

Outline

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Introduction

Late-onset asthma among the elderly is not uncommon, and the treatment usually follows the same guidelines as it does for younger patients. Nevertheless, it is essential to acknowledge that diagnosis and treatment of asthma in the geriatric population can be different due to the age of patients. The elderly population is more likely to suffer from fixed airflow obstruction due to structural changes, which affects the diagnosis, as more tests and trials might be necessary (Ulrik, 2017, p. 157). The overall aging process can also be detrimental to patients with asthma due to general health changes. While treatment of geriatric patients follows, in general, the standard guidelines, it is often underdiagnosed, undertreated, and associated with poor outcomes. Therefore, more attention must be channeled to studying it.

Asthma in Geriatric Patients

There are many issues that geriatric patients with asthma face compared to the younger population, thus making treatment more difficult. The aging and structural changes in the body are significant contributors to it. Aging is associated with growing structural changes in the organism, including the lungs. Specifically, elderly patients experience a degree of airflow limitation, which makes an analysis of spirometric curves less accurate (Ulrik, 2017, p. 159). There is also a loss of reversibility that can happen due to the structural changes in the lungs. Therefore, it makes the standard bronchodilator reversibility test ineffective for a diagnosis (Ulrik, 2017, p. 157). Patients with late-onset asthma often suffer from co-morbidities: more than 50% of patients above age 65 suffer from three and more co-morbid diseases (Ulrik, 2017, p. 160). Asthma issues are often paired with heart issues and need to have their treatment adjusted accordingly.

Another issue that many elderly patients face is an inadequate inhaler technique. The best and safest way to apply drugs to treat asthma is by the inhaler route (Ulrik, 2017, p. 159). It is common for patients to have issues with applying it correctly, therefore reducing the effectiveness of treatment. Nevertheless, it is possible to train patients to use inhalers properly, thus increasing the quality of treatment. Due to the current gap between theory and practice and a low number of clinical research, treating asthma in the elderly with late-onset asthma can be challenging. More trials, tests, and research are needed to determine more effective ways of treating geriatric patients with asthma.

An Example of an Elderly Patient with Asthma Symptoms

To demonstrate an example, a geriatric patient dealing with late-onset asthma is an elderly African-American woman who was presented to the faculty due to repeating difficulties with breathing, intense wheezing, and shortness of breath. She self-reported that the symptoms started two days ago but worsened the night before hospitalization. The signs have affected the overall quality of life, including her speech, sleep, and eating patterns. The woman had used albuterol twice a day with no positive change. She used albuterol the morning before coming to the faculty, but it did not help her condition. The woman also mentioned recurring asthma attacks in the past three weeks since she moved in with her daughter and son-in-law, who smokes. The asthma attacks had been occurring approximately three to five times a week.

The presented information highlights a potential reason for the sudden worsening of her condition. The woman reported that her condition worsened after moving in with her daughter and son-in-law. After the woman moved in with her daughter, she began to share the environment with a smoking person, her son-in-law. This might have caused the sudden onset of

asthma attacks and troubles breathing, as smoking is one of the biggest dangers to people with asthma. Although it is unknown whether the other person smokes inside, it is a high possibility that due to this change, her condition began to worsen.

According to the guidelines, the treatment for the patient should consist of the following steps. The patient needs to receive treatment and tests to determine her condition and overall health. The patient needs to consult her condition with her doctor and see if the current treatment needs changes. Then, if the medicine is insufficient, she needs to be prescribed a different medication. The patient needs to be treated before returning home, and it is also essential to analyze what could've caused this sudden array of asthma attacks. Because the change in the environment might likely have caused it, the patient needs to make necessary adjustments to her environment. Exposure to smoking and other risk factors should be reduced or avoided. Because there is a possibility that the recent asthma attacks were caused by the patient moving into a smoking environment, this factor needs to be tackled first.

Conclusion

Asthma in the elderly is an undertreated issue that needs more clinical trials, tests, and attention. Due to the aging, geriatric patients with asthma face more problems than younger patients, but these issues are often undiagnosed or lack in-depth medical research. The guidelines for treating elderly patients with asthma, as a rule, follow the same guidelines as treating young patients with asthma, which can be inefficient due to the differences in health. It is, therefore, essential that more research is done to determine better and more effective methods of asthma treatment in the geriatric population.

Reference

Ulrik, C.S. (2017). Late-onset asthma: A diagnostic and management challenge. *Drugs & aging* 34(3), 157–162. <https://doi.org/10.1007/s40266-017-0437-y>