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BOOK OF ABSTRACTS



It is often quite difficult to transport house-bound elderly patients to the VA Medical Center for eye examination, yet these patients are at high risk for vision and ocular health disorders. In order to determine the need for additional eye and vision care a study was conducted involving forty patients enrolled in the Hospital-Based Home Care program. These patients were given an in-home screening consisting of: 1. ocular history, 2. visual acuity, 3. visual field, 4. refractive, 5. neurologic, 6. tonometric, 7. external, and 8. internal ocular examination. Preliminary results show that approximately 50% of these patients had unmet visual and ocular health needs. Data to be presented will include a listing of visual deficiencies and ocular disorders found. Results also show that much of the needed care can be provided by home visits.

The discussion will focus on the importance of foot health in later life and aging in relation to activity in life. The needs of mobility and their social and psychological implications will be explored.

An overview of the common foot problems associated with aging and chronic disease will be presented and identified and will include a focus on age related changes, such as nail, skin, joint and related foot deformities as well as other related common problems related to aging.

Special care problems of the elderly will be identified that are related to the effects of pain, disability and limitation of activity.

Programs associated with ambulatory and institutional care will be presented with a focus on long term care. The needs of prevention and education will be listed to identify special needs related to foot pain and their impact on society, immobility, inactivity, and the financial and psycho-social impact of foot problems.

The special needs of mental health and mental retardation will be identified.

The presentation will provide graphic examples of foot problems and their proper management.

Foot Care for the Aged:
Arthur E. Helfand, DPM

SOCIAL AND CLINICAL ASPECTS IN THE CORRECTION OF HEARING LOSS IN THE ELDERLY. RESULTS FROM 200 CASES.

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#200 patients aged 65 to 83 with hearing loss were tested in order to determine their compliance to the wearing of

hearing aids and to assess the subjective usefulness of these aids in this elderly population. The patients had no history of otologic problems, exposure to ototoxic drugs or excessive noise; none presented evidence of any medical problem of otologic importance. They were divided into three groups, based on their primary complaint: (1) hearing loss with significant impairment of social intercourse, (2) tinnitus, (3) unrelated to hearing. The following tests were performed: (a) tonal, (b) supraaural, (c) acufenometric and (d) speech audiometry. All the patients considered for this study demonstrated hearing loss but no significant differences could be found among the single groups by the test. The general pattern was that of presbycusis. Hearing aids were given. The compliance with the hearing aids was good in the 1st group, poor in the 2nd and 3rd. Patients over 75 showed also generally poor compliance. The results support the conclusion that the benefit of hearing aids in the aged is related less to the crude audiometric data than to the degree of social impairment derived from the hearing loss. Patients where third party pressure was the main reason for seeking otological help and those over 75 were poorer candidates. In those cases research for alternative help and cautious approach towards protesization with expensive devices not always easily purchased by and of the expected benefit to the patient are warranted.
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USE OF PENILE PROSTHESIS IN THE INSTITUTIONALIZED ELDERLY. A. D. Smith, G. Badlani.
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The use of penile prosthesis for sexual dysfunction has become a routine practice. The usefulness of the prosthesis for the purpose of sexual dysfunction is limited in the institutionalized elderly, but there are other indications for the device in this setting. Selected case reports will be presented to demonstrate this point. Case 1: Patient with a contractile bladder requiring self-intermittent catheterization as a definitive form of management could not attain this goal due to hemiplegia. Two hands are required ordinarily to do self-intermittent catheterization, one to hold the penis and the other to insert the catheter. This handicap was overcome by implanting a semi-rigid rod obviating the need to hold the penis. Case 2: Condom catheter (Mentor Freedom Cath) is a commonly used device for treatment of incontinence in the elderly. Maintaining a condom on the penis can be a difficult problem in the geriatric patient. Insertion of semi-rigid rod can be of tremendous help in this situation. We have had a large experience for this indication in spinal cord patients and are now using this experience to good effect in the elderly.

ASSESSMENT OF THE IMPACT OF CATARACT SURGERY WITH LENS IMPLANTATION. W.B. Applegate, S.T. Miller, J. Elam, M. Baker, J. Freeman, and T.