS IN GENERAL PRACTICE

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Doi: <https://doi.org/10.52340/jecm.2025.01.19>*ქეთევან უკლება, მაია ჩაკვეტაძე***ხანდაზმულ პაციენტებზე სამედიცინო მეთვალყოფის ძირითადი ასპექტები ზოგად პრაქტიკაში**ქუთაისის უნივერსიტეტი, აკაკი წერეთლის სახ. უნივერსიტეტი,
მედიცინის ფაკულტეტი, ქუთაისი, საქართველო**რეზიუმე**

ჩვენი კვლევის მიზანი იყო ხანდაზმული პაციენტების სამედიცინო მომსახურების ხარისხის გაუმჯობესება ზოგად პრაქტიკაში. შრომას საფუძვლად დაედო ხანდაზმულ პაციენტთა მომსახურების აუდიტი, რომელიც ჩატარდა ქუთაისის საოჯახო მედიცინის ცენტრში. შერჩეულ იქნა 85 ხანდაზმული პაციენტის სამედიცინო ისტორია/რუქა.

როგორც ჩატარებული კვლევის შედეგები ცხადყოფს, აუცილებელია სამედიცინო მომსახურების ხარისხის გაუმჯობესება, რომელშიც შედის: დაავადებათა რიგი რისკ-ფაქტორების მოდიფიცირება (ნიკოტინის შეწყვეტა და ალკოჰოლის რაოდენობის შეზღუდვა), ასევე-ოსტეოპოროზის პრევენცია, გრიპის საწინააღმდეგო ვაქცინაცია, სერიოზული დაავადებების (სწორი ნაწლავის კიბო, სარძევე ჯირკვლის კიბო, პროსტატის კიბო) სკრინინგის გაძლიერება. კვლევა გვაჩვენებს, რომ საჭიროა ხანდაზმულ პაციენტთა სამედიცინო განათლება-ლექცია-საუბრებით უზრუნველყოფა. აუცილებელია სამედიცინო პერსონალისათვის აუდიტის დასკვნის გაზიარება და ეფექტური შედეგების მისაღწევად რეაუდიტის ჩატარება.

In old age, many pathologies manifest themselves, which elderly individuals often perceive as "signs of aging" and therefore do not report to their doctor. Early identification of these conditions is particularly important, as timely intervention allows elderly individuals to retain the ability to lead an active life to the fullest extent possible [2].

It is worth noting that some authors view screening for the elderly as a form of tertiary prevention, as it involves identifying pathologies that have already become apparent through specific symptoms. After the early diagnosis of diseases and functional changes in old age, the second important task is to assist the patient in adapting to their living environment with their altered abilities [1,3,4]. Screening in elderly individuals can help identify many treatable conditions. It should be noted that home visits by medical staff are the best way to assess a patient's functional abilities in relation to their living environment [8].

We have reviewed the conditions that become particularly problematic in old age [5,6,7]. Medical personnel should focus their efforts on preventing and properly managing these conditions, enabling us to preserve quality years of life for the patient.

The aim of the study was to improve medical care for elderly patients. The objectives of the research were as follows:

1. Regular monitoring of the health status of elderly patients and ensuring the necessary control measures.
2. Identification and modification of risk factors.
3. Disease prevention.

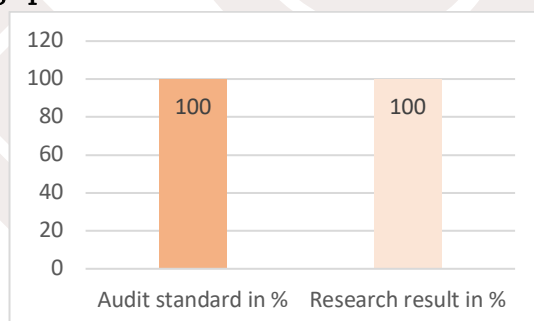
Materials and Methods: The study utilized the medical histories/records of 85 elderly patients. Data collection was conducted through interviews with family doctors and nurses, as well as through the analysis of medical records. Criteria were selected, and standards were established for the medical audit.

Results and Analysis: Currently, great importance is placed on the continuous medical education process for doctors after obtaining their diploma. In general, doctors, and specifically family medicine professionals, constantly enhance their knowledge by attending training sessions and conferences. Over the past year, medical professionals at this family medicine center participated in multiple training sessions on various important medical topics. The credit points accumulated by family doctors were found to be at the maximum level (30 points or more), fully meeting the standard of 100% ($P<0.05$).

Table N1. Criteria and Established Standards for the Medical Audit of Elderly Patient Care in General Practice

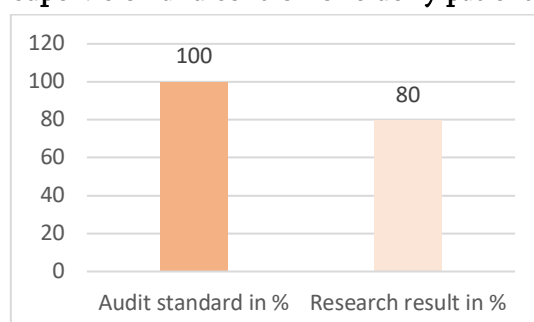
Criteria	Standard Time	Standard	Result
1.Ensuring that general practitioners stay updated on advancements in the healthcare field through continuous medical education.	1 year	100%	100%
2. Ensuring medical supervision and control for patients with chronic diseases		100%	80%
3.Prevention in the Elderly:			
3-1 Influenza Vaccination		100%	45%
3-2 Osteoporosis Prevention (Prescribing calcium and vitamin D supplements)		100%	35%
3-3 Smoking Cessation		100%	55%
3-4 Reduction in Alcohol Consumption		100%	52%
4.Oncology Disease Screening:			
• Colorectal Cancer		100%	17%
• Breast Cancer		100%	16%
• Prostate Adenoma		100%	18%
5. Organizing Lectures and Talks, Medical education for the elderly.		100%	43%

Diagram N1 Staying up-to-date with healthcare innovations for general practitioners



The study showed that, in elderly patients, the process of ensuring monitoring and control of chronic diseases is quite good and approaches the standard, reaching 80% ($P<0.05$). It is worth noting the presence of an effective call-back system, which ensures regular visits for elderly patients. This result has been achieved through good organization of the healthcare team (doctor, nurse, and receptionist).

Diagram N2. Medical supervision and control for elderly patients with chronic diseases



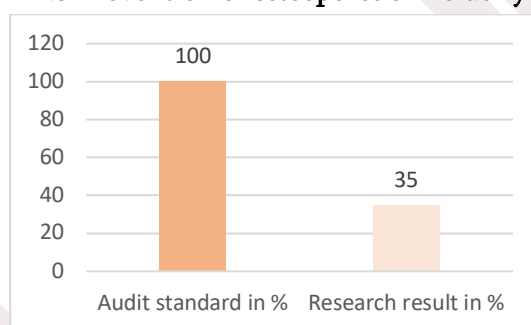
As for the significant medical issue of preventing pathological conditions in elderly patients, the results of the study are not very favorable and appear as follows:

Influenza Prevention with Antiviral Vaccination – 45% ($P<0.05$), which does not meet the standard of 100%. This is explained by the patients' lack of attention to this important issue, despite repeated explanations and advice given by medical professionals, which were recorded in the medical histories.

Osteoporosis Prevention (Calcium and Vitamin D supplementation) occurs in 35% of cases ($P<0.05$), instead of the target of 100%. This can be explained by the fact that patients still do not fully realize the importance of taking these medications to prevent bone fractures at their age.

The issues surrounding preventive measures for nicotine use cessation and alcohol consumption reduction are also problematic. As the study shows, the results are not very favorable: in one case, the result is 55% ($P<0.05$), and in another case, 52% ($P<0.05$), both of which are far from the target of 100%. It should be noted that these two factors (alcohol and nicotine) contribute to the development of osteoporosis.

Diagram N3 Prevention of osteoporosis in elderly patients



In old age, great importance is placed on preventing pathologies such as colorectal cancer, breast cancer, prostate adenoma, and others. The results in this area are even more undesirable: **Colorectal Cancer Screening** was noted in only 17% of patients ($P<0.05$), **Breast Cancer Screening** was noted in only 16% of patients ($P<0.05$), **Prostate Adenoma Screening** was noted in only 18% of patients ($P<0.05$).

Regarding the issue of medical education for elderly patients through periodic lectures and discussions, it is very important and requires significant effort from healthcare professionals to raise the level of medical education in this population. This, in turn, will contribute to improving patients' health quality.

As the study shows, the implementation of lectures and the provision of medical information to the elderly is only 43% ($P<0.05$), which is also insufficient and far from the target standard. Thus, the results of the study indicate that improving the quality of medical care for elderly patients is necessary. This involves modifying a range of risk factors and strengthening screening for serious diseases. It is essential to share the audit results with medical staff and conduct re-audits to assess effectiveness.

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SUMMARY

The goal of our research was to improve the quality of medical care for elderly patients in general practice. The study was based on an audit of medical services for elderly patients conducted at the Kutaisi Family Medicine Center. The medical histories/records of 85 elderly patients were selected for the audit.

As the conducted research shows, improving medical care is essential: modifying a range of risk factors (such as smoking cessation and alcohol consumption reduction), as well as preventing osteoporosis, influenza vaccination, and strengthening screening for serious diseases (colorectal cancer, breast cancer, prostate adenoma, etc.). Additionally, elderly patients need to be provided with medical education through lectures and discussions. The study revealed that the current provision of such education significantly falls short of the established standards. It is necessary to share the audit findings with medical staff and to conduct re-audits to achieve effective results.

Keywords: risk factors, prevention, medical supervision

