HEALTH CARE OF THE ELDERLY

ELECTIVE OBJECTIVES

- ANNA KING -

DESCRIBE THE PATTERN OF DISEASE IN RELATION TO GERIATRIC PATIENTS IN ZAMBIA

At Mwandi Mission Hospital the vast majority of patients are admitted due to infectious diseases such as TB, LRTI (lower respiratory tract infections), malaria and gastroenteritis. In 2011 a total of 76% of all admissions were due to infectious causes and this was applicable to all age groups. The remaining causes for admission included neoplastic disease (6%), cardiovascular disease (5%) and trauma (10%). Due to the prevalence of HIV within the Zambian population (estimated to be 14% nationally but thought to be closer to 30% in the local Mwandi population), many people do not live to an age that would be considered geriatric in the UK. For those who do live to be > 75 years the disease profile differs to that of the UK due to a variety of reasons, including differences in lifestyle, screening programmes, patient education and access to chronic disease management. In the UK an unhealthy lifestyle contributes to the majority of disease seen in the geriatric populations - such as cardiovascular disease, respiratory disease (e.g. COPD, lung cancer) and neoplastic disease. In the Zambian population obesity is far less common and as a large percentage of the population are involved in manual labour, lack of exercise is not generally a problem, resulting in a lower prevalence of cardiovascular disease. Smoking however, is very prevalent in Zambia resulting in similar levels of COPD and lung cancer to those of the UK. However, lack of diagnostic testing resources and equipment may result in the under-reporting of such diseases.

DESCRIBE THE DIFFERENCES IN HEALTH PROVISION BETWEEN ZAMBIA AND THE UK AND IT'S CONSEQUENCES.

As in the UK, most healthcare in Zambia is free at the point of access, however there are noticeable differences. In one particular case a patient who had suffered fairly extensive shallow burns was admitted to the hospital. It was decided that silver sulfadiazine was the most appropriate treatment for this patient and so a tube was prescribed. However, there was only one tube available at the pharmacy and once that had run out it was down to the patient to buy their own (from Livingstone - a 2hr drive away) and in this case as the patient could not afford the medication he had to go without. Scans are also not free of charge (for example ultrasound scans) and so it is important to establish how important and necessary a scan is before referring a patient. In one case a pregnant lady attended the hospital with a history of PV bleeding. It was decided that an ultrasound scan was necessary to determine the viability of the foetus, and so she had to pay K20,000 (~ £2·50p) to find out that her baby had died. Another difference to the UK is that due to the size of Zambia, often it is the distances that need to be travelled that may preclude a patient from accessing the healthcare they require. For example, a man with cataracts was referred to an eye specialist in Livingstone but was unable to go as he couldn't afford to get there. Elective surgery is also not free of charge in Zambia. I saw a patient with avascular necrosis of the hip and a very pronounced limp. In the UK, the patient (aged 43) would be given a total hip replacement, but here in Zambia the cost of the operation would preclude this patient from having the surgery.

WHAT ARE THE BARRIERS TO SEEKING HIV TREATMENT IN ZAMBIA?

HIV is very prevalent in the catchment area of Mwandi Mission Hospital where it is estimated to affect 1 in 3 people. From a catchment area of around 23,000 people, currently 2,917 people are enrolled for HIV care (~ 13% of the catchment area) and so if the estimates of 1 in 3 people being HIV +ve are accurate then a further 4000 or so people are not accessing care. There are a number of causes as to why this may be the case. Many people are unaware of their HIV status and as a result have no knowledge that they require care. Because the early stages of HIV infection are relatively asymptomatic it is often not until a person becomes sick (usually with an opportunistic infection) that they seek healthcare and are subsequently diagnosed. This means that it is important to actively test 'well' people whenever they present – e.g. in pregnancy, with a broken leg etc. Another barrier to seeking HIV treatment is the distance many people have to travel. Zambia is a very sparsely populated country and so people often have to travel vast ~~differ~~ distances to access healthcare. This can prove insurmountable for the most frail of patients. Education is another barrier to patients seeking treatment. There is a lack of understanding about HIV amongst some of the local population and a lot of herbal medicine is used to 'cure' the disease. Educating the local population is a key initiative that is being used to tackle the spread of HIV with condom use and abstinence being actively encouraged.

AIM TO PERFORM A COMPLETE ASSESSMENT OF PATIENTS WITHOUT ACCESS TO SOPHISTICATED MEDICAL TESTING AND REFLECT ON THE EXPERIENCE.

During my time at Mwandi Mission Hospital I have had many opportunities to carry out a full assessment of a patient. This has led me to spend a great deal of time focusing on my technique as access to secondary investigations is not always possible. In one particular example a patient arrived via the outpatient department with a septic sore on his foot. Although this was the patient's main complaint, a full examination led me to believe that there may be a concurrent chest infection and liver disease. As X-ray is readily available a chest x-ray was ordered which showed an enlarged heart. Further examination of the chest was suggestive of a pericardial effusion and coupled with a positive HIV test (CD_4 count of 35) was suspected to be as the result of TB infection. In the UK, a sample of the effusion would have been taken and sent for microscopy, cytology and culture, however as that is not available in Mwandi empirical TB treatment was started along with steroids to reduce inflammation. This is a good example of how medicine is practiced in Zambia (and any other resource-poor country) as a definitive diagnosis is often not known before treatment begins. However, as the medical professionals have a wide ranging experience of the diseases in the local population the treatment is often optimised very quickly. I have been extremely impressed with the wide-ranging knowledge of all of the health professionals at Mwandi Mission Hospital and am very grateful for the experience I have had working in Zambia.