

Egyptian Society of Geriatrics and Gerontology, THE MOBILE GERIATRIC CLINICS

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Background

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According to the CAPMAS latest estimate, Egyptian elderly represented 7.3% of the population in the year 2013 and senior citizens are about 5.9 million and increasing. Life expectancy among Egyptians was estimated to be 69.5 years for males and 74.8 years for females in 2010⁽¹⁾. While population aging represents, in one sense, a success story for mankind (massive survival to old ages has become possible), it also poses profound challenges to public institutions that must adapt to a changing age structure. The rapid ageing of the population can be considered a great threat to the preservation of society welfare.

The number of the per capita geriatric health specialists in Egypt is very low having lower than 200 specialists in the whole country to handle these large numbers of Egyptian seniors.

There are 857 NGOs concerned with seniors and their managing health care branches distributed all over the Egyptian governorates. They carry out their plans within the framework of stable regulatory and structural mechanisms, namely the General Union of NGOs, regional unions and specific unions.

Some of them are offering social and medical services e.g. the Egyptian society of geriatric care. Others are scientific e.g. Egyptian society of gerontology, Egyptian Alzheimer's Society, and Egyptian society of psycho-geriatrics. Some of these NGOs provide an integrated service in the form of homes for the aged along with hospital and religious services.

Why was there a need for a new society?

The Egyptian Society of Geriatrics and Gerontology – an NGO – was founded late in the year 2014. Being founded by geriatric specialists-The Geriatric and Gerontology Department, Ain Shams Faculty of Medicine-; it adopted more specific way to plan its goals

based on the multidimensional needs of the seniors in the Egyptian community than most others and so it had to start by a project of building a database of these needs and prioritize them in order to fulfill the actual urgent needs of the senior Egyptian citizens on multiple levels (e.g. medical, social, financial and any other societal services) rather than the expected.

The Goals of the Society:

The goals of the society target three main domains; the first of which is providing specialized medical and social care for the Egyptian senior citizens, through programs enabling elderly to continue their active participation in their community, and enriching the seniors' life by retirement programs, assisted living facilities, day and long term care facilities.

The second domain is the training and empowering of different health specialists to handle geriatric problems in their practice and provide them with up-to-date guide in their specialty, organizing conferences and seminars and hosting elite geriatric specialists to speak. The training isn't limited to physicians but includes nurses, caregivers and any health care provider for the elderly. Supporting and directing geriatric and gerontology research to plan for fulfillment of the Egyptian elderly's needs are amongst the scope of the society.

The third is working with the government and empower the decision makers with the knowledge (through building a large database on the issues facing elderly) needed to put legislations which give the elderly their rights in the community they live in, especially with the fact that ageism affects the way the official services are provided. A country in which there are increases in the older population has to be prepared for the epidemiologic transition from infectious diseases of the young population to the chronic diseases of the old population.

The Mobile Geriatric Clinic:

The main goal was to increase the older population awareness to health issues and to be encouraged to adopt a healthier lifestyle through special education sessions.

It is a pro-active approach to geriatric care at the community level allowing for much to be done relieving the hardship of old age.

Another goal was to build an accurate database for Egyptian elderly actual needs, and there is no better way to do that than screening for common geriatric problems.

Bearing in mind that Geriatrics as a specialty is still young in Egypt and that it was not until a few years ago that the Ministry of Health started to provide geriatrics departments in a few of its facilities, almost all the Egyptian elderly are not aware of it.

It was clear to the board of the society since the beginning that elderly in Egypt are both underserved by- and unaware of the very scarce Geriatric medicine facilities in Egypt -A service they are unaware of is not at all likely to be pursued-.

Another problem that faces the society was the lack of database for geriatric problems in Egypt.

Therefore; it was mandatory while putting the society's yearly plan that we must put a team together and pack our bags and go to famous gathering areas for the elderly, like social and senior's clubs.

We launched the "Mobile Geriatric Clinic"TM in October 2015; a date chosen carefully to simultaneously celebrate the "International Day of Older Persons".

There is evidence that the comprehensive geriatric assessment (CGA) can reduce the incidence of delirium, pressure ulcers, and functional decline .It is, usually provided at a geriatric evaluation and management unit (GEM), includes a thorough biopsychosocial evaluation of the elder and his family, performed by a geriatric team and deriving in targeted interventions.²

The mobile clinic was designed to offer free health services to community-dwelling elderly aged 60 or above, administered by a team of geriatric residents, specialists, and consultants from Geriatrics and Gerontology Department and the help of trained medical students from Ain Shams University.

About 7 Mobile Geriatrics Clinic were planned in Social and Sports Clubs in Cairo as Al-Shams Club, Heliopolis Sporting Club, Al-Zohour Club and 4 Others Community Centers across Cairo more than 200 Elderly were Examined during these activities.

Services provided:

Because older people have a higher risk of functional decline and the development of geriatric syndromes when unwell and when in hospital, there is strong evidence that older people will have better health

outcomes if care can be provided in the community, earlier in the trajectory of the person's illness, and immediately upon discharge from hospital.³

Therefore, it is in the best interests of older people to agree, develop, grow, and maintain Community Geriatric Services.

The Mobile Hospital focused on providing treatment and restorative care to older people to maximize the period that they can live independently and with dignity

As the Mobile Geriatrics ClinicTM was planned to be an outdoor activity that raises seniors' awareness about the specialty, it has depended on history and assessment tools suitable for outdoors and specific for geriatric assessment.

Several stations were assembled aiming to gather as much information as possible focusing on screening for geriatric giants (Alzheimer's Disease, Balance problems, Confusion, Dementia, Depression, Difficulty walking, Dizziness, Falls, Heart failure and other heart disease, Osteoporosis, Urinary and bowel incontinence, and Weight loss)

Health education by a group of expertise was performed to increase individuals' knowledge of health and health care and makes them informed about their health care choices. Prophylactic health behaviors (such as physical activities and having healthy food) keep older adults' lives active, delay going to nursing homes and increase satisfaction with life. Among the topics where elderly people need help most, a lack of knowledge comes first.

Health education requires a careful handling of knowledge, attitude, objective, perception, social status, power structure, cultural practices, and other social perspectives. Health education is not a concept about individuals or their families but can profoundly affect individuals' social status.

Influenza vaccinations were offered as well as Osteoporosis screening, Medical consultation and Polypharmacy management.

Throughout the assessment, we have put into consideration that most Egyptian seniors - even those who are covered by medical insurance - pay their health expenses out of pocket; due to the lack of coverage for geriatric syndromes by the health insurance in Egypt; Blood pressure and Blood Glucose level assessment as well as major discounts for required investigations were offered to attendees.

Achievement and feedback;

We have provided our services for more than 200 seniors during the last year . All of whom were very satisfied of the service. All on survey confirmed that they will recommend the Mobile Geriatric Clinic to their friends and acquaintances. Many asked for a repeat event to be able to follow up.

Possible barriers that need to be considered during health education and screening should be known so that the learning potential of the elderly can be realized. These barriers can be mostly classified as sensory losses, mental illnesses and chronic diseases

So, we can confidently say the events were successful at raising awareness and providing primary care for the attendees.

We collected a lot of information on the prevalence and severity of undetected and unmanaged chronic health problems and geriatric syndromes in the community. Referrals to mainstream health services were made for cases requiring immediate medical treatments.

The board made a decision to continue the events in other locations to reach out to more and more seniors with each event.

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