The AGS Foundation for Health in Aging’s

Guide to
“Geriatric Syndromes” —Part 1

Americans are living longer and healthier lives.

Even so, many older adults will eventually develop one or more of a group of related medical problems called geriatric syndromes.

Vision and hearing problems, bladder problems, dizziness, falls, delirium (a kind of temporary confusion) and dementia (an illness characterized by persistent confusion and memory loss, such as Alzheimer’s disease) are examples of geriatric syndromes. These syndromes can limit older adults’ abilities to carry out basic daily activities; threaten their independence; and lower their quality of life.

Geriatric syndromes usually have more than one cause, and involve several different body systems. In addition, one geriatric syndrome often contributes to another. A bladder problem, for example, may lead to a bladder infection, which may, in turn, cause delirium. For these reasons, providing medical care for older people with geriatric syndromes can be complicated.

Geriatricians—doctors who have advanced training in the care of older adults—and other geriatrics healthcare providers can play an important role in diagnosing and managing these syndromes.

Here is the first part of a two-part series on geriatric syndromes and what you should know about them:

**Difficulty swallowing** Age-related physical changes, medication side-effects, dementia and certain other illnesses can make swallowing more difficult. This can contribute to malnutrition and related problems, and to choking and aspiration (the inhalation of food or liquid into the lungs, where it can cause pneumonia).

**What you should do:** If you have difficulty swallowing, tell your healthcare provider. Treatment varies with the underlying cause or causes of the swallowing problem.

**Malnutrition** Due to age-related physical changes, to chronic illnesses that are common among older adults, and to side effects of medications they may take, older people have different nutritional needs than younger people. Older adults usually need fewer calories than younger adults, but need more of certain nutrients, such as calcium and vitamins D and B12. Older people who don’t exercise; have dementia, difficulty functioning, chronic illness, tooth or mouth pain, or depression; drink excessive alcohol or use drugs or are isolated or have limited incomes run a higher risk of malnutrition. Malnutrition can lead to underweight, or, if an older person eats too many calories, to overweight. These problems can lead to other problems, such as weakness and falls, and bone disorders.

**What you should do:** Your healthcare provider should weigh you when you visit and check for weight gain or loss. Tell your healthcare provider if you’re feeling tired or weak or achy, since this may be a sign that you’re not getting the nutrients you need. Your provider can investigate possible causes and recommend remedies.

**Sleep Problems** Sleep problems lower quality of life and can contribute to falls, injuries and other health problems. Stress, anxiety, depression, delirium, dementia, certain drugs, alcohol, and medical problems such as painful arthritis, nerve problems, breathing difficulty, heartburn, and frequent urination at night can cause sleep problems.

**What you should do:** If you have trouble sleeping or feel sleepy during the day, tell your healthcare provider. He or she will ask you questions that can help identify the type of sleep problem you have. If you often snore or your partner says you stop breathing while asleep (a sign of a sleep disorder called “sleep apnea”), or that you often move your legs and arms while sleeping (a sign of a problem called “periodic limb movements during sleep”) your healthcare provider may recommend tests at a sleep lab.
**Bladder control problems** Many things can cause bladder control problems, or “urinary incontinence,” including an overactive bladder muscle, a weak bladder sphincter, urinary tract infection, constipation, delirium, heart disease, diabetes, dementia, medication side effects, and difficulty getting to the toilet. Often, a number of these contribute. Urinary incontinence can lead to problems such as falls, depression, and isolation.

**What you should do:** In most cases, incontinence can be cured or greatly improved with treatment, so tell your healthcare provider if you have bladder control problems. The treatment your healthcare provider recommends will depend on the underlying causes.

**Delirium** A significant number of older adults who seek Emergency Room care or are hospitalized have delirium—a state of confusion that can last days, weeks or even months. Drug side effects, dehydration, thyroid problems, poorly controlled pain, urinary and other infections, poor vision or hearing, strokes, bleeding, and heart and breathing problems can lead to delirium. If delirium isn’t recognized and treated quickly it can cause serious and life-threatening complications and loss of function.

**What you should do:** If you or a loved one suddenly has difficulty paying attention, remembering things or speaking, or is confused, a healthcare provider should be consulted. If you have delirium you should get special care from a team of healthcare providers that includes physicians and nurses. Older adults who are hospitalized should also get special care designed to prevent delirium.

**Dementia** Alzheimer’s disease and “vascular dementia,” which is caused by a series of small strokes, are two common forms of dementia. People with Parkinson’s disease may also develop dementia. While some healthy older people find it harder to remember things or carry out certain mental activities, this doesn’t necessarily mean they have dementia. Dementia gets worse over time and can severely limit ability to function.

**What you should do:** If memory or thinking problems are making it harder for you to function, tell your healthcare provider. Various tests can help determine whether dementia may be present. If so, there are treatments that can improve functioning and slow progression of the disease.

For the second part of this 2-part tip sheet, and others from the AGS Foundation for Health in Aging’s series of health tip sheets for older adults, visit [http://www.healthinaging.org/public_education/latest_tip_sheets.php](http://www.healthinaging.org/public_education/latest_tip_sheets.php)