

# Preface

## Caring for Older Adults



Danelle Cayea, MD, MS  
*Editor*

The planning for this issue of *Medical Clinics of North America* started in 2019, long before “coronavirus,” “shelter at home,” and “social distancing” became part of our everyday discourse. It feels like a long time since we have been able to routinely see our patients in clinic and meet in person with interdisciplinary teams. Many of the topics covered in this issue are necessarily “high touch” practices. It is unclear when we will be able to partake in some of these practices regularly and consistently again. However, as some older adults have difficulty accessing digital health care, experience increased isolation and loneliness, and face the prospect of hospitalization or intubation if they become ill from the SARS-COV2 virus, it is more imperative than ever that we have a workforce with the skills and knowledge to provide excellent care to older adults. It is yet to be determined what impact delaying care or receiving telehealth care only during the pandemic will have on the health and well-being of older adults, who have the highest rates of chronic health conditions of any age group.

At all times, clinicians must be able to anticipate problems their older patients may be having, screen for them, and effectively diagnose and manage them. In recent times, clinicians must be even more astute in this regard. Take for example an 84-year-old woman with hypertension and type 2 diabetes. She lives alone and has several very close friends she typically sees regularly. She drives and manages her finances easily. Her blood pressure is previously well controlled, and through diet she has maintained her HbA1c in goal range. Since the coronavirus pandemic started, she has been terrified of contracting the virus and has been shopping only every few weeks. This has led to her consuming more carbohydrates and nonperishable foods, with higher salt content. Because she cannot go to the senior center to exercise, she has been spending much of her time sitting and reading. She finds herself aware of some back pain almost daily and is feeling increasingly lonely as she has been sheltering in place. She is having trouble falling asleep at night. She’s heard about rationing of ventilators in other countries and isn’t sure how she feels about that or whether she

should go on one if she became ill. She contacts your office to discuss these concerns but does not think she will be able to figure out the video platform for a telehealth visit. This patient is not an isolated example, and she deserves a team of clinicians who can take a holistic approach to her health and well-being and communicate effectively around these issues.

This issue highlights some of metaskills important to the care of older adults, including an approach to prescribing and deprescribing, identifying and discussing goals of care, and assessing safety and independence. It also includes guidance on the evaluation and management of several common symptoms and diseases seen in older adults, including pain, sadness and worry, falls, urinary and bowel symptoms, osteoporosis, cognitive impairment, and perioperative management.

I am incredibly grateful to the authors for writing such thoughtful and holistic articles during such a professionally and personally challenging time and to the journal for continuing to highlight the importance of providing excellent care to older adults.

Danelle Cayea, MD, MS  
Department of Medicine  
Johns Hopkins University School of Medicine  
4940 Eastern Avenue  
Suite 220  
Baltimore, MD 21224, USA

*E-mail address:*  
[dcayea1@jhmi.edu](mailto:dcayea1@jhmi.edu)