



Foreword

Emergencies in the Geriatric Patient



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Any clinician who has spent time working in the emergency department (ED) in recent years knows that our patients are getting older. During my last shift, 11 out of the 25 patients I cared for were over the age of 65, three of whom were over the age of 75, and one of the patients was over the age of 90. Care of these patients was challenging: each of them brought with them a host of prior medical problems, significant risks for polypharmacy, and sometimes vague complaints. Evaluations were sometimes further confounded by hearing problems, memory issues, and altered mental status.

There is no surprise that elderly patients routinely receive more extensive workups in the ED, partly because of the difficulty in obtaining an accurate, reliable history and physical examination. Despite these extensive workups, elderly patients suffer a higher rate of morbidity and mortality from similar diseases experienced by younger patients.^{1,2} Complicating matters further, the elderly are prone to experiencing specific diseases that in and of themselves are associated with higher rates of mortality, including myocardial infarction, stroke, aortic dissection or rupture, mesenteric ischemia, and so on. Just as pediatricians often preach that children are not simply little adults, so we should understand that elderly patients are not simply old adults. There are so many special considerations in this group of patients that they deserve their own curriculum, just as children do.

Emergency Medicine Clinics of North America has strongly endorsed the need for focused curricula in geriatric emergency medicine for many years. We have made a point of including geriatric emergency topics sprinkled into many of the issues, and we have also had specific geriatric-themed issues, the last one in August 2016. In our current issue, we once again present another update on care of elderly in the ED.

Emergency Medicine Clinics of North America is honored to have 3 true experts in geriatric emergency medicine bring us some critical updates in this field. Drs Anderson and Magidson both have combined practices in emergency medicine and

geriatrics, and Dr Khoujah is a national- and international-level educator in geriatric emergencies. They have combined their knowledge and expertise, and together they have assembled an outstanding group of authors who will update our knowledge on geriatric emergencies. The issue begins with basic epidemiologic information that will help the novice physician understand the true scope of the problems we face in caring for elderly patients in the ED. Then, the focus shifts to many of the life-threatening conditions, including trauma, vascular disease (acute coronary syndrome, stroke), abdominal emergencies, and infections. Vitally important articles are also provided on 2 conditions that unfortunately seem to be increasing in prevalence—elder abuse and polypharmacy. Finally, articles pertaining to transitions of care and end-of-life care round out the issue.

It is incumbent on every emergency clinician—physicians, physician assistants, nurse practitioners, and nurses—to learn about and understand the special issues that relate to elder patients in our EDs. Traditional emergency medicine training curricula simply do not address these issues adequately, and the result is that critical health conditions can be misdiagnosed, and critical psychosocial issues are missed. This issue of *Emergency Medicine Clinics of North America* will serve as an invaluable addition to the training of every type of clinician that is involved in emergency care of elderly patients. Our sincere thanks go to the Guest Editors and the authors for their time and commitment to this important issue.

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