

Geriatric endocrinology

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As our population expands, and as life expectancy increases, the number of people in the geriatric age group rises too. The ageing of our population is unprecedented, all pervasive, irreversible, and has profound medical as well as non-medical implications.^[1] The proportion of elderly people is at its highest in human history, and is increasing throughout the world. This trend is not going to change in the foreseeable future, and as it has major health consequences, it needs to be analysed in detail.

All over the world elderly people, i.e., men and women aged more than 65 years, constitute a rapidly increasing proportion of the human population. In India, this percentage is 7.8% in females, and 7.1% in males, leading to an average of 7.5%.^[2] By 2050, one in five people, i.e., 2 billion people, are expected to be above the age of 60 years. Nearly four-fifths of these will be residents of less developed countries, including an estimated 324 million Indians in old age.^[1]

Elderly patients have a disproportionately higher prevalence of endocrine and metabolic dysfunction. Thus, it makes sense for endocrine academia to acknowledge and highlight these aspects of our specialty.

Elderly citizens have a physiology which is different from that of younger adults, and leads to unique patterns of morbidity in them. In no branch of medicine is this difference as prominent as it is in endocrinology and metabolism.^[3]

Adult hypopituitarism, hypothyroidism, osteoporosis,

diabetes mellitus, adrenal insufficiency, various forms of hypogonadism, and endocrine malignancies are all more frequent in old age.

The elderly group of people also have different physiological standards/ranges, and consequently, results of their investigations may differ from younger adults. Examples include a lower cut off level for serum testosterone in the elderly, and varying values for Z scores in the diagnosis of osteoporosis.

Treatment of endocrine disease also varies markedly in the elderly.^[3] Doses of growth hormone, thyroxine and insulin are relatively lower in this age group. Psychosocial factors unique to the elderly play an important role in management of endocrine and metabolic disorders, such as osteoporosis and diabetes, and should be taken into consideration in the search for optimal care of such patients.

Keeping these factors in mind, it is imperative to consider geriatric endocrinology as a separate subspecialty of Endocrinology and Metabolism. An enhanced focus on this aspect of endocrinology and metabolism will sensitize health care providers, including endocrinologists, to the importance of evaluating and treating elderly endocrine patients differently. Subtle nuances of geriatric care will be understood and implemented on a wider scale. This will help improve both the endocrine and metabolic treatment provided by geriatricians and gerontologists, as well as the geriatric care given by endocrinologists.

In spite of the well understood need for studying geriatrics and gerontology, comparatively less attention is paid to this important specialty. In consequence, a significant proportion of our patients may be deprived of optimal endocrine and medical care.

Is this because the elderly population is not as vocal as younger adults in demanding health care? Or perhaps because geriatrics is not as attractive to the media as

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compared to women's health or child health? Can it be due to the fact that elderly people find it difficult to access, and pay for, health care or medical consultations? Or is it simply because most physicians do not have simple guidelines to follow while managing geriatric patients? The teaching curriculum in internal medicine and endocrinology does not provide much emphasis on this aspect of science, and geriatrics is not well developed as a specialty in India and many other countries.

In countries as diverse as the United Kingdom and India, physicians in training express their disinclination towards the study of geriatrics. A study from the UK reports that medical students are unequivocal in feeling that geriatric practice, while rewarding, lacks earning potential and prestige.^[4] An Indian study reports that post-graduate students of internal medicine ranked geriatrics lowest out of 10 specialities in order of career preference. The same study revealed that diabetology and endocrinology were ranked second and third respectively.^[5]

The six-country South Asian Consensus guidelines authored by Baruah *et al.*, published in this issue of Indian J Endocrinol Metab,^[6] are a significant step forward in this regard. Covering the demography, pathophysiology, screening, investigations, non-pharmacological therapy, and pharmacological management of diabetes in geriatric patients, the guidelines represent a milestone in South Asian endocrinology.

Experts from six South Asian countries have pooled their expertise and experience, as well as reviewed available evidence, to prepare practical, easy-to-understand, and easy to follow guidelines for diabetes in old age.

Following the Endocrine Society of India guidelines for the management of thyroid nodules, published by Unnikrishan

et al., in the previous issue,^[7] Indian J Endocrinol Metab has been able to provide another set of guidelines to its readers. This effort on part of Indian J Endocrinol Metab will continue in the future, through review articles, consensus statements, and guidelines.

It is hoped that these guidelines will be of help to endocrinologists, geriatricians and physicians alike. They should sensitize and stimulate all stakeholders to improve and optimize diabetes care for geriatric patients. This should translate into better health care for all our geriatric citizens.

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