

## **Aging & Gerontology: Suboptimal care of hospitalized older patients in the United States; it's never too late to improve the quality of care**

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### **Abstract**

The average life expectancy of individuals in the United States (US) has increased dramatically in the last century due to public health strategies and advances in medical treatment. It is expected that more than 20% of US population will be over 65 years of age by 2030. Older patients suffer from significant chronic medical problems including heart disease, cancer, stroke, dementia, and diabetes etc. requiring frequent hospitalizations. Almost half of the adults who get hospitalized are  $\geq 65$  yrs. and this proportion increases as the population ages. Hospital care costs Medicare about \$149 billion per year in 2015, representing 25% of health care expenditures in the US. Hospitalization causes functional decline and increases mortality and morbidity due to confinement, immobility, diagnostic testing, and treatment especially changes in drug regimen, complications including delirium, falls, infections and death. Acute hospital care should only last long enough to allow successful transition to home care, a skilled nursing facility, or an outpatient rehabilitation program. The outcome of hospitalization is poorer with increasing age, although physiologic age is a more important predictor of outcome than is chronologic age. Even when a disorder is treatable or appears uncomplicated, a significant proportion of older patients may not return to prehospital functional status. The inpatient care is suboptimal leading to recurrent and frequent hospitalizations as most physicians have very little or no formal geriatric training despite the rapid increase in geriatric population. Hospital-wide strategies including multidisciplinary team approach, accurate medication reconciliation, early mobilization, frequent repositioning, avoiding high risk medications, training more hospital-based clinicians in geriatric care and to follow evidence-based interventions will improve both the quality and quantity of life for older adults. Additional research should be done on factors influencing poor outcome, strategies

and systems to improve the quality of care in older hospitalized patients.

### **Biography**

Kranthi Sitammagari is a board certified Internist, board certified Physician Advisor, Faculty at Campbell University School of Osteopathic Medicine and Associate Professor of Clinical Medicine at Methodist University in Fayetteville, NC, USA. He is an editorial board member of Society of Hospital Medicine's official magazine "The Hospitalist", Editor-in-Chief of Quality Assurance and Utilization at "StatPearls" online database publishing peer-reviewed, PubMed indexed articles and review books. He is also a scientific reviewer for multiple peer-reviewed journals including Annals of Internal Medicine, Journal of Hospital Medicine, and Journal of Preventive Medicine etc. and published peer reviewed articles. He is actively involved in clinical teaching and research.

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