

## REVIEW ARTICLE

# Geriatric Medicine Issues and Challenges for Implementation: A Perspective Bangladesh

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## Abstract

The aging population is a worldwide issue. The global population is aging. Due to the swiftly aging populace, geriatric medicine is an essential and growing sector with significant potential in Bangladesh. The main perspectives emphasize major shortcomings of the existing healthcare system, along with increasing acknowledgment and legislative efforts to address the specific needs of older adults. Geriatricians can significantly influence the shift in elder care towards a unified, individual-centered approach that emphasizes age-friendly services, preventive strategies, and functional abilities. A reliable, competency-based definition of a geriatrician needs to be established to effectively evaluate the existing workforce with the essential geriatric expertise to facilitate the paradigm shift. Geriatric medicine in Bangladesh is an essential and swiftly expanding area with significant possibilities because of the nation's aging demographic. The main perspectives underscore major difficulties in the existing healthcare system, along with increased focus and government initiatives to address the specific requirements of the elderly. Geriatricians can significantly contribute to redirecting the care of older individuals toward a cohesive and person-focused approach that emphasizes functional ability, preventive measures, and services tailored to their age. The present circumstances require initiatives to establish a coherent competency-focused outline of a geriatrician to effectively evaluate the current workforce, where adequate geriatric training acts as essential resources to support the transformation. This review aims to address challenges in implementing geriatric care in Bangladesh.

**Keywords:** Geriatric medicine, Geriatrics, Geriatric issues, Geriatric challenges

## Introduction

The definition of a geriatrician developed from the early 20th-century proposal of the field of “geriatrics” by Ignatius Nascher to a modern medical specialty focused on the unique health needs of older adults.<sup>1</sup>

Initially a proposal for a specialized field of care, it evolved into a formal medical specialty with specific training, board certifications, and a comprehensive approach that includes managing complex and multiple conditions, promoting healthy aging, and addressing both physical and psychological issues.<sup>2</sup>

The term “geriatrics” was coined in the early 1900s by Dr. Ignatius Nascher to describe the care of the elderly. The field began to be formalized with early efforts to improve care for the elderly and was supported by the establishment of professional

organizations and dedicated training programs throughout the 20th century.<sup>3</sup>

Currently, the share of individuals aged 60 and older will increase from 1 billion in 2020 to 1.4 billion. By the year 2050, the worldwide population of individuals aged 60 and older will increase to 2.1 billion. The population of individuals aged 80 and above is expected to increase threefold from 2020 to 2050, totaling 426 million.<sup>4</sup>

Low-income and middle-income countries (LMICs) are experiencing the most substantial demographic shifts due to an increase in life expectancies and a decline in birth rates, as the global population ages faster than ever before. At present, low- and middle-income countries have over 1 billion seniors (people aged 60 years and above). By 2050, over 80% of seniors are anticipated to reside in LMICs.<sup>5</sup>

As individuals age, they have a higher chance of experiencing chronic diseases and age-related physiological changes, resulting in both physical and mental health issues. The diversity of healthcare among older individuals significantly influences social

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responsibilities and participation, necessitating a transition from the conventional disease-centered approach to a person-focused method that caters to individual requirements.<sup>6</sup>

This thorough method is better aligned with developing tailored assistance and policies. The goal of the UN Decade of Healthy Ageing (2021–30) is to develop a world in which all individuals can enjoy extended, healthy lives and have the autonomy to pursue and achieve their most valued aspirations.<sup>7</sup>

## Methods

This narrative review evaluates the government's actions and recommendations for Bangladesh's National Older Persons Policy. It stresses secondary analysis of data gathered from many existing sources. Assessments and facts regarding stakeholders were gathered by studying publicly available government publications and studies on the aged. We were able to determine the Bangladeshi government's position by reviewing its laws, policies, and programs. Reports, surveys, and statistics from the previous ten years were analyzed to identify the basics of reality. The aforementioned perspective employed a narrative review strategy to search the existing literature on aged care in Bangladesh on PubMed, Google Scholar, and Web of Science. The perspective sought to evaluate the existing state of aged care and identify gaps in residential and formal home care infrastructure by analyzing evidence from peer-reviewed journals and reports. This review is aimed to advocate for helpful responses to developing geriatric care issues and hurdles for implementation in Bangladesh.

## Background

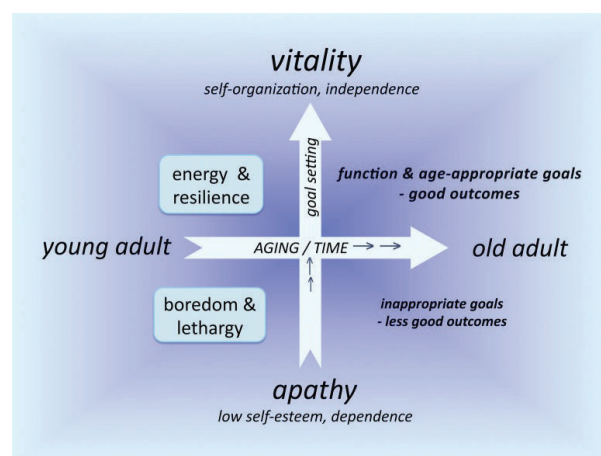
The “Arrow of Time/age” and Unidirectionality:

Physical/functional metrics fail to capture a less concrete dimension of the human life trajectory, which can be referred to as the ‘vitality/apathy’ axis (Figure 1).<sup>8</sup>

Although time and ageing are unidirectional (Figure 1, horizontal axis), adult humans who retain sufficient cognitive function have the ability set personal goals, a process that leads to increasing ‘self-organization’ and increasing quality of life at all life stages (Figure 1, vertical axis); thus, the ‘vitality/apathy’ axis is bidirectional.<sup>9</sup>

The end of life, death, brings with it complete loss of self-organization, but disease, disability and/or frailty

in late life restrict personal goal setting. Function- and age-appropriate goal setting enhances quality of life at all life stages; but it is not easy for an individual to identify the right set of goals at the right time.<sup>10</sup>



**Figure 1:** Arrow of Time/age<sup>8</sup>

Ageing self-represented with a function-dependent axis and a function-independent quality of life axis. Ageing/ time is represented on the horizontal axis, moving unidirectionally from left to right. Ageing transforms the young adult to an old adult and is eventually and inevitably accompanied by functional loss at or near the end of maximum life expectancy.<sup>11</sup>

At all ages of adulthood, personal goal setting increases vitality and decreases apathy (represented as the vertical quality of life axis), while lack of goal setting has the opposite effect. Vitality is associated with self-organization, independence, energy, resilience and increasing quality of life. Apathy is associated with low self-esteem, dependence, boredom, lethargy and poor quality of life. Ageing is inevitable, but function- and age-appropriate goal setting enhances quality of life and leads to better psychological outcomes than setting no goals, minimal goals or inappropriate goals.<sup>12</sup>

What is geriatric medicine?

Geriatric medicine treats a wide spectrum of illnesses. The main objective of the medical specialty of geriatric medicine is to provide complete healthcare to senior adults, usually those who are 65 years of age or older.<sup>13</sup>

It strongly emphasizes a holistic, patient-centric approach to address the unique and complex health needs of aging individuals, who often have several

chronic conditions, disabilities, and psychological vulnerabilities. Elder care is an exceedingly broad specialization that encompasses every area of elderly people's health and illness. In order to create a customized treatment plan, geriatricians examine a patient's physical, psychological, social, and spiritual aspects in addition to functional and environmental evaluations.<sup>14</sup>

### **Common health issues in geriatric medicine**

Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia Parkinson's disease and other neurological diseases. As people age, they are more likely to experience several conditions at the same time.<sup>15</sup>

Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers and management of drugs.<sup>16</sup>

### **Multidisciplinary Approach**

A multidisciplinary team of doctors, nurses, social workers, occupational therapists, and physiotherapists coordinates care across several venues, including hospitals, clinics, rehabilitation centers, and the patient's home.<sup>17</sup>

Geriatricians specialize in managing overlapping and complex illnesses associated with aging, such as delirium, dementia, frailty, falls, incontinence, and adverse drug responses. They have a thorough awareness of how older people may react differently to particular medications and therapies than younger people.<sup>18</sup>

The fundamental purpose of care is to maintain or restore an older person's function and independence, allowing them to live securely and comfortably at home whenever feasible while also increasing their overall quality of life. Geriatricians are knowledgeable on the legal and ethical issues pertaining to the care of the elderly, including hospice care, mental capability, and consent.<sup>19</sup>

### **Role of Geriatric Society**

The role of a geriatric society is to advance the health, independence, and quality of life for older adults through comprehensive, person-centered care, research,

professional education, and public advocacy.<sup>20</sup> These societies promote interdisciplinary collaboration among healthcare professionals, develop best practices like the 5 Ms of geriatrics, and create programs and policies that address the unique and complex needs of the aging population. The 5 Ms of geriatrics are Mind (mentation), Mobility, Medications, Multicomplexity (multimorbidity), and What Matters Most. This framework provides a comprehensive approach to geriatric care by focusing on these key areas to ensure patient-centered and effective treatment for older adults.<sup>21</sup>

The International Association of Gerontology and Geriatrics (IAGG) is a global non-governmental organization that represents gerontological organizations and focuses on encouraging gerontological research and teaching. Enhancing the well-being and quality of life of older people and society is the goal of IAGG.<sup>22</sup> An umbrella organization that encourages cooperation and coordination between national geriatric medicine societies throughout Europe is the European Geriatric Medicine Society (EuGMS).<sup>23</sup>

### **Challenges in Geriatric population**

There is no typical older person. Some 80-year-olds have physical and mental capacities similar to many 30-year-olds. Other people experience significant declines in capacities at much younger ages. A comprehensive public health response must address this wide range of older people's experiences and needs.<sup>24</sup>

The diversity seen in older age is not random. A large part arises from people's physical and social environments and the impact of these environments on their opportunities and health behaviour. The relationship we have with our environments is skewed by personal characteristics such as the family we were born into, our sex and our ethnicity, leading to inequalities in health.<sup>25</sup>

Older people are often assumed to be frail or dependent and a burden to society. Public health professionals, and society as a whole, need to address these and other ageist attitudes, which can lead to discrimination, affect the way policies are developed and the opportunities older people have to experience healthy aging.<sup>26</sup>

Globalization, technological developments (e.g., in transport and communication), urbanization, migration

and changing gender norms are influencing the lives of older people in direct and indirect ways. A public health response must take stock of these current and projected trends and frame policies accordingly.<sup>27</sup>

### Geriatric medicine and geriatrician

The experts first agreed that a concise definition of a geriatrician required a clear description of the essential features of geriatric medicine, which is particularly important since other clinicians, focused on the care of older people, are already identified with specialty-specific titles (eg, geriatric psychiatrist, geriatric dentist, geriatric social worker, or geriatric nurse practitioner).<sup>28</sup>

### Role of geriatricians

Geriatricians have an active leadership role in driving the transition to a person-centered, more integrated care system that prioritizes functional capacity, preventive interventions, and age-appropriate acute and rehabilitative services.<sup>22</sup> The strategy developed and applied in geriatric medicine over the last few decades is based on a full assessment of persons and the provision of interdisciplinary, person-centered therapies that connect clinical and social care.<sup>29</sup>

- Geriatricians specialize in diagnosing and managing problems in the elderly population.
- Managing numerous illnesses for elderly patients.
- Managing risk factors associated with age.

Falls, confusion, incontinence, neurodegenerative illnesses (conditions that destroy nerve and brain cells), stroke, and other issues are widespread among the elderly.

In addition to their clinical duty, geriatricians are frequently active in research, teaching junior doctors, lobbying for the health issues of older persons, and advocating for improvements in the quality of treatment for older adults.<sup>30</sup>

### Key principles of geriatric medicine

The practice of geriatric medicine is based on the comprehensive assessment and management, including health promotion and rehabilitation, of older people with declining or substantial loss of intrinsic capacity. By minimising losses of intrinsic capacities and mitigating their effects on functional abilities, geriatric medicine can improve health outcomes.<sup>21</sup> The improved health outcomes include reduced morbidity and premature mortality, better experience

of care, lower and more appropriate use of acute hospital facilities, and reduced dependence on institutional-based care.<sup>31</sup>

The key principles of geriatric medicine include the following:

- Focus on assessment, preservation, and optimisation of functional ability;
- Life course perspectives that recognise the accrual of advantages and disadvantages over time based on lifestyle, exposures, environmental factors, and differential access to health care;
- Management of older people with geriatric syndromes and complex clinical presentations (eg, frailty, multimorbidity, polypharmacy);
- Promotion, facilitation, and support of interspecialty collaborations to improve care for older people, given the crosscutting nature of ageing;
- Person-centred care based on a comprehensive assessment of functional, medical, and social factors to tailor interventions according to the priorities and needs of older people and achieve what matters the most to them;
- Shared clinical decision making supported by an interdisciplinary team;
- Goals of care that promote the comfort and dignity of older people;
- Emphasis on clinical implications of the biology of ageing;
- Care that spans the spectrum from population-based education and prevention to the management of acute illnesses and long-term care of chronic conditions; and
- Provision of care and care integration in various settings, ranging from the community to acute and long-term care facilities.

### Discussion

Current perspective on geriatric medicine in Bangladesh Perspectives:

The current perspective on geriatric medicine in Bangladesh is one of a developing field facing significant challenges amidst a rapidly aging population. The current perspective on geriatric medicine in Bangladesh is shaped by several key factors. Rapid Population Ageing due to declining



fertility and mortality rates, the proportion of people aged 60 and above is increasing rapidly.<sup>32</sup>

This demographic shift is placing substantial pressure on the existing health and social support systems. The current healthcare system is largely unprepared for the specific, complex, multi-system health issues faced by the elderly. There is a noted disparity in health services, particularly impacting rural elderly women who face socio-cultural and financial barriers to care. The traditional extended family structure, which previously provided care for the elderly, is breaking down due to urbanization and modernization, leading to increased vulnerability and a sense of worthlessness and loneliness among older adults.<sup>33</sup>

The government has acknowledged the challenge, with the National Policy on Ageing 2013 defining people aged 60+ as senior citizens and aiming to ensure their social and financial security, health, and nutrition.<sup>34</sup> However, effective implementation and monitoring of these policies remain a challenge. Older adults are often among the poorest of the poor and face significant out-of-pocket healthcare expenses, which act as a major barrier to accessing quality healthcare. The current Old Age Allowance (OAA) program has limited coverage.

The policy-makers in Bangladesh have paid very little attention to the rapidly growing older population and their care needs. Without considering social, economic and demographic circumstances, the government has left full responsibility for old-age care to family members. No specific health or social care facilities have been built for older adults. Instead, limited coverage pension schemes for government employees and the Old Age Allowance (OAA) for financially vulnerable older adults remain the only measures taken thus far.<sup>35</sup>

However, these means-tested OAAs are very limited in terms of both their level and coverage. The lack of policy attention to older adults' needs has led to a situation in which many older persons, especially in rural areas, are left without any support or care from their family, the government or third-sector organizations. More research is needed to guide the government and other organizations in developing adequate policies to support older adults in Bangladesh.

### **Scope of geriatric medicine in Bangladesh**

The scope of geriatric medicine in Bangladesh is expanding and presents numerous opportunities for development and specialization:

There is a growing need for specialized geriatric assessment and management units in hospitals and clinics, both public and private. The management of chronic, age-related diseases like diabetes, hypertension, and dementia requires a holistic, patient-centered approach that is currently lacking.<sup>36</sup>

The field offers substantial opportunities for teaching positions in medical schools, research into the unique aging patterns in Bangladesh, and development of new models of care. The need for one-stop, multidisciplinary, well-coordinated team approaches using existing primary healthcare networks is a key area for development.<sup>37</sup>

Geriatricians and healthcare professionals can play a vital role in advocating for better policies, developing new programs for older adults (e.g., specialized emergency care, home-based care), and ensuring the effective implementation of the National Policy on Ageing. There is a broad scope for community awareness and mobilization regarding age-related health issues, abuse, and neglect, promoting a more geriatric-friendly health care system.<sup>38</sup>

The scope extends beyond physicians to specialized geriatric nursing, including roles in assessment, chronic disease management, patient and family education, and palliative care.

### **Future of geriatric medicine in Bangladesh**

The future of geriatric medicine in Bangladesh will be defined by an increasingly large older population, necessitating significant expansion and specialization of the healthcare system. Key future aspects include the integration of geriatric care into primary health services, development of formal care models, and increased use of technology to address the current gaps in service provision. Bangladesh is undergoing a major demographic transition. The proportion of people aged 60 and over is expected to rise from about 10% currently to one in five citizens by 2050.<sup>39</sup>

Life expectancy has increased significantly over the past decades, leading to more people living into old age, often with multiple chronic, non-communicable diseases (NCDs). The trend toward nuclear families, with children living in cities or abroad, is eroding the traditional family-based care model, putting the elderly under greater vulnerability.

### **Future Opportunities in Bangladesh**

The World Bank and health experts advocate for strengthening primary healthcare as the foundation

for universal health coverage for the aging population. Existing community clinics could be leveraged with additional trained staff to serve older adults more effectively. There is a critical need and future potential for developing regulated residential care facilities (retirement homes, assisted living) and formal home-based care services, which are currently largely absent in Bangladesh.<sup>40</sup>

The growing demand calls for an increased number of trained professionals. This includes establishing specialized education and training programs for geriatric physicians and a skilled geriatric nursing workforce through diplomas and postgraduate courses. The future is likely to see an increase in the use of technology like telehealth, remote patient monitoring, and wearable health technology to provide care efficiently, especially in rural areas with limited access to traditional healthcare facilities.<sup>41</sup>

The government and policymakers must collaborate to develop an integrated health policy and sustainable funding mechanisms (e.g., social security schemes, subsidies) to make healthcare affordable and accessible for older adults, many of whom have no monthly income.<sup>42</sup>

Focus on Future aspects will emphasize a holistic approach, including mental health, nutrition, wellness programs, and preventive strategies to manage age-related disorders and enhance quality of life. Mobilizing community resources and developing community-based support systems can help address the social and emotional problems, such as loneliness and anxiety, faced by the elderly.<sup>43</sup>

In essence, while the challenges are significant, the demographic shift presents a critical opportunity for a systemic transformation of the healthcare system, moving towards a more structured, specialized, and accessible model of geriatric care in Bangladesh.

## Conclusion

The aging of the world's population is a reflection of significant advances in science and public health. Although being a remarkable accomplishment and a source of many potential, population ageing poses significant challenges, particularly for healthcare and social care systems, as well as economies. The lack of necessary knowledge in the care of older persons among doctors is exacerbated by a significant and rising shortage of geriatricians, as well as ageist

attitudes toward the elderly. A critical first step toward more resilient systems and the provision of more appropriate care targeted at the unmet needs of older people in Bangladesh is to clarify the traits, skills, and roles of the health and care workers that make up the geriatric workforce, beginning in this case with the geriatrician.

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