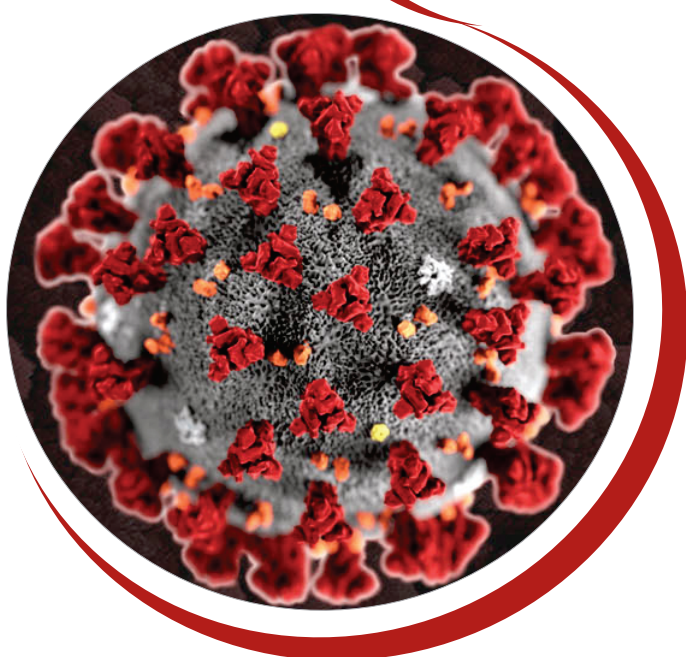


# IJGC

INDIAN JOURNAL OF GERIATRIC CARE

JAN-APR & MAY-AUG 2021, VOL. 10 NO 1 & 2



## HIGHLIGHTS

- Gerontechnology and its Applications in Elderly Care
- Dementia Care Using Web-Based Mobile Applications
- COVID-19 and Senior Citizens
- COVID-19 Vaccination in Older People



## With Best Compliments From

### **Dr. Satish Gulati**

M.D.F.I.C.P., F.I.A.M.S., F.G.S.I.  
Consultant Physician & Geriatrician  
Cell: +91-9812026168

### **Dr. (Mrs.) Rita Gulati**

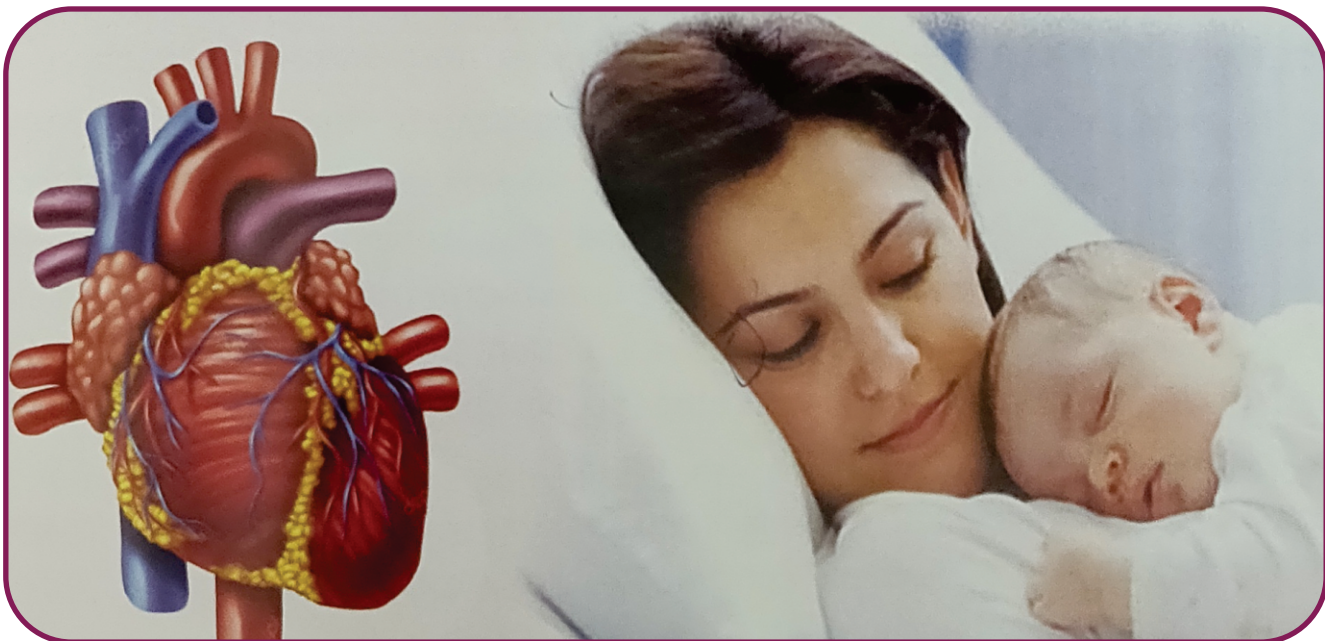
M.D., D.G.O., F.I.A.M.S.  
Consultant Obstetrician &  
Gynaecologist  
Cell: +91-9896342097

### **Dr. Dishant Gulati**

M.B.B.S. M.D. (Medicine)  
Consultant Physician  
(Former Assistant Professor SGT Medical College,  
Budera (Gurgaon)  
Cell: + 91-8930198124

### **Ms. Divya Gulati**

Computer & Administration In-Charge  
Cell: +91-9996233397



# **Bharat Nursing Home**

Sonipat Road, Rohtak-124001, Haryana

Equipped with Gynae, Internal Medicine, Pediatric,  
Sonography, Biochemistry, I.C.U. & Psysiotherapy Services

Ph: 01262-256955, 01262-313955, 09315507729

## EDITOR IN CHIEF

*Dr. O. P. Sharma*

## ASST. EDITORS

*Dr. Vivek Handa, Dr. J. K. Sharma, Dr. Mohit Sharma,  
Dr. Anil K. Manchanda, Dr. Puneet Khanna*

## ASSOCIATE EDITORS

*Dr. Anand P Ambali, Dr. Sachin Desai*

## DESK EDITOR

*Dr. B. B. Gupta*

## MEMBERS

*Dr. P.S. Shankar, Dr. V. K. Arora, Dr. B. C. Bansal, Dr. Vinod Kumar, Dr. K. Satyanarayana, Dr. Satish Gulati, Dr. M.V. Jali, Dr. S. N. Gaur, Dr. M.S. Sridhar,  
Dr. M.E. Yeolekar, Dr. H.L. Dhar, Dr. S. R. Iyer, Dr. N.S. Neki, Dr. Agam Vora & Dr. Prabha Adhikari*

## NATIONAL ADVISORS

*Dr. Ashok Seth, Dr. Viveka Kumar, Dr. Ambrish Mithal, Dr. Anup Mishra, Dr. Ashish S. Contractor, Dr. Ashish Sharma, Dr. Ashok Kumar Das, Dr. Avdhesh Sharma, Dr. Chand Wattal, Dr. Col. Ashutosh Ojha, Dr. G. P. Dureja, Dr. G. P. Singh, Dr. H. K. Chopra, Dr. Indumati Ambulkar, Dr. J. Balachander, Dr. J. J. Kattakayam, Dr. J. C. Suri, Dr. Garima Handa, Dr. K. M. Mohan Das, Dr. Lalit Verma, Dr. M.V. Padma, Dr. N. K. Bohra, Dr. Nidhi Dhawan, Dr. Nimish Shah, Padma Mallika Khanna Hazra, Dr. Praveen Chandra, Dr. R. S. Gupta, Dr. H. K. Rao, Dr. Rajeev Sood, Dr. Raju Vaishya, Dr. Ramneek Mahajan, Dr. S.K. Wangnoo, Dr. Sajith Kumar, Dr. Sameer Srivastava, Dr. Sanjay Wadhwa, Dr. Sanjeev Lalwani, Dr. Sanjeev Saxena, Dr. Sanjiv Kandhari, Dr. Shoaib Padaria, Dr. Suneeta Mittal, Dr. U. Ramakrishna, Dr. U. K. Mishra, Dr. Amit Gupta, Dr. Kaushik Ranjan Das, Dr. Anita Basavaraj, Dr. Sajesh Asokan, Dr. Anita Nambiar, Dr. Sandeep P. Tamane & Dr. Ved Chaturvedi*

## INTERNATIONAL ADVISORS

*Dr. Vijay Sood, Dr. G. R. Sethi, Dr. B. K. Mondal – UK, Dr. Sunil Kaul, Dr. Renu Wadhwa – Japan, Dr. Arvind Modawal – USA*

### Subscription Information:

Indian Journal of Geriatric Care is published three times a year.

DELENG/2012/42798 Dt. 12 June 2012, Price Rs. 20 Per Copy

Annual subscription for Journal, all flyers and circulars Rs: 1000.00 (One Thousand Only) for India; for other countries US \$ 40. The journal is dispatched within India by surface mail and to other countries by sea mail.

### Copyright and Photocopying:

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including, photocopy without written permission from the Editor in Chief.

### Business Correspondence:

Enquires concerning subscription, advertisement, etc, should be addressed to Dr.O.P.Sharma, Editor-in- Chief, IJGC, K-49 Green Park Main New Delhi 110016. Tel: 9810627346. Email : opsharma.gsi@gmail.com

### Edited, printed and published by:

Dr. O.P. Sharma, for The Geriatric Society of India, K-49 Green Park Main, New Delhi-110016.

The Editor disclaims any responsibility or liability for statements made and opinion expressed by authors or claims made by advertisers.

### Advertorial Enquiry:

Dr. O.P. Sharma, Editor-in- Chief, IJGC, K-49 Green Park Main, New Delhi-110016. Tel: 9810627346. Email : opsharma.gsi@gmail.com

Printed at Modest Graphics (P) Ltd, C-53, DDA Sheds, Okhla Phase-I, New Delhi, India.

## Guest Editorial

<b>Role of Geriatric Society of India in Non-Clinical areas of Geriatric Care</b> <i>Koushik Ranjan Das</i> .....	3
--	---

## Review Articles

<b>Gerontechnology and its Applications in Elderly Care</b> <i>Naveen S Kulkarni</i> .....	6
---	---

<b>Dementia Care Using Web-Based Mobile Applications</b> <i>Sachin Desai</i> .....	9
---	---

<b>COVID-19 and Senior Citizens</b> <i>Koushik Ranjan Das</i> .....	11
--	----

<b>COVID-19 Vaccination in Older People</b> <i>Priyanka Tomar, Anand P Ambali</i> .....	14
--	----

## Book Review

<b>Non Clinical Frontiers in Geriatric Care Book review by Sachin Desai</b> .....	16
---	----

## Public Forum

<b>Test Your Knowledge</b> <i>Vijaykumar G Warad</i> .....	17
---	----

## GSI News

<b>News from Headquarter</b> .....	18
<b>World Elder Abuse Awareness Day 2021</b> .....	19
<b>News from Vijayapura</b> .....	21
World Elder Abuse Awareness Day 2021 .....	22
<b>News from Uttar Pradesh</b> .....	23
<b>News from Kolkata</b> .....	23
<b>News from Pune</b> .....	24
<b>News from Bagalkot</b> .....	24
<b>News from Vijayapura</b> .....	24





**Dr. Kaushik Ranjan Das**  
Consultant Family Physician and  
Geriatrician, Kolkata



## Role of Geriatric Society of India in Non-Clinical areas of Geriatric Care

If we consider the cause, susceptibility, transmission, management, prevention and post COVID-19 symptomatology and management of SARS COV 2; we do not find solution of the problem with clinical effort only. We could not prevent the second wave due to deficient public health care management (Like reluctant in wearing masks, using sanitizer, hand washing, Physical distancing and many other measures those involves government and public), and inadequate vaccination. In spite of existence of outstanding clinical measures, deficiency in public health measures has emerged as the major area of concern in COVID19 pandemic. If we project the COVID19 scenario in Geriatric care, methodology for combating the issue is similar. Without strengthening public health care system, proper geriatric care will be impossible. In providing comprehensive geriatric care, Geriatricians / Geriatric Physicians have to consider socioeconomic status of an elderly, environment in its diverse meaning and other infrastructure that includes financial matters, trained manpower and institutions viz. care facilities; all are prerequisites for geriatric care. Management of lives and health of elderly in India differs much from western counterpart (but emotions appear to be similar viz. all elderly over the world love to stay with family). Since geriatric care in most part of India is like a plant. Areas of intervention are countless. Organizations with geriatric know how have tremendous task to do, our Geriatric Society of India is not out of them. GSI has to play many roles in diverse ways.

### Areas where attention is required:

- (1) Since Geriatric care in our India is a Herculean task and since one separate Government department is required to coordinate and accomplish the job, hence one separate geriatric directorate / department is required. Multisectoral approach is the key method of intervention.
- (2) MOH&FW should increase the number of Regional Geriatric Centres with functioning of all its parameters. For want of MD Doctors in Geriatrics, MD Doctors in Internal Medicine with some training in Geriatrics can be engaged as stop gap phenomenon.
- (3) It is easily understandable that tertiary care of Geriatric Patient can be provided through available Government & Private infrastructure in our country through little modification



only. Majority of geriatric care seeker are of Primary & Secondary care group and at District level hospitals and below. We have satisfactory physical infrastructure at all levels but availability of Geriatric doctors at all those levels are almost nil. Since percentage of 60+ population has been increasing year after year and it has been estimated that by 2050 it will be 20% and it is logical to expect geriatricians at all levels, and since it has been calculated that number of MD Geriatrician will not be sufficient to fill all posts even during that time, and since geriatric service at District level and below could be provided by physicians having University accredited Geriatric Medicine courses and since under the MWPS act 2007 , Chapter IV, section 20(v), it has been stated that geriatric facilities at district hospitals be headed by doctors experienced in Geriatrics, hence there must be urgent step to encourage and empower doctors to take geriatric medicine courses accredited by Universities . Looking at the provision under MWPS act 2007, MOH&FW Government of India needs to issue circular recognizing above mentioned trained geriatric doctors and also influence NMC to recognize them as “Intermediate Specialist”.

- (4) Health workers like ASHA worker, those working at village level, must be trained with working knowledge for dealing elderly issues.
- (5) Being reported by village level health worker about housing, family status including care giving, economic condition, abuses, facilities for movement and recreation including barriers if any; geriatrician will take action, to resolve the issues through local government machinery or inform appropriate authority for solution. Primary care physician/ Geriatrician must be a member of local multisectoral committee.
- (6) In home care of elderly has been emerging as an essential method of caring elderly. This has been less expensive, more acceptable and secures productivity of earning family members. Hurdles related to the care system must be removed. Legalization of USG and Echocardiography at home and use of home-based ventilator is of prime importance.
- (7) Establishment of Respite care / Chronic care facility requires to be encouraged. Proper procedure for establishing and maintaining Senior citizens must be formulated and implemented.
- (8) Family in our scenario is vital for child development, psychological well-being, security, bonding, love, affection and caring elderly. So, every effort requires to be put for stability of a family and the family system.

### **What GSI can do?**

- (1) Since GSI members have been organizing programs pertaining to socio-economic issues and they have the knowledge regarding the impact of socio-economic condition of elderly in our country and since without multisectoral approach including educating children / newer generation about the necessity/ importance of social customs, values ,family ,family bonding, housing with design of housing, elderly friendly environment etc; elderly care in India will not be successful and since without a separate department such task will be far to



accomplish. Therefore, GSI should communicate tirelessly with appropriate authority for establishment of a Separate Ministry /Department.

- (2) Since maximum catchment area for providing geriatric care is below district level, where trained Geriatric Physician is the prime requirement, hence to fulfill the gap, doctors need to make interested and encouraged to take geriatric medicine as career. Under Chapter IV, section 20(v), of provisions under MWPS act 2007, MOH&FW Government of India needs to issue circular recognizing above mentioned trained geriatric doctors (University accredited courses) and also influence NMC to recognize them as “Intermediate Specialist”. Therefore, GSI should communicate and influence MOH&FW Government of India for such recognition, taking it as priority.
- (3) Geriatric Society of India has many branches / chapters, all organizes CME's, Conferences; members organize and participates in awareness programs by the way of celebrating international days and other initiatives. Now it is high time to designate some other jobs those must be accomplished by all branches (it is beyond doubt that our members are dedicated to welfare of Indian elderly). GSI HQ can make Sub-committees, those will communicate, pursue, collect report, follow up branch activities and report to the General Secretary. Some mandatory awareness building /motivational program may be communicated to all branches to be accomplished by the way of celebration of- World Elder's Day (1st October), World Family Day (15th May), World Elder's Abuse Awareness Day (15th June), International Widows Day (23rd June), World Dementia Day (21st September) etc. Theme may be determined by Head Quarters on year to year basis. Other important issues may also be communicated to the branches for compliance.
- (4) Geriatric Society of India should continue its Geriatric Medicine Courses. Care Giver training courses can be done by the society /branches, may be in collaboration with other.

It is hoped that new role as stated above if played by GSI will certainly boost Geriatric care in India.

# Gerontechnology and its Applications in Elderly Care

NAVEEN S KULKARNI\*

## INTRODUCTION

Gerontechnology studies the interaction of two developments in society (i) the increasing number of older people and (ii) the growth of technology, globalization, and the rapid spread of various new mass-products.

Gerontechnology's goal is the execution of 'successful aging' which includes (I) a good subjective health assessment, (ii) good mental health, (iii) social support, (iv) self-rated life satisfaction in these of life domains: income related work, children, social contacts and friendship, hobbies, community service activities, religion, sports and recreation and (v) preferably no physical restrictions.<sup>1</sup>

The following article makes an attempt to consider various developments in the technology which is applied to the care in geriatric population. The following table covers

the newer concepts in Gerontechnology which are reviewed in this article.

## GERONTECHNOLOGY IN HOME CARE

The elderly population needing full time care are those who are severely disabled, they vary in different countries. Age related illnesses and dependency need long term care and these individuals need continuous care. Hospitalization for this purpose is costly and may be inappropriate. Home care [HC] has been the important aspect in such situations.<sup>2</sup>

The typical Home Care patient is an elderly with comorbidities, cognitive and/or physical impairment, loss of self-dependency. It is not effective to apply the Home Care focusing on single disease, but it needs to be done based on coordinated interventions- addressing disease related care to the function related care issues.<sup>2</sup>

The K4CARE [ project developed by thirteen European partners] – Knowledge Based Home Care e- Services for an Aging Europe- project is a European community project about the development, integration and use of various information and communication technologies and intelligent computer science technologies in the structure of home care. It is patient focused approach and incorporates the principles proposed by WHO in managing the chronic disease epidemic. It aims at providing the patient with the sanitary and social support to be managed at home. It gives priority to the support of Home Care patient, his relatives and family doctors. It includes the Home Care Nuclear Structures [HCNS] and can be extended with an optional number of Home Care Accessory services [HCAS], the latter will respond to the specialized care, specific needs, opportunities.<sup>2</sup>

## GERONTECHNOLOGY IN IMPROVING LIVING CONDITIONS IN HOME

Home accidents are common causes of injuries and deaths in geriatric people. The home environment is a contributory factor in most falls. Home is as a safe place, but accidents and injuries often occur in or around the home. Eighty percent of homes inspected had at least one hazard. Therefore, homes should be designed to promote familiarity and orientation with the environment that are suitable for elderly persons. An Ergonomic approach and gerontechnology would improve the relationship between the

Gerontechnology	What it addresses?
Mobile apps, messaging systems, video conferencing	Improves overall care of diabetes mellitus along with pharmacological and other therapies
K4CARE	Home Care – for chronic cases: sanitary and social support
Ergonomic approach with Gerontechnology	Newer technological assistive devices at home for preventing injuries
Assistive devices to combat muscle problems	Improves physiological and psychological problems
CAALYX	Considers characteristics with sensors to prevent and manage various health related problems
NEURObike	Stroke and its neuro-muscular consequences

\*Associate Professor, Dept of General Medicine, SDM College of Medical Sciences and Hospital, Shri Dharmasthala Manjunatheshwara University, Dharwad

ageing user and the home environment. Ergonomic design is one which considers the options to ensure that people's capabilities and limitations are taken into account. Along with gerontechnology, it may help in reducing the effects of age related impairments with newer technological devices, thus improving the home environment. The various observations showed that majority of respondents homes were not installed with appliances or have any safety devices such as smoke detectors, peep-holes in windows, alarms, emergency numbers near telephone, fire extinguishers or first aid box. The bathrooms and toilets are considered the most hazardous rooms, with multiple hazards such as no grab bars, slippery floors and/or dumpy or squat toilet. In various studies the bathrooms, kitchen and bedrooms have been found to be the most common places where elderly fall.<sup>3</sup>

Many elderly are unaware that they are living in potentially hazardous and risky environments. The living environment should be safe and comfortable especially for older people. The simple precautions and doing some adjustments in the homes can help ensure a safe and accident-free residence. Simple assistive technologies that are within the means of the elderly can help them feel safe and secure, physically and psychologically. With some technologies like installing burglary alarm, grab bars in toilets or smoke detectors change their perceptions of the living environment.<sup>3</sup>

## GERONTECHNOLOGY IN IMPROVING ACTIVITY LEVELS IN ELDERLY

The physiological and psychological changes are experienced with advancing age. The use of assistive technologies, which aid in mobility and offset dysfunctions in musculature, can address the problems related to activities like lifting, reaching, and grasping behaviors. The deficiencies due to muscular degeneration can be improved by an assistive device which is worn by the user to offset such muscular changes. Such devices provide physical integrity and the practical capabilities of dealing with problems of everydaylife. However further research is needed in such aspects. The available evidence and research give promising results.<sup>4</sup>

## GERONTECHNOLGY AND HEALTH SENSORS IN ELDERLY IN TELEMONITORING

There is gradual loss of functional abilities due to senility. The functional losses are first evidenced in the advanced activities of daily life followed by basic activities of daily life. Functional loss is further worsened by the advancement of existing chronic conditions and as well as by the onset of new health problems or illnesses. CAALYX – complete ambient assisted living experiment focused on the clinical control of chronic pathologies in frail individuals as well as early detection of the new health related events. This will prolong the autonomy of the elderly, improve the self confidence to live independently, reduce social costs of dependence and institutionalization. However early detection of health related events is not easy in elderly.

CAALYX system is designed to monitor the health of elderly individuals. The elderly have physiological and physiopathological characteristics which result in disease presentation and frequency different from the younger individuals. The physiological parameters selected in CAALYX by research were coincident with those recorded by geriatric nurses in routine care and also were used by the physicians in decision making. Thus, these can be considered as vital signs for control of elderly health.<sup>5</sup>

CAALYX focused on measuring few physiological parameters which are altered during the disease process with the available sensors in the market. Cardiovascular illnesses, respiratory problem, trauma, femur fracture, urinary tract infection and pneumonia, neurological problems, anxiety and depression were common reason for emergency visits, and these were considered.<sup>5</sup>

Few physiological parameters recommended for CAALYX and preferred detection method are shown in the table.<sup>5</sup>

Physiologic parameter	Detection method	Frequency
Heart rate	Sensor	Continuously/ 3 times a day
Respiratory rate	Sensor	Continuously/ 3 times a day
Blood oxygen saturation	Sensor	Daily/ several times
ECG	Sensor	Monthly
Mobility/ falls	Sensor	Continuously
Temperature	Sensor	Continuously/ 3 times a day
Glycemia	Sensor	Daily/weekly
Weight	Sensor	Weekly/ monthly

## GERONTECHNOLOGY IN STROKE REHABILITATION

Stroke is the most common cause of chronic physical disability. People who experienced a stroke show several modifications in the motor performance due to the insult as well as its outcomes. Muscle weakness, paralysis, poor motor control and soft tissue contractures are the major contributors to walking dysfunctions after the stroke. The literature says 60-70% of stroke patients regain function at the end of the rehabilitation in the hospital, there are also evidences that only 15% of them walk outside their houses two years later.

The conventional rehabilitation exercises have an important role in the management, however they are not very useful for the motor learning, because they do not have task-oriented meaning and are of doubt motivational impact for



the patients. An early, intensive, task-oriented neuro-motor rehabilitation prevents the abnormal posture, improves muscle performance training and allows relearning of motor activities. These will address the adaptive plasticity and helps in favorable recovery.<sup>6</sup>

The NEUROBike system is a robotic device helps in the recovery of walking skills in stroke patients during the acute phase, when they are on bed, not yet able to keep a safe upright posture and walking. NEUROBike can be effective to the traditional therapy, helping clinicians to limit undesired consequences happening in the acute phase, due to immobility.<sup>6</sup>

NEUROBike has the following objectives:

- 1) to provide neuro-physical therapy for long period
- 2) to prevent changes in musculo-skeletal structure and function due to inactivity
- 3) to promote synergistic muscle activations according to the physiological patterns
- 4) to train the motor coordination and muscular activities according to the desired walking speeds
- 5) to enhance the cardiovascular endurance.<sup>6</sup>

The novel robotic system, called NEUROBike, for gait rehabilitations of stroke patients during the acute phase has been addressed. It manipulates the position and orientation of the subject's feet in the sagittal plane, in order to obtain leg joint angular excursions similar than the one obtained during the natural walking.<sup>6</sup>

### GERONTECHNOLOGY IN DIABETES MELLITUS MANAGEMENT

Diabetes mellitus management in elderly can be addressed effectively with the application of mobile apps. The HbA1c improved significantly when the mobile apps included complication prevention module. Some studies show the mobile and tablet apps could improve symptom management through self management interventions. The review on study of mobile health intervention [mHealth] included a mobile/smartphone with self-management apps, measuring devices, patient-drive uploaded data to the apps, and provider-driven data analysis followed by feedback to the patient. The results of this study showed HbA1c values improvement without significant change in the BP, lipids and body weight.<sup>7</sup>

The researchers found that the most effective interventions incorporated all the components of a technology-enabled self-management feedback loop system, which connected the patients with the healthcare teams using a 2-way communication system, analyzed the patient-generated data, tailored education, and individualized feedback. With regard to the use of personal health records and secure messaging, another review assessed the clinical evidence for secure messaging in self-management of diabetes. The results were improvement in HbA1c.

Willy MV team has implemented clinical programs utilizing the available resources in healthcare system (US Department of Veterans Affairs). A secure message sent to patients, weekly diabetes education and monitoring of their blood sugars along with working closely with pharmacy for all patients with abnormal HbA1c. The intervention showed a significant reduction in patients' HbA1c, and high satisfaction.<sup>7</sup>

A video conferencing technology with the help of primary or specialty provider may improve access of elderly people living in rural area with transportation difficulty.<sup>7</sup>

### CONCLUSION

The literature, reviews, articles from different parts of the world in Gerontechnology are promising: its application in oncology, improving gait unsteadiness, managing COPD and Dementia at home, assisting the elderly in driving car with audio assisted devices etc.<sup>8-10</sup>

To implement new technologies in geriatric patients, a set of protocols, procedures, telemedicine and telemonitoring tools are needed. There is need for further studies and researches. The supportive policy and legislation, reimbursement, business models, security and privacy of health data are most important which need be addressed. Even with some promising results, such innovative solutions are not widely adopted by health systems worldwide.

### REFERENCES

1. Bronswijk, Johanna E.M.H.; Bouma, Herman; Fozard, James L.; Kearns, William D.; Davison, Gerald C.; and Tuan, Pan-Chio, "Defining Gerontechnology for R&D Purposes" (2009). Rehabilitation and Mental Health Counseling Faculty Publications. 31.
2. D. Riano, F.Campana, R. Annicchiarico, S. Ercolani, A.Federici and P.Mecocci for the K4CARE Researchers .K4CARE: a new intelligent system for home care.
3. MY Rosnah, SAR Sharifah Norazizan, H. Tengku Aizan, H. Mohd Rizal. Home living environment design and perceptions of safety of older Malaysians.
4. Gari Lesnoff-Caravaglia, Ph.D. School of Health Sciences, Ohio University, Athens, Ohio, U.S.A. Enhancing activity levels for older adults.
5. Alejandro R-M et al and CAALYX consortium. CAALYX: Evidence – based selection of health sensors for elderly telemonitoring.
6. V. Monaco, J. H. Jung, G. Macri, S. Bagnato, S. Micera, M. C. Carrozza, G. Galardi. Robotic system for gait rehabilitations of stroke patients during the acute phase.
7. Willy Marcos Valencia & Diana Botros & Maria Vera-Nunez & Stuti Dang. Diabetes treatment in elderly: incorporating geriatrics, technology and functional medicine. Current Diabetes Reports (2018)18:95.
8. Zajicek M, Jonsson I-M. In car messages to promote safer driving for older adults
9. V Monaco et al . Robotic system for gait rehabilitations of stroke patients during the acute phase.
10. Helianthe S. M. Kort, and Joost van Hoof, Members, ISG. Smart technology at home: a multidisciplinary challenge.

# Dementia Care Using Web-Based Mobile Applications

SACHIN DESAI

With an immediate need for connecting the People Living With dementia (PLWD), their caregivers and family members, especially during the Covid-19 pandemic, the use of Digital technology is proving to be beneficial, among citizens of all countries. Here are two examples of web-based mobile applications which could benefit everyone involved in Dementia Care.

## ALZHEIMER'S SCOTLAND: COGNICARE APPLICATION

For families looking after someone with Alzheimer's or other types of dementia

CogniCare is a personal guide for family and friends looking after someone with dementia. It will help the users through the caring process and support them in every step of the way.

Project Soothe, an initiative from the University of Edinburgh, is the newest addition to the CogniCare app. Users can now enjoy the collection of soothing images proven to improve the users mood and wellbeing. The purpose is to make the users Relax, seeing these images from

their nature inspired themes of sky, water, landscapes and animals. It is an activity which can be done by the users themselves or with the person whom they care for.

## WHAT COGNICARE DOES FOR THE USERS:

CogniCare understands the users care needs and tailors solutions for them. They need to Create a profile with CogniCare and get advice on how users can support the person they are caring for.

By using CogniCare one can access tips, advice, and resources about dementia care instantly sitting at home. One can easily browse information from trustworthy sources, learn about the rights and what benefits users may be entitled to.

Additionally, one can also use CogniCare to explore activities for people with dementia and their carers to keep engaged and involved, both at home and in the community.

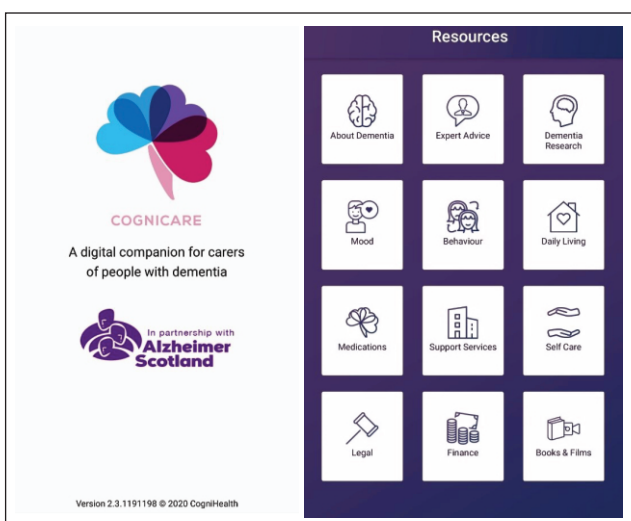
It's easy for the users to forget their own health needs and find the energy to look after themselves when they are caring for someone. CogniCare helps such individuals with this by suggesting ways on how the users can care for themselves. This includes connecting them to events and services so they stay part of the community.

When users are caring for someone, there is a lot going on, and it can be difficult to stay on top of things. The application creators understood this issue, and thence they have made it easy for users to keep track of everything in one place. In CogniCare one can schedule reminders for appointments, medication, and events, and share these with others. One can also take care notes easily using audio, images or text, anywhere, any time.

To make it even easier for the users to find the answers to their questions, the creators have made CogniCare available on Amazon Alexa. This means one can ask CogniCare any question about dementia or dementia care directly. Users just need to enable the CogniCare skill on their Amazon Alexa app.

## Why you should trust this application:

¶ The mission is to improve the quality of life for people



\*Associate Professor, Department of Community Medicine, S.N.Medical College, Bagalkot, Karnataka

affected by dementia. The creators are using their background in dementia care, neuroscience and technology to develop solutions that can help the millions of people living with dementia today.

- They are working closely with Alzheimer Scotland, the Centre of Dementia Prevention from the University of Edinburgh and Alliance Scotland to bring users the support they need.
- They take data security very seriously, and ensure that participants have full control over their data.

## NIGHTINGALES MEDICAL TRUST'S DEMKONNECT, INDIA

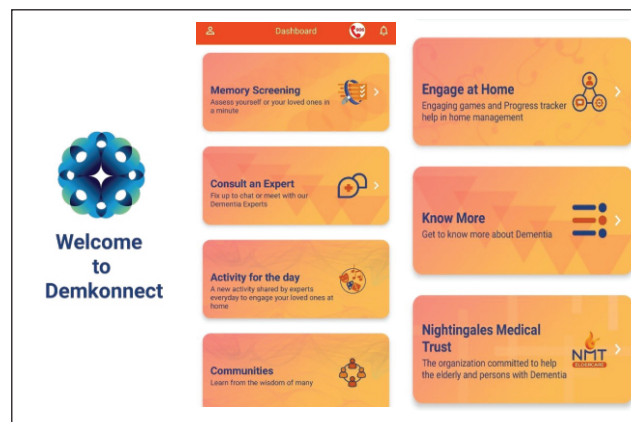
Institutes in India, like the Nightingale's Medical trust at Bengaluru, Karnataka is already equipped with a mobile web-based application which can be freely downloaded from the Google play store. This app aims to educate & engage patients, it also provides care & support.

Nightingales Medical Trust's DemKconnect app provides access to care and support from the comfort and familiarity of the person's home.

Research proves that catching the symptoms early and intervening with lifestyle modification can delay the repercussions. This app enables the user to screen themselves in the privacy of a home. The app can enable detect the symptoms early and this can then be followed up with a consultation with a specialist, either in person or through a video call.

The app will also enable care providers to keep in touch with the Dementia expert they have consulted through video calls and quick chats.

Caregivers can connect with each other to create a



strong caring community. This can be useful when it comes to lobbying with lawmakers for reforms and laws. It can also help in tackling crisis situations and comparing notes on products which can help enhance care.

The app can also assist in finding service providers who can provide quality care for loved ones.

Nightingales Medical Trust: Nightingales Medical Trust (NMT) is a professionally managed not-for-profit organization working for the wellbeing of the elderly since 1998. The Trust strives to strengthen family bonds and promote community-based support systems and provides a system of affordable and accessible services, thereby setting new trends in age care. The Trust works towards the welfare of the elderly through various innovative projects focusing on Dementia Care, Active Ageing, Elder Abuse, Social Integration, Empowerment and Capacity Building.

Disclaimer: All of the above information is available on the 'about the app' description in the respective android

# COVID-19 and Senior Citizens

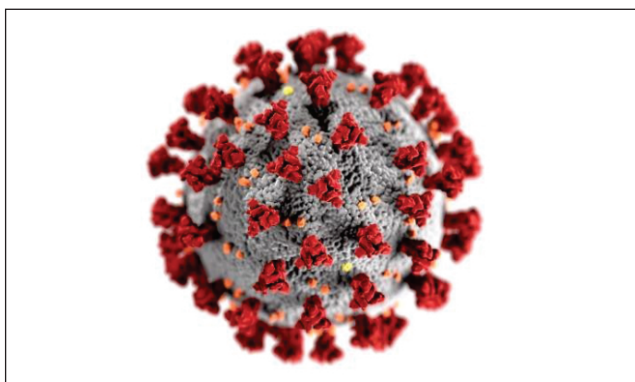
KAUSHIK RANJAN DAS

## WHAT IS COVID-19

A disease caused by recently discovered corona virus that caused global pandemic. which has started in WUHAN, China in December 2019,<sup>1</sup> and travelled many other countries notably USA, UK, France, Italy, Spain & also reached India on 30.01.2020 ,that was the first wave; during that period there has been rise in number of cases that reached peak and gradually declined after causing much devastation in India . In the month of February '21, we have become optimistic that probably we are nearing the point of conquering COVID-19 !But that was misconception of fact; within a couple of months we see rapid upsurge of COVID-19 cases all over India that is called 2<sup>nd</sup> wave. Now we have been passing the period of 2<sup>nd</sup> wave of COVID-19 that is more devastating than 1st wave.

## CORONAVIRUS

Corona Virus is a large family of viruses. Structurally it is enveloped single stranded RNA virus with club shaped glycoprotein projections. It may cause infection in both animals & humans. Some, in humans causes respiratory infection from milder to very severe disease.



\*Consultant Family Physician and Geriatrician, Kolkata

It has caused MERS (Middle East Respiratory Syndrome and SARS (Severe Acute Respiratory Syndrome-2002).<sup>2</sup> Name of the recently discovered corona virus that caused COVID-19 is SARS-CoV-2. It has been observed and confirmed that SARS-CoV-2 virus has increase propensity to change its structure continuously (Mutation) and the same being isolated in many countries including India. Recently it has been learnt that Singapur strain could be more dangerous and giving the threat of 3<sup>rd</sup> wave in India. More new strains are also being identified till date.

## WHO ARE AT RISK FOR COVID-19

- Babies below 03 months (due to immature immune system).
- More serious in age group above 40 years.
- Senior Citizens
- Presence of co-morbidity.
- 

## WHY ELDERLY ARE AT RISK

Due to age related functional decline in body systems and associated decrease in Immunity (Immunosenescence) senior citizens are more affected by SARS-CoV-2. Presence of co-morbidities, living pattern and livelihood are additional factors for increased risk in elderly.

### Some Statistics:

- In India, age group between 31 & 40 years are more affected.
- Case fatality rate in India <2.5% (1st wave); CFR in 2nd wave is less than 2%
- CFR in USA is 5.58%
- India's death due to Covid-19 according to age group (1st wave):
- > 50% in 60 plus age group.
- 32% in 45 -59 years
- 39% in 60-74 years.
- 14% above 75 years of age.<sup>3</sup>



### GLIMPSE OF SCENARIO DURING COVID-19 PANDEMIC

We have seen the helpless situation of Governments, scientists, Doctors, front line workers and people at large during initial time. We have also seen come back /advancement of all after the initial onslaught. We have seen trial / development of drugs for treatment, strengthening of infrastructure, continuous monitoring and adoption of newer and newer guidelines, helping community through government machinery, assistance provided by individuals, organizations in different ways. All the efforts have been culminated to decrease in number of COVID 19 cases & landing of people to a near normal situation. Meanwhile we have experienced the endeavor of scientists over the world for invention of a safe and effective vaccine against COVID19, those ultimately gifted us some vaccines after clinical trials. Vaccination has been started, so also in India in a phase wise manner. Meanwhile, 03 vaccines-COVISHIELD, COVAXIN and SPUTNIK -V are in use in India. Bar for import vaccines has been withdrawn by Government of India; so, we can hope for availability of other globally used vaccines in India. We have also observed the economic downfall and its consequences over the world including India. Observed casualties in post COVID-19 period due to complication of COVID-19. In spite of taking 02 doses of vaccines and elapse of required time after vaccination, we have been observing with anxiety ,sad demise of peoples including elderly from COVID-19.

### PECULIARITIES OF SECOND WAVE:

- (1) Virus has changed its structure several times (mutation), different strains have been identified in different countries that differs in infectivity. In India two strains have identified one in Kolkata and other in Andhra. Andhra strain has been considered as more dangerous.
- (2) Rate of infection is high (positivity rate up to 40%). Usually does not spare family contacts.
- (3) Different symptoms have been observed like body ache, joint pain, diarrhoea, abdominal pain, dryness of mouth, hearing loss, conjunctivitis, sore throat etc.<sup>4</sup>
- (4) Casualty occurring in younger age group in a increased number. Casualty among elderly are similar as 1st wave.
- (5) Probably air borne transmission also occurring.

### EFFECT OF SECOND WAVE IN INDIA:

- Due to tremendous increase in rate and number of attacks, 2nd wave has created heavy pressure on our health care delivery system in terms of COVID 19 care, which has been squeezed due decrease in incidences. It has become difficult to accommodate deserving admission patients.
- Scarcity of medicines, staffs etc. have become evident. Doing RT PCR for COVID-19 has become cumbersome.
- Availability of Oxygen has become a very urgent issue to combat.
- Due to increased number of deaths, death related matters viz. certification, cremation etc. have come on the way.
- Support system could not reach the status of 1st wave.
- Consideration of breaking the chain has made to think about partial lock down /lock down. If so considered, associated matters including economic condition of people including senior citizens will come on the way.
- Shortage of Vaccines and vaccination status have become a prime issue since it is considered that mass vaccination could halt the 2nd wave and subsequent threat.

### PROBLEMS BEING FACED BY SENIOR CITIZENS:

- (a) Mobility: Due to lock down and the presence of COVID-19 cases around, elderly cannot go out for a walk, for want of vehicles they cannot go for attending health facilities, financial institutions etc. all those have been affecting their health significantly.
- (b) Procurement of essential commodities: Although there has been effort for smooth supply & availability of essential commodities, it is observed that there has been non availability of essential commodities & also price hike –making difficult for elderly to cope with, thereby increasing chances of adverse health consequences.
- © Preparation & supply of food: For want of cooks /maids, there has been inability/disability to prepare meals & disturbance in maintaining hygiene. In home delivery has also being disrupted. All these have been throwing senior citizens in a state of malnutrition, even starvation & chances of accidents – those may turn to grave consequences.
- (d) Availability of Medicines: Availability of medicines in retail shops have already emerged as a matter of great



concern for elderly who has to take medicines for multiple co-morbidities and also for COVID-19. . This situation has created a great anxiety in them.

- (e) Financial Issue: Livelihood of huge number of elderly depends on fixed income from pension or interest from small deposits. Prices of essential commodities are on hike in one hand & on the other banks are decreasing the rates of interest – this situation has made elderly in a pecuniary disadvantageous status.
- (f) There has been coming out of other issues like non availability of hospital beds, end of life care , increased incidences of elder's abuse and psychiatric disturbances in elderly etc.

### WHAT SHOULD BE THE DO'S & DON'TS

#### Do's –

- (1) Wearing mask, hand washing with soap, using sanitizer & maintaining physical distance of 01 to 02 meters.
- (2) Eat fresh fruits, green vegetables and balanced diet.
- (3) Do home base exercises aerobics & other exercises.
- (4) Sleep for at least 06 hours a day.
- (5) Financial transactions need to be paperless as far as possible.
- (6) Maintain social connection by possible ways.
- (7) Collect contacts & take help from neighbors, local voluntary workers, Peoples' representative, police & help lines.
- (8) For admission of COVID-19 patients go through local nodal officer or State health department
- (9) Do test for COVID-19 through ICMR registered laboratories.
- (10) Maintain quarantine & isolation as per instruction.
- (11) Pass quality family time, use ways of recreation.
- (12) Take vaccination against Influenza and pneumonia AND also take COVID-19 vaccine when available and if indicated.
- (13) Keep co-morbidities under control.
- (14) Visit doctor regularly for Post COVID-19 follow up for 06 months.

#### Don'ts:

- (1) Elderly should not go out of house without extreme exigencies.
- (2) Don't sit front to front & such contacts should not be more than 15 minutes.  
No hand shake & embracing
- (3) Don't be panic on hearing unproven news. Don't disprove govt. guidelines.
- (4) Avoid junk food, tinned food, alcohol & other substance.

#### Way forward:

- (1) Central & State Governments need to make aware all machinery about the emerging situation with an instruction to remain vigilant on senior citizens issues . Central Govt. should take care so that bank interest is not decreased further. Incremental amount of financial & other assistance must be provided to our senior citizens by both Centre & States.
- (2) Neighbours, members of local bodies, social workers, NGO's , volunteers etc. are required to take care on the issues of elderly, especially those who have no family help due to any cause . At least local Block development officer, Officer in Charge of local Police station or SDO or other administrative officer be informed of the situation of an elderly as they (volunteers) come to know.

### CONCLUSION:

It is presumed that we have to live with the unseen enemy of human being for couple of years more. So, only concerted effort of all concerned can make lives of our senior citizens healthy ,safe and secured. Hope this will be the reality in this healthy aging decade as declared by WHO.<sup>5</sup>

### REFERENCES

- 1. [en.wikipedia.org/wiki/Coronavirus\\_disease\\_2019](https://en.wikipedia.org/wiki/Coronavirus_disease_2019)
- 2. <https://www.britannica.com/science/coronavirus-virus-group>
- 3. <https://timesofindia.indiatimes.com/india/43-of-covid-19-deaths-in-india-in-30-59-yrs-age-band/articleshow>
- 4. <https://www.news18.com/news/lifestyle/health-and-fitness-second-outbreak-of-covid-19-symptoms-risks-and-prevention>
- 5. (decade of healthy aging-world health organization)

# COVID-19 Vaccination in Older People

PRIYANKA TOMAR\*, ANAND P AMBALI \*\*

## INTRODUCTION

The impact of corona virus is not limited to any age group yet certain age brackets are more vulnerable due to it for instance the elderly. The older people are at a higher risk of COVID-19 infection due to their decreased immunity and body reserves, as well as multiple associated co-morbidities like Type-2 Diabetes Mellitus, Hypertension, Chronic Kidney Disease and Chronic Obstructive Pulmonary Disease. Also, course of the disease tends to be more severe in case of elderlies resulting in higher mortality. As age advances, disruption of both innate and adaptive arms of the immune system has been reported. In addition, the elderly exhibits a continual production of inflammatory mediators and cytokines, also known as 'inflammaging'.

## COVID-19 VACCINES IN INDIA

Central Drugs Standard Control Organization (CDSCO) has given emergency use authorization (EUA) to two vaccines in India, Covishield and Covaxin. Recently, in the month of April, another vaccine, Sputnik-V, has been given EUA.<sup>1</sup>

Covishield vaccine is manufactured using Viral Vector based Technology whilst Covaxin is a Whole-virion Inactivated Coronavirus Vaccine. Both Covishield as well as Covaxin has completed their Phase I and Phase II trials. Also, Covishield has completed the bridging trials in India.<sup>1</sup>

## ONLINE REGISTRATION PORTALS:

Ministry of health and family welfare has developed an online registration portal for immunization against covid, Cowin.gov.in. This portal allows convenient registration using Mobile number or Aadhar no. or any other identity document and thereby choose the vaccination location and confirm the slot to get vaccine.

## STATISTICS AT A GLANCE!

Indian government started vaccinating aged against Novel Corona Virus on 1st March 2021. More than 40,000 sites across the nation had been conducting covid

\*Postgraduate Student, \*\*Professor Geriatric Clinic, BLDE DU, Shri B M Patil Medical College Hospital and RC, Vijayapura - 586103

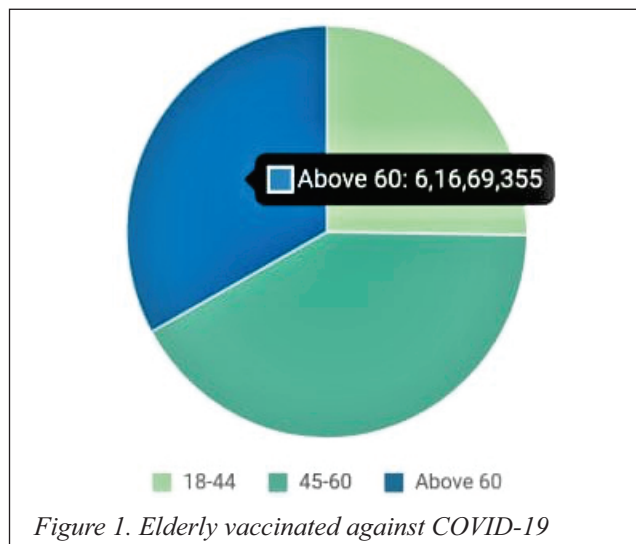
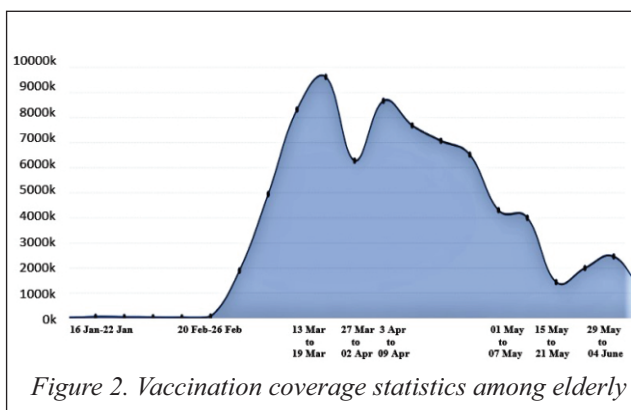


Figure 1. Elderly vaccinated against COVID-19

vaccination drives. Over 6 crore aged members of society have been vaccinated till now. (Figure 1) On an average, more than 6000k elderly population was getting vaccinated on a weekly basis up to 9th April, 2021. Thereafter, a downfall is visible plummeting the average to around 3500 people receiving the vaccination in a week. In the last 30 days, maximum number of people (over 800k) have been vaccinated as on 10 May while weekend (Sunday) shows the biggest dip with less than 100k being vaccinated on those days.<sup>2</sup>

In Karnataka alone, over 1 crore have received the first dose followed by over 29 lakh people who have received the second dose as well. Maharashtra has the maximum vaccination coverage followed by the states of Uttar Pradesh, Rajasthan and Gujarat.<sup>3</sup> (Figure 2)

Covid-19 vaccination and elderly Typically, the measure of efficacy of vaccine are Antibody (Ab) titres, Ab isotypes and ability of immune system to neutralize the pathogens. Immune ageing or immune senescence affects both innate and adaptive immunity. With old age there is a decline in naïve T cells which are available in the body to respond to the vaccine. The normal ratio of CD4:CD8 cells is higher in old age as there is a drastic decrease in CD8 T cells. Also ageing



causes decrease in T cell survival. better vaccine efficacy as well as improvement in the immune responsiveness in the individual is required to evoke good response to immunization.<sup>4</sup>

Adverse events following immunization-In most of the vaccinated cases, minor side effects are normal. Common side effects after vaccination are arm soreness, mild fever, tiredness, headaches, muscle or joint aches. In extremely rare cases, an immediate severe allergic reaction has appeared after first dose of covid vaccine. In such cases second dose of vaccine is contraindicated<sup>5</sup> So far, no major adverse events have been reported following vaccination.

## OURACTIVITY

We at geriatric clinic had organised sensitization

program regarding COVID19 Vaccine for Elderly on March 3, 2021. The Immunization Officer of Vijayapura District Dr Nagerbatta, Nodal officer of two medical colleges Dr. Mallikarjun C Yadavvanavar and Dr Anand N. Patil, District surveillance officer Dr. M. B. Biradar, Medical Superintendent Dr R. M. Honnutagi and WHO Representative Dr. Mukund Galgali had participated and clarified doubts of the seniors on vaccine. The heads of all senior citizen forums, NGO's and medical officers had actively participated.

## CONCLUSION

The vaccine coverage has been good across India among elderly population. The older people need to be thanked for being proactive in getting their dose of vaccine. The government has now allowed to reach the community where older people are living in more number and immunize them.

## REFERENCES

1. [https://www.mohfw.gov.in/covid\\_vaccination/vaccination/index.html](https://www.mohfw.gov.in/covid_vaccination/vaccination/index.html)
2. <https://dashboard.cowin.gov.in>
3. <https://www.mohfw.gov.in/pdf/CumulativeCovidVaccinationCoverageReport7thJune2021.pdf>
4. Soiza RL, Scicluna C, Thomson EC. Efficacy and safety of COVID-19 vaccines in older people. Age and Ageing. 2021 Mar;50(2):279-83.
5. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

# Non Clinical Frontiers in Geriatric Care

SACHIN DESAI

The book *Non Clinical Frontiers in Geriatric Care* has been compiled under the advisorship of Nadoja Dr P. S. Shankar, Patron GSI. The book is edited by Dr. Kaushik Ranjan Das, President GSI & Dr. O. P. Sharma, General Secretary GSI. The associate editors of the book are Dr. Krishnaranjan C, Dr. Mainak Gupta & Dr. Aniruddha De. The total chapters in the book are 73 in number and a total of 66 contributors all around India.

The book chapters have been divided into 6 sections

- 1) Introduction
- 2) Historical aspects
- 3) Social issues
- 4) Financial issues
- 5) Support system
- 6) Health awareness and preventive aspects

### INTRODUCTION:

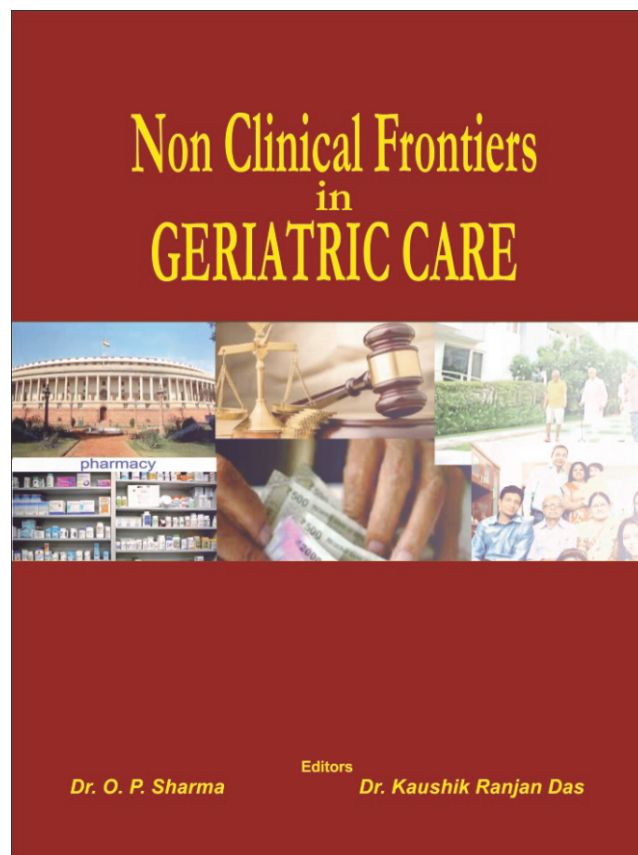
This topic explains the demographic transition and increase in the number of senior citizens with various aspects of ageing: Biological, Social, Psychological, anthropological and geographic perspectives, political science, architectural gerontology and others aspects of gerontological pharmacy, nursing, occupational therapy, gerontological criminology and geriatric dentistry. It stresses on the principles of geriatric care.

Historical aspects include 7 chapters which include global and national concerns in Ageing, Geriatrics and the role of United nations, Geriatrics in India and the role of Geriatric society of India.

Social issues include 16 chapters which include social issues, family bonding, family environment and its role, legal aspects and geriatric rights and access to justice, Geriatric care in India A Citizens Perspective, Elder abuse, single elderly man and woman coping with life, elder abuse and other issues

Financial issues include 3 chapters: covering important aspects of preretirement planning, A will in India for a senior citizen and Insurance and Mediclaim in India.

Support system include 5 chapters: Home care, Role of social support in compliance issues in elderly care,



spirituality, Government initiatives in Elderly care and assistive devices.

Health awareness and preventive aspects include 42 chapters on comprehensive health policies in India, Dental, eye, ENT, CNS conditions, Conditions affecting the Cardiovascular system, Respiratory system, endocrine, GI System morbidities, Urinary and renal system, osteoporosis sarcopenia and gynecological and surgical conditions in elderly, with special emphasis also to mental disorders, nutrition and electrolyte imbalances. The topic highlights Vaccination in elderly, addresses substance abuse issues and end of life care.

Newer advances like Gerontechnology have also been addressed.

## Test Your Knowledge

VIJAYKUMAR G WARAD

- Q.1. Parkinson disease is marked by a lack of which chemical in the brain?**  
A. Serotonin B. GABA  
C. Dopamine D. Norepinephrine
- Q.2. What is the average age when Parkinson disease first appears?**  
A. 25 B. 50  
C. 60 D. 75
- Q.3. What is often the first symptom of Parkinson disease?**  
A. Headache B. Nausea  
C. Shaking of a hand or foot D. Turning of the head
- Q.4. How is Parkinson disease diagnosed?**  
A. With a classical history  
B. With a neurological exam  
C. CT Brain D. All of the above
- Q.5. Which of the following is recognized as an initial cardinal sign present early in Parkinson disease?**  
A. Bradykinesia B. Balance impairment  
C. Hyperkinesia D. Dysarthria
- Q.6. In Parkinson's disease, during which of the following stages are non-motor symptoms present?**  
A. advanced stage Parkinson's disease  
B. at diagnosis (early disease)  
C. on commencing therapy  
D. preclinical phase (prodromal Parkinson's disease)
- Q.7. What is the most successful deep brain stimulation target in patients with dystonia?**  
A. External globus pallidum  
B. Internal globus pallidum  
C. Sub-thalamic nucleus  
D. Substantia nigra
- Q.8. Parkinson's is commonly associated with**  
A. Epilepsy B. Dementia  
C. Delirium D. All of the above
- Q.9. The commonest gastrointestinal symptom in Parkinson's is**  
A. Constipation B. Diarrhoea  
C. Pain abdomen D. None of the above
- Q.10. Which of the following drugs should be avoided in patient with Parkinson's disease?**  
A. Metoclopramide B. Haloperidol  
C. Risperidone  
D. All of the above

Answers: 1. C; 2. C; 3. C; 4. D; 5. A; 6. D; 7. C; 8. B; 9. A; 10. D

\*Professor of Medicine, BLDE DU, Shri B M Patil Medical College Hospital and RC, Vijayapura. 586103



## News from Headquarter



**Certificate Course in  
Geriatric Medicine & Gerontology (Online Course)  
By Geriatric Society of India®**



*In association with*

**Khaja Bandanawaz University, Kalaburagi**

**October 2020 – December 2020**

**Patrons – Dr. P. S. Shankar, Dr. V. K. Arora, Dr. B. C. Bansal**

**President – Dr. Prabha Adhikari**

**Chief Editor – Dr. O. P. Sharma**

**Editors – Dr. Anand Ambali, Dr. Sandeep Tamane, Dr. Kaushik Ranjan Das**

**Thanks to the esteemed faculty of the course.**

Dr. O. P. Sharma, Dr. Kaushik Ranjan Das, Dr. Anand P. Ambali, Dr. P. S. Shankar, Dr. Pratibha Pereira, Dr. Shubhangi Kanitkar, Dr. Pradnya Mukund Diggikar, Dr. Shilpi Khanna, Dr. Kamal Shigli, Dr. Anil K. Manchanda, Dr. Sandeep Tamane, Dr. Amitesh Agarwal, Dr. Nikhil Sarangdhar, Dr. K. Anupama Murthy, Dr. Puneet Khanna, Dr. V. K. Arora, Dr. Yogesh Batra, Dr. Soumik Ghosh, Dr. Chinmay Kumar Maity, Dr. M. V. Jali, Dr. Anita Basavaraj, Dr. Sajesh Asokan, Dr. Satish Tembe, Dr. Rajesh Taneja, Dr. Bindu Menon, Dr. Anita Nambiar, Dr. Kausik Majumdar, Dr. Bappaditya Chowdhury, Dr. Prabha Adhikari, Dr. Amit Gupta, Dr. Seema Grover, Dr. Kalpana Nagpal, Dr. Anand Mahipati Kamat, Dr. S. Ramanathan Iyer, Dr. Arun Bhatt, Dr. K. B. Lingegowda, Dr. J. K. Sharma, Dr. Sachin Desai, Dr. S. V. Kulkarni, Dr. Dheeraj Kapoor & Dr. Kauser Usman

**Congratulations to the following candidates who successfully completed & passed the course.**

Dr. Bidita N. Shah, Dr. K. Shanmuganandan, Dr. Krishna Kumar Tiwari, Dr. Priyadarshini Sharma, Dr. Varsha R Mokhasi, Dr. Farwah Imtiyaz, Dr. Aarti Aggarwal (N.D), Dr. Naina Joshi, Dr. G. V. Ramana Rao, Dr. Ayisha Dhulari T., Dr. Timothy Praneeth, Dr. Nirmala. V, Dr. Sneha Divekar, Dr. Sukanta Bhowmik, Dr. Bobithamol K Benny, Dr. Mohan Kumar H, Dr. Murari Mohan Das, Dr. Sudhir Kumar, Dr. Anu Elizabeth Jacob, Dr. P Vamsavardhana Reddy, Dr. Taruni Ngangbam, Dr. Sivin P Sam, Dr. Anand Punniakodi, Dr. Barathi S. Subramaniam, Dr. Pramod Kumar, Dr. Narayana Behera, Dr. Sheherazad Randelia, Dr. Shweta Hemendra Mapara, Dr. Hiren Patel, Dr. Shobhit Tandon, Dr. Mahesh Dilip Pawar, Dr. Sreenath S, Dr. Kaushik Ranjan Das, Dr. Lakshmi S Nair, Dr. Nyamnye Konyak, Dr. Sumedha Dandekar, Dr. Navas Nadukkandiyil, Dr. Sumit Wadhwa, Dr. Abilash Jain Bhansali, Dr. Tom Siby, Dr. Pallavi Joshi, Dr. Roshlin Keisham, Dr. Chitranshu Pancholi, Dr. Azher Rizvi, Dr. Vikie-O Khruomo, Dr. Anu Mohandas, Dr. Prisha Nankana, Dr. Sandipa Roy Chowdhury, Dr. Gaurav P. Jayaswal, Dr. Dhires Kumar Chowdhury, Dr. Mythri J P,

Dr. Avilash Mohapatra (PT), Dr. Sindhu Kaza, Dr. Suresh Kushwaha, Dr. Sudhangshu Majumder, Dr. Harish Kumawat, Dr. Debasish Sethy, Dr. Krishnaja S, Dr. Jayanthi M. K., Dr. Seena Babu, Dr. Arijit Das, Dr. Haby Mathew Somson, Dr. M. Sathish, Dr. Srikanta Padhan, Dr. Khadheer Bisrath, Dr. Om Prakash, Dr. Davinder Kundra, Dr. C. Akhila, Dr. Keerthana N Gowda, Dr. Tathagata Dutta, Dr. M Beenath, Dr. Anita Prabhakar, Dr. Kalabharathi H. L., Dr. Smita R. Athavale, Dr. Pushpa V. H., Dr. Jayanta Sharma, Dr. Shrikant Chandrashekhkar Joshi, Dr. Prathima C, Dr. Shiv Prasad, Dr. Annadaneshwari B B, Dr. Jayanandan T. N., Dr. Munas. M. P., Dr. Simanchala Dakua, Dr. Neelam Jain, Dr. Partha S Ray, Dr. Chhatray Marndi, Dr. Hemant Kumar, Dr. Albert J Thottupattu, Dr. Ajay Kumar Verma, Dr. S. Vinnarasie, Dr. Surya Kant, Dr. Hariramaperumal D, Dr. Mainak Gupta, Dr. Asha S, Dr. Prescila Christopher, Dr. Senthamizhselvi R., Dr. S. R. Malviya, Dr. Shaba Chinnu Thomas, Dr. Gayathri Bhat, Dr. Bibhash Datta, Dr. A. Amritha Bhandary, Dr. Jyoti Bajpai, Dr. Ranjan Ghosh, Dr. Hridya Vinod, Dr. Mithun, Dr. Veena Gupta, Dr. Laishram Chittaranjan Singh, Dr. Snigdha Thakur, Dr. Elton Ryan Fernandes, Dr. Puspendu Biswas, Dr. Mustaqueem Phusam, Dr. Arindam De, Dr. Ashwini Lonimath, Dr. Jessy Cherian, Dr. Shivaraj B M, Dr. Deepu J E Mathew, Dr. Prashant Kulkarni, Dr. Ariful Haque, Dr. Sharmistha Guha Chatterjee, Dr. Ashutosh Chaturvedi, Dr. Varun N, Dr. Vimala P Jacob, Dr. Sushma Jadhav, Dr. Divya Shanthi D'sa, Dr. Aiswarya P Suresh, Dr. Mohammed Khalid Khan, Dr. Anjali Nilkanthappa Shete, Dr. Devaki Murugesan, Dr. Shilpa Balaji Asegaonkar, Dr. G. Santhanalakshmi, Dr. Vijayalaxmi Shivayogiappa Umbarje, Dr. Ajai Sasi, Dr. Deepak Kumar Das, Dr. Ranganath, Dr. Karthic S., Dr. Harsha Singh, Dr. Balaji Asegaonkar, Dr. Hema Kapoor Thakral, Dr. Vivek S, Dr. Tony Aloysius Pius, Dr. Santhoshkumari K, Dr. Kiran Satish Jethwani, Dr. Zubair Saleem, Dr. Anindya Sarkar, Dr. Partha Sarathi Biswas, Dr. Shilpa Bathla, Dr. Murassa Shamshad, Dr. Anagha V S, Dr. Ambika Kumari B, Dr. Swaroopa Pujari, Dr. Shyma OK, Dr. Mukund D. Kajale, Dr. Meenakshi Biswas, Dr. P. M. Saleem, Dr. Nitika Sharma, Dr. Debapriya Bakshi, Dr. Subin Koshy, Dr. Amitabh Kishor Dwivedi & Dr. Debasis Pal.



World Elder Abuse  
Awareness Day

## World Elder Abuse Awareness Day – 2021

World Elder Abuse Awareness Day – 2021 was organised by Geriatric Society of India on Sunday, 13th June 2021. The event was supported by the following organizations –



MELAKA MANIPAL MEDICAL COLLEGE  
MANIPAL  
(A constituent unit of MAITE, Manipal)



President GSI Dr. Kaushik Ranjan Das welcomed all. Patrons Dr. P. S. Shankar & Dr. V. K. Arora gave their blessings. General Secretary Dr. O. P. Sharma invited Dr. Anand P. Ambali to deliver a lecture on Elder Abuse. This was followed by a Panel Discussion which was moderated by Dr. Vivek Handa. The Panellists included Dr. P. S. Shankar, Dr. V. K. Arora, Dr. M. V. Jali, Dr. Prabha Adhikari, Dr. Kaushik Ranjan Das, Dr. O. P. Sharma, Dr. Anand P. Ambali, Dr. Sandeep Tamne, Dr. Seema Grover, Dr. Sajesh Asokan, Dr. Rakesh Kumar, Dr. Barathi S. Subramaniam, Dr. Dhires Kumar Chowdhury & Dr. Anjali Deshpande.

This was followed by an award session in which the chairpersons of various chapters of GSI as per the list given below were felicitated.

Dr. Chinmoy Kumar Maity	-	West Bengal Chapter
Dr. Sandeep Tamane	-	Pune Chapter
Dr. Arunansu Talukdar	-	Eastern Zonal Branch
Dr. D.N. Moharana	-	Odisha Chapter
Dr. K. Hari	-	Kerala Chapter
Dr. Anita Basavaraj	-	Miraj Sangli Chapter
Dr. Ramakant Dagade	-	Kolhapur Chapter

On this occasion the representatives of various organizations connected with Geriatric Care were also felicitated.

Dr. Barathi S Subramaniam	Chaitanya Education Trust
Dr. Barathi S Subramaniam	Melaka Manipal
Dr. Yogiraj Das	Geriatric Foundation
Dr. Balaji Asegaonkar	Snehsawali Care Center
Dr. S. N. Harsh	Varistha Nagrik Samiti Bikaner
Dr. B. B. Gupta	Sharda Clinic
Dr. B. B. Gupta	Snehil
Dr. Anjali Deshpande	Madhur Bhav
Dr. J. K. Sharma	Innovative Physicians Forum
Dr. Mainak Gupta	Dyuti Elderly Care
Dr. Dhires Kumar Chowdhury	Banchbo Sociocultural Association
Dr. A. K. Prasad	Influenza Foundation of India
Dr. Prabha Adhikari	Yenepoya University
Dr. Anand P. Ambali	BLDE (Deemed to be University)
Dr. P. S. Shankar	KBN - Khaja Bandanawaz
Dr. O.P. Sharma	OM Charitable Trust

## Awardees



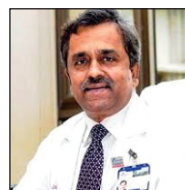
Dr. P.S. Shankar



Dr. Kaushik Ranjan Das



Dr. O.P. Sharma



Dr. M.V. Jali



Dr. Anand P. Ambali



Dr. A. K. Singh



Dr. S. R. Iyer



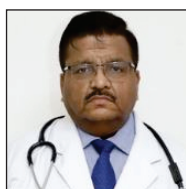
Dr. M. E. Yeolekar



Dr. Ramakant Dagade



Dr. D.N. Moharana



Dr. B. B. Gupta



Dr. Seema Grover



Dr. Rakesh Kumar



Dr. Anita Basavaraj



Dr. Sandeep Tamane



Dr. Barathi S Subramaniam



Dr. Ullas Kamath



Dr. Balaji Asegaonkar



Dr. S. N. Harsh



Dr. Anjali Deshpande



Dr. Jayesh Lele



Dr. J. K. Sharma



Dr. Mainak Gupta



Dr. Dhires Kumar Chowdhury



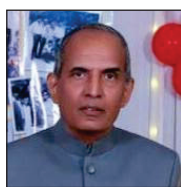
Dr. A. K. Prasad



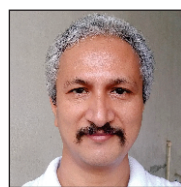
Dr. Prabha Adhikari



Dr. Sajesh Asokan



Dr. K. Hari



Dr. Yogiraj Das



Dr. Arunansu Talukdar



Dr. CK Maity

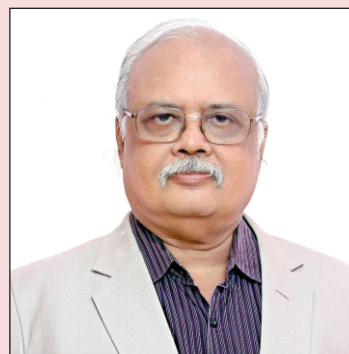
*The Vote of thanks was given by Dr. Mainak Gupta, Jt. Org. Secretary of the function.*



## Congratulations for being awarded FRCP, Edinburgh 2021



Dr. Anand P. Ambali



Dr. R. Rajasekar Kumbakonam

### News from Vijayapura



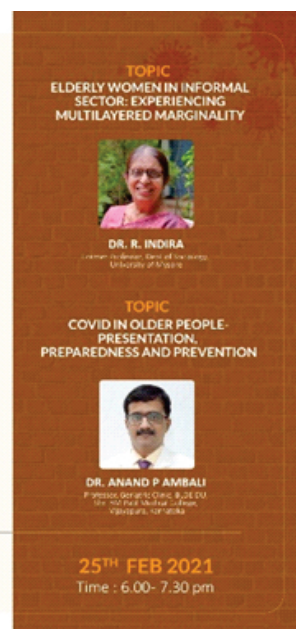
A regular health check-up and screening camp is being organized at Arjunaji, on every fourth Sunday of the month. 80 senior citizens regularly take benefits from this health camp.



Dr. Anand P. Ambali delivering Guest lecture titled "Clinical Approach to older people in Emergency Department" at State Association of Physicians of India, Karnataka Chapter monthly clinical Meeting held on 23/01/2021.



Dr. Ananad P Ambali as a Guest Faculty at International Webinar organized on 25/02/21 by the Department of Sociology, University of Kerala.



**NATIONAL INSTITUTE OF SOCIAL DEFENCE**  
 Ministry of Social Justice & Empowerment  
 Government of India

**Heritage Foundation**  
 Regional Resource Training Centre  
 (Telangana, Tamil Nadu & Andaman and Nicobar Islands)

Dr Aanand P Ambali was a resource person in a workshop on "Geriatric Care for Medical Officers" organized by National Institute of Social Defence funded by Ministry of Social Justice & Empowerment, Govt. of India & Heritage Foundation Hyderabad on 11th March 2021.

## World Elder Abuse Awareness Day 2021

### 15<sup>th</sup> June 2021

Department of Medicine, Geriatric Clinic, BLDE University, Vijayapura observed World Elder Abuse Awareness Day on 15th June 2021 from 3:30 PM to 6:00 PM on a Virtual Platform. Dr. Sharanabasawappa Badiger, Professor and HOD Medicine, welcomed the gathering. Dr. M M Kapase, DHO, Vijayapur, inaugurated the panel discussion and shared his experiences regarding victims on elder abuse in his clinical experiences. Dr. Anand Ambali, Professor of Medicine and Geriatric Clinic elaborated in detail regarding what is elder abuse, what are the types, and how to identify elder abuse by the clinicians. Shri Gopal Naik, Senior Journalist, Vijayapura mentioned in detail about the positive and negative role of Print Media and TV channels in spread of elder abuse. He also mentioned that most of the TV soaps are showing elder people in negative role which should be stopped.

Dr. Prabha Adhikari, HOD, Department of Geriatric Medicine Yenepoya University Mangaluru described in detail the negative effects of abuse on health of victims. It leads to depression, loneliness, suicide ideas and reduced quality of life.

Dr. Pratibha Periera, HOD, Department of Geriatric Medicine, JSS Medical College, Mysuru, highlighted the role of Care Givers and burn out in them. Providing respite

for caregivers is need of the hour in preventing abuse.

Mr. Adarsh, Medical intern, discussed few points regarding why the youngsters are abusing elderly.

Mr. Baburao Kulkarni, Assistant Professor, BLDEA's Law College, discussed the salient features of the Maintenance and Welfare of Patients and Senior Citizens Act 2007.

Shri Peter Alexander District NGO Coordinator and Shri B G Kalagond President LIONS senior citizen forum, representatives from NGOs supported the views and the activities of the Geriatric Clinic and assured all the assistance in preventing elder abuse from the NGOs.

Dr. R M Honnutagi, Medical Superintendent, in his presidential remarks assured all the assistance required by the Geriatric Clinic in creating awareness and treating the victims of elder abuse in our hospital.

Dr. Laxmi Tellur, from Dept of Community Medicine conveyed the vote of thanks. Dr. M B Biradar from NPHCE, Dr. V G Warad, and Dr. A P Ambali were the coordinators for the program.

95 persons participated in this event which was supported by Geriatric Society of India & NPHCE, Vijayapura. The whole program can be viewed on Youtube.

Dr. Dhires Kumar Chowdhury, Executive member of GSI, Eastern Zone participated as a panellist in a webinar on the occasion of World Elders Abuse Awareness Day on 15th June 2021. The other panellists



were Dr. Arup Banerjee, the first Indian President of British Geriatrics Society & Dr. Kamrul Hasan Khan, Ex Vice Chancellor, Sheikh Mujib Medical University, Dhaka. Senior journalist Mr. Amal Sarkar moderated this panel discussion which was organized by the International Bengali Organization "Bangla World Wide".

#### Obituary

**GSI pays homage to a great internist, geriatrician & administrator.**



*Dr. Mallangouda Shivangouda Biradar  
Vice Principal, HoD of Medicine,  
Principal and Vice-Chancellor of BLDE  
Deemed to be University.  
Date of Birth 01st June 1955  
Date of Death 12th May 2021*



## News from Uttar Pradesh

Geriatric Society of India & Neolife Foundation in association with Bhagirathi Vidyalaya Haripur Kala organised a lecture cum group discussion to commemorate "World Elder Abuse Awareness Day" on 15th June 2021 at Bhagirathi Vidyalaya, Haripur Kala. It was attended by representatives of Students, Teachers, Health Workers, Local leaders, Senior Citizens etc. Dr Madhusudan Gudi President of Neolife Foundation gave presentation on Elder Abuse, (definition, types, global and national scenario,) and its Prevention by Government and Non-Government Organization. On this occasion many people shared their views.



## News from Kolkata

Geriatric Society of India, Eastern Zonal Branch organized a Virtual Geriatric CME under the auspices of Jharkhand State on 19th February 2021 from 2:30 PM to 6:00 PM. For this CME Dr. (Col.) Pramod Kumar & Dr. Sudhir Kumar was organizing Chairman and Organizing secretary respectively. Dr. Arunansu Talukdar - Chairman, Dr. Kaushik Ranjan Das - General Secretary & Dr. Aniruddha De - Treasurer. of the branch and others have accomplished the job wonderfully. About 114 persons (includes GSI leaders and delegates) have joined the meet and the programme has been a grand success.

At the outset Dr. Kaushik Ranjan Das gave an overview of the meet and welcome address delivered by Dr. Sudhir Kumar. Blessings has been showered by Dr. P. S. Shankar, Patron GSI, Dr. Subhas Chandra Mahapatra, Patron, GSI Eastern Zonal branch, Dr. Hari Sankar Pathak, Patron, GSI Eastern Zonal branch, Dr. Prabha Adhikari, President GSI and Dr. O. P. Sharma, General Secretary of Geriatric Society of India. Following the inauguration, scientific programme has been initiated. There have been 06 (Six) sessions those included scientific presentation, Q&A and Chairpersons comment and as follows –

1. Do's & Don'ts after attaining 60 yrs : Speaker- Dr. Soumik Ghosh ; Chairperson- Dr. O. P. Sharma.
2. Geriatric Giants with emphasis on Falls: Speaker-



Dr. Kaushik Ranjan Das

Dr. Taruni Ngangbam ; Chairperson- Dr. Chinmay Kumar Maity.

3. Follow Up of Post COVID 19 Elderly: Speaker - Dr. Arunansu Talukdar; Chairperson- Dr. Jeewan Kumar Mitra.

4. Clinical Pharmacological approach in managing Geriatric Patients: Speaker- dr. Shambo Samrat Samajdar; Chairperson- Dr. Santanu Kumar Tripathi.

5. Psychiatric Issues including Dementia in Elderly: Speaker- Dr. Bappaditya Chowdhury; Chairperson- Dr. (Col.) Pramod Kumar.

Peripheral Artery diseases in Elderly Diabetic: Speaker- Dr. Sudhir Kumar; Chairperson- Dr. Arun Sarkar.

## News from Pune



**Dr. Kamal Shigli**

*Congratulations Dr. Kamal Shigli for your editorial on Barriers to Oral Care Provision in Homebound and Institutionalized Elderly in International Journal of Prosthodontics and Restorative Dentistry (2020)*



**Dr. Sandeep Tamane**

*Dr. Sandeep Tamane delivered a lecture as a faculty in "1st World Congress on Anaemia" in the World congress of Anaemia on the topic "Anaemia in Elderly" on 10th April 2021. The congress was supported by Geriatric Society of India.*

## News from Bagalkot

*Dr. Sachin Desai, Associate Professor, BVV Sangha's SN Medical college and HSK Hospital and RC, Bagalkot in association with Geriatric Society of India participated in a program on World Elder Abuse Day on 15th June 2021.*

*A radio talk on elder abuse awareness was given by Dr. Sachin V Desai on Radio Dhvani 90.4 FM on 20th June 2021.*

*Dr. Desai also participated in a program on 21st May 2021 on Suraksha Samwad "Poochhen Doctor Se" which is an initiative of Alwar Police.*



**Dr. Sachin Desai**

## News from Vijayapura



*Srujan Deepti 2021, a training program on "Care of Older People" organised by Dr. Basavraj Patil Sedam, Hon'ble President, Kalyana- Karnataka, Bharatiya Vidyakendra, Kalaburagi on 22nd February 2021. Dr. Anand P. Ambali delivered the lectures & hospitality was provided by Dr. Revanasiddappa Bhosgi & Dr. Nirmala. On this occasion a Dr. Anand P. Ambali received a letter of appreciation for his work.*

*Visit our GSI Page for activity*

<https://www.geriaticindia.com/activity.html>

**Join GSI to Promote  
Geriatric Care**

## GERIATRIC SOCIETY OF INDIA®

K-49, Green Park, New Delhi - 110 016

E-mail: [opsharma@geriatricindia.com](mailto:opsharma@geriatricindia.com), [opsharma.gsi@gmail.com](mailto:opsharma.gsi@gmail.com) Visit us at : <http://www.geriatricindia.com>

### MEMBERSHIP FORM

I wish to join Geriatric Society of India as Life / Ordinary member and promise to abide by its rules and regulations

Full Name (block letters)..... Age.....M/F...

Qualification (with year & university).....

Residential Address.....

..... Tel. : .....

Office Address with designation .....

..... Tel. : .....

Email .....

Category of Membership (Please tick one):    Specialist    /    Family Physician    /    Non Medical (above 60 years only)

#### Life Membership fee

- |                              |              |
|------------------------------|--------------|
| 1.    National Individual    | Rs. 7,500/-  |
| 2.    National Institutional | Rs. 15,000/- |
| 3.    Overseas Individual    | USD 250      |

#### Associate Membership Fees (Without voting right)

- |                                |             |
|--------------------------------|-------------|
| 1.    AYUSH                    | Rs. 5,000/- |
| 2.    Nurses / Physiotherapist | Rs. 4,000/- |

Amount remitted by Cash/Demand Draft/MO No.                      Dated                      Drawn on                      Signature of Applicant

#### Proposed by

Name .....

Address .....

Membership No

#### Seconded by

Name .....

Address .....

Membership No.

**Note:** In the absence of availability of proposer and seconded please send the following:

1.    A photocopy of Degree
2.    Photocopy of registration by relevant Medical Council
3.    In case of non-medical member proposer and seconded are essential.

For Official Use

Membership No.

Signature of Honorary Secretary

DELENG/2012/42798 Dt. 12 June 2012  
Price Rs. 20 per copy

**All Members are Requested to  
Kindly update their  
Email ID / Telephone No:  
by sending mail to  
secretariat office of GSI.**