



The Importance of Comprehensive Geriatric Care

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Abstract

Population aging is emerging as one of the most critical global challenges of the 21st century. With the proportion of individuals aged 60 years and above projected to reach 22% by 2050, healthcare systems must adapt to meet the complex and evolving needs of older adults. Geriatric medicine or geriatrics plays a pivotal role in this transformation by providing comprehensive, person-centered care tailored to the multifaceted nature of aging. Unlike conventional medical models that focus primarily on disease management, geriatrics addresses medical, psychological, functional and social dimensions through an integrated approach. Key components of geriatric care include Comprehensive Geriatric Assessment (CGA), medication management, fall prevention, mental health support, nutritional intervention, rehabilitation, social engagement and end-of-life care. The integration of telemedicine and digital health tools has further expanded the reach and efficiency of geriatric services. However, multiple barriers persist, including a shortage of trained geriatric specialists, inadequate healthcare infrastructure, financial constraints, polypharmacy risks, mental health stigma and the digital divide affecting older populations. Strengthening geriatric care requires a combination of policy reforms, community-based service models, capacity building and technology-driven solutions. By doing so, societies can uphold the dignity, independence and quality of life of their aging populations.

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Introduction

Population aging represents one of the most profound demographic changes of our time. Driven by declining fertility rates, improved healthcare services and increased life expectancy, the global population of individuals aged 60 years and older is rapidly expanding. According to projections by the WHO this age group will comprise approximately 22% of the global population by 2050, an increase from 12% in 2015. This dramatic shift is not only a testament to advancements in public health and socio-economic development but also a signal that societies must rethink their approach to healthcare, social services and elder support systems.

Aging is often accompanied by a constellation of health challenges, including multiple chronic illnesses, frailty, cognitive decline and mental health disorders such as depression and anxiety. These issues are typically interrelated and evolve gradually, making them difficult to manage within conventional healthcare frameworks that are largely designed to treat acute, isolated conditions. The increasing

complexity of older adults' needs necessitates a shift toward a more holistic model of care one that recognizes the interconnectedness of physical, psychological, social and functional well-being.

Geriatric medicine has emerged as a specialized field that addresses this need. It focuses on the prevention, diagnosis, treatment and management of diseases and disabilities in older adults, with a strong emphasis on maintaining independence, dignity and quality of life. Core practices include Comprehensive Geriatric Assessment (CGA), personalized care plans, interdisciplinary team collaboration and the use of supportive services such as physiotherapy, nutrition counseling and mental health care.

The goal of geriatric care is not solely to prolong life, but to ensure healthy aging a concept defined by the WHO as "the process of developing and maintaining the functional ability that enables well-being in older age." As countries face the social and economic implications of aging populations, investment in geriatric medicine becomes crucial. This includes enhancing workforce capacity,

promoting age-friendly healthcare systems, leveraging technology for remote care and fostering inclusive policies that protect the rights and well-being of older citizens.

What is Geriatric Medicine?

Geriatric medicine, or geriatrics, is a medical specialty focusing on the healthcare needs of older adults, usually those aged 60 years and above. Unlike traditional medical care that targets specific diseases, geriatrics takes a person-centered, multidimensional approach addressing medical, psychological, social and functional aspects simultaneously (Lipsky, 1995).

One of the hallmark features of geriatrics is the Comprehensive Geriatric Assessment (CGA); a systematic evaluation covering physical health, cognitive function, emotional well-being and social support systems. CGA serves as the foundation for individualized care planning, leading to improved clinical outcomes, reduced hospital admissions and enhanced quality of life (Veronese *et al.*, 2022).

Importance of Geriatric Care in Modern Healthcare Systems

- **Managing Multiple Chronic Conditions:** Aging is commonly associated with chronic non-communicable diseases such as hypertension, diabetes, arthritis, cardiovascular disorders and respiratory illnesses. According to a study in India, nearly 65% of older adults have at least one chronic condition and many suffer from two or more simultaneously. This multi morbidity complicates clinical management and requires coordinated care models to avoid unnecessary hospitalizations and ensure medication safety (Tinetti *et al.*, 2019).
- **Preserving Functional Independence:** Functional decline, the reduced ability to perform activities of daily living (ADLs) is one of the greatest threats to autonomy in old age. Geriatric interventions such as physiotherapy, occupational therapy and fall-prevention programs aim to maintain independence. Preventing frailty, a syndrome characterized by weakness, fatigue and decreased physiological reserve, is another critical objective (Fried *et al.*, 2001).
- **Addressing Mental Health and Cognitive Decline:** Mental health is an integral part of geriatric care. Approximately 20% of adults aged 60 and above experience mental health disorders, including depression and anxiety. Dementia and Alzheimer's disease further complicate care, leading to

dependency and caregiver burden. Geriatric services incorporate psychological counseling; cognitive stimulation therapy and caregiver education to manage these challenges effectively (Livingston *et al.*, 2020).

- **Providing Palliative and End-of-Life Care:** Palliative care focuses on relieving pain, managing symptoms and offering emotional and spiritual support for those with life-limiting conditions. In geriatrics, palliative care emphasizes dignity and comfort over aggressive interventions. Early integration of palliative services has been linked to improved quality of life and reduced hospitalizations (Temel *et al.*, 2010).

Components of Geriatric Medicine

Geriatric medicine is built on a framework of interconnected components that collectively aim to provide holistic, patient-centered care tailored to the unique needs of older adults. These components go beyond disease management, addressing physical, psychological, social and functional domains to ensure a comprehensive approach that enhances quality of life and independence in later years.

The first and most fundamental element is the **CGA**. CGA is a multidimensional process that evaluates an elderly person's physical health, cognitive abilities, emotional state, functional capacity and social support systems. Unlike standard clinical assessments that focus primarily on disease, CGA enables healthcare professionals to create an individualized care plan that considers the person as a whole. It includes evaluating chronic illnesses, medication use, mental health conditions, daily living activities and the availability of family or community support (Veronese *et al.*, 2022). Evidence shows that CGA reduces hospitalizations, prevents functional decline and promotes better health outcomes.

Another critical component is **medication management and polypharmacy control**. Older adults often have multiple chronic conditions requiring several medications which significantly increase the risk of adverse drug reactions, drug interactions and hospital admissions. Geriatric medicine emphasizes medication reconciliation, which involves regularly reviewing prescriptions, discontinuing unnecessary or harmful drugs (a process known as deprescribing) and adjusting dosages in line with age-related changes in drug metabolism. The **Beers Criteria** developed by the American Geriatrics Society serves as an essential

guideline to avoid inappropriate medication use in older adults.

The **prevention of frailty and falls** is equally important, as frailty is a clinical syndrome marked by reduced physiological reserves, making older individuals highly vulnerable to stressors such as infections or minor injuries. Frailty often leads to falls, disability and mortality. Preventive interventions include strength and balance training exercises, nutritional supplementation to counter muscle loss (sarcopenia) and modifications to the home environment such as installing handrails, ensuring adequate lighting and using non-slip flooring to reduce the risk of falls (Cesari *et al.*, 2016).

Mental health and cognitive well-being form another vital pillar of geriatric medicine. Aging is associated with a higher prevalence of cognitive disorders like dementia and Alzheimer's disease, as well as psychological issues such as depression and anxiety. Geriatric care incorporates regular screening for cognitive decline, establishment of memory clinics, counseling services and psychosocial interventions that enhance mental well-being. Non-pharmacological approaches like cognitive stimulation therapy, combined with family and caregiver education, play an important role in maintaining cognitive health and emotional stability.

Nutritional care is an essential component because malnutrition is common among older adults and contributes to frailty; poor wound healing, infections and diminished immunity. Geriatric care includes the use of validated nutritional screening tools, such as the Mini Nutritional Assessment (MNA), to identify at-risk individuals. Diet plans tailored to specific health conditions (such as diabetes or hypertension) and oral health evaluations for chewing or swallowing difficulties are integral to maintaining adequate nutrition and preventing related complications.

Rehabilitation and physical therapy also form a cornerstone of geriatric medicine. Recovery from illnesses, surgeries, or conditions like stroke often requires intensive rehabilitation to restore mobility and functional independence. Physical therapy focuses on improving strength, flexibility and balance, while occupational therapy trains older adults to carry out daily tasks safely and effectively, often with the aid of adaptive devices.

Social support and community-based care are indispensable to promoting continuity of care beyond hospital walls. Many older individuals suffer from loneliness and social isolation, which

adversely affect both physical and mental health. Community programs, senior day-care centers, home-based nursing services and telemedicine consultations help bridge the gap between clinical care and home-based support systems. These initiatives also reduce caregiver burden and improve overall quality of life.

Palliative and end-of-life care is another core component of geriatrics. It is designed to provide comfort and dignity for individuals with life-limiting illnesses, focusing on pain relief, symptom management and psychosocial and spiritual support. Unlike curative care, palliative care prioritizes quality of life over prolonging life at all costs. Early integration of palliative services ensures better patient satisfaction and reduces unnecessary hospital interventions.

In recent years, technology integration has become a transformative force in geriatric care. Digital health innovations such as telemedicine platforms, wearable monitoring devices and AI-based predictive tools have enhanced accessibility to healthcare, especially in rural and underserved regions. These technologies allow for remote monitoring of vital signs, early detection of health deterioration and timely medical interventions, improving safety and reducing hospital visits.

Preventive health measures form an integral part of geriatric care. Vaccinations against influenza, pneumonia and COVID-19; routine screening for cancers such as breast and colon cancer; and lifestyle counseling for physical activity and healthy eating habits are key strategies for reducing disease burden and improving longevity in older adults. Preventive care not only enhances quality of life but also reduces healthcare costs associated with advanced disease treatment.

Together, these components create a robust framework for geriatric medicine that addresses the complexities of aging comprehensively. By integrating medical, psychological, nutritional, rehabilitative and social care within a patient-centered approach, geriatrics ensures that older adults live healthier, more dignified lives.

Challenges in Geriatric Care

Despite the increasing awareness of its importance, geriatric care continues to face multiple challenges across healthcare systems worldwide. One of the most pressing issues is the **shortage of trained specialists**. Many countries have a severe deficit of geriatricians, making it difficult to meet the rapidly growing demand for elderly healthcare. The ratio of geriatric specialists to the older population is alarmingly low, resulting in delayed diagnoses, inadequate management of complex conditions

and overburdened primary care providers who may lack expertise in geriatric medicine.

Another major obstacle is the **deficiency of infrastructure**. Specialized geriatric clinics, rehabilitation centers and palliative care units remain limited, particularly in rural and underserved regions. Urban centers may have some advanced facilities, but rural communities often lack access to even basic geriatric services. This disparity contributes to inequality in healthcare delivery and forces many older adults to forgo necessary care.

Financial constraints pose an additional barrier to effective geriatric care. Older adults often depend on pensions or family support, which may be insufficient to cover the high costs of long-term treatment, medications and supportive services. Inadequate insurance coverage further exacerbates the financial burden, leading to delayed or discontinued care.

Social and cultural factors also play a significant role in limiting access to professional care. In many cultures, elder care is considered the primary responsibility of family members. While family support is essential, overreliance on informal caregiving can lead to delayed medical interventions and increased caregiver stress. Additionally, the **stigma surrounding mental health issues** such as depression and dementia often results in underreporting and undertreatment of psychological conditions among older adults.

Medication-related risks add another layer of complexity. Older adults frequently experience **polypharmacy**, the concurrent use of multiple medications to manage chronic illnesses. This increases the risk of drug-drug interactions, adverse effects and hospital admissions. The absence of systematic medication reviews further heightens these risks.

Psychological and emotional well-being remains one of the most neglected areas in geriatric care. Conditions such as **depression, anxiety and loneliness** are widespread among older adults, especially those living alone or in institutional care. However, mental health services for the elderly remain limited and healthcare professionals often lack specialized training to address these issues.

The **digital divide** presents a growing challenge in the era of telemedicine and digital health innovations. While technology has the potential to bridge gaps in healthcare access, older adults often face difficulties in adopting digital platforms due to low digital literacy, lack of access to devices and reluctance to engage with unfamiliar technologies. This exclusion from digital healthcare solutions hinders timely

access to medical consultations and monitoring (Livingston *et al.*, 2020).

These challenges highlight the need for a comprehensive and multi-faceted approach to strengthening geriatric care systems. Without addressing these barriers, the goal of providing equitable, quality healthcare to aging populations will remain unattainable.

Strategies for Strengthening Geriatric Medicine

To overcome the multifaceted challenges facing geriatric care, comprehensive systemic reforms are essential. First and foremost, policy development must be prioritized. Governments should adopt national aging strategies that mandate the inclusion of geriatric units in hospitals and ensure that public and private health insurance schemes cover geriatric services. Equally important is workforce training, which involves integrating geriatrics into undergraduate medical curricula and providing continuous professional development programs to equip healthcare workers with the skills necessary to manage complex aging-related conditions (Prince *et al.*, 2015).

Additionally, infrastructure expansion is vital. The establishment of specialized geriatric centers, deployment of mobile health units in rural and underserved areas and the integration of telemedicine platforms can greatly enhance the accessibility and quality of geriatric services. Financial protection is another critical element, requiring the introduction of subsidized health packages specifically designed for elderly care under public insurance programs to reduce out-of-pocket expenses for aging individuals and their families.

Furthermore, community-based models should be promoted, including home-based healthcare services, senior day-care programs and caregiver support systems, which offer personalized care in familiar environments. Mental health integration into geriatric care is also imperative and should include counseling services, cognitive behavioral therapy and memory clinics as standard components of elder care.

Moreover, technology adoption plays a crucial role in modernizing geriatric healthcare. Developing senior-friendly telehealth systems and training older adults in the use of digital tools can help bridge the digital divide and improve healthcare access. Finally, there must be a strong emphasis on research and evidence-based practice, with ongoing evaluation of geriatric interventions to ensure they are effective, patient-centered and adaptable to evolving demographic and technological

changes. These systemic reforms, when implemented together, have the potential to create a robust and inclusive framework for geriatric care that upholds the dignity, independence and well-being of older populations.

Conclusion

As populations age, the demand for specialized geriatric care is set to escalate worldwide. Geriatric medicine addresses the complex interplay of chronic illnesses, functional decline, psychological issues and social determinants, aiming to ensure healthy aging and dignity for older adults. While challenges such as workforce shortages, financial barriers and infrastructural deficits persist, integrated strategies involving policy support, community engagement and technological innovation can transform geriatric care delivery. The ultimate goal should be not merely adding years to life but adding life to years enabling older adults to live with independence, dignity and well-being.

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