

DIVISION OF GERIATRIC MEDICINE

Caring for the growing numbers of older persons in the nation



Professor Marc
Combrinck
Head of Geriatric
Medicine

Although it doesn't always get the focus it deserves, geriatric medicine, a subspecialty within internal medicine concerned with illness in older adults, is a crucial part of a comprehensive healthcare service.

“The greatest increase in the numbers of older people in the world is occurring in lower to middle income countries; old age is no longer the exclusive domain of the wealthy,” says Professor Marc Combrinck, head of the division. “Life expectancies at birth are rising again and the Western Cape has the highest number of older persons highest number of older persons in the country.”

Professor Combrinck says that the division operates a mainly outpatient-based clinical service with two weekly geriatric medicine clinics as well as a weekly Memory

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Professor Marc Combrinck and Doctor Sebastiana Kalula discuss a case in the Resource Room of the Albertina and Walter Sisulu Institute of Ageing in Africa.

Clinic – the first of its kind in South Africa. The latter is run jointly with the Department of Psychiatry and the Albertina and Walter Sisulu Institute of Ageing in Africa (IAA) and provides a comprehensive assessment of all newly referred patients by a team comprising geriatric physicians, psychiatrists, a neurologist and neuropsychologists.

“The Memory Clinic has provided opportunities for sustained and improved health care, education and training, and collaborative research. It has also enabled linkages with national and community organisations such as Alzheimer’s South Africa and Dementia South Africa,” says Doctor Sebastian Kalula, Director of the IAA.

Professor Combrinck agrees that one of the most exciting aspects of geriatric care is that it requires a broad approach that involves not just the clinical aspects of disease in old age, but also its preventative and social aspects. “Most consultations are, in fact, family consultations. Our specific skills are in having to deal with multiple co-morbidities, non-specific presentations of illness,

the challenges of frailty and the requirements for social support,” he says.

In addition to its clinic work, the division also has in-patient beds and shares on-call and consultant duties in the Stroke Unit with the Division of Neurology, and provides a general consultative service in geriatric medicine to the hospital.

Professor Combrinck, who also holds a National Research Foundation Chair in Clinical Neurosciences Research, says that one of the highlights of his work in the division so far has been the initiation of a research programme in clinical geriatric neurosciences. “I have worked closely with colleagues in neurology as well as with Associate Professor John Joska of the Department of Psychiatry on the clinical problems of stroke in HIV infection, HIV-associated cognitive disorders, Alzheimer’s disease and motor neuron disease. For the first time in Geriatric Medicine we have supervised and graduated research students – two PhDs and six MSc’s.”



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From left to right: *The Geriatrics team – Sonja Hendricks (secretary), Professor Marc Combrinck, Doctor Linda de Villiers (geriatrician), and Doctor Sebastiana Kalula (geriatrician).*

He adds that a greater focus on a comprehensive teaching programme in Geriatric Medicine for undergraduate medical students is next on the list of priorities.

“What I would desperately like to see is the re-establishment of a subspecialist training post in geriatric medicine for general physicians. This is critical if the specialty is going to survive; without it, we can have no succession plans.

Doctor Kalula agrees that an investment in the future of the division and the IAA is a priority, and that part of this will depend on their ability to raise the profile of geriatric medicine in order to attract more funding.

“Ageing is not a priority issue for government and other formal funding bodies. A lack of support for this area leads to human and financial constraints,” says Doctor Kalula.

The need is pressing. As clinic patient numbers increase, the resources of the division are coming

under increasing strain. “A major task will be to provide training to primary care physicians in the diagnosis and management of geriatric conditions. We have already begun this process, in collaboration with the South African Geriatric Society, by introducing a diploma course in geriatric medicine for general practitioners and primary care health workers in 2014,” says Professor Combrinck. Strengthening the necessary social services and backing from other allied health care professions is also a key drive.

“Clearly we have a larger role here in the advocacy and promotion of the rights of older persons. I should like to see comprehensive geriatric clinical care as part of a national health service that is based primarily on the needs of ill citizens and not their ability to pay. It should include all older South Africans, not just the well-connected middle classes, but the hundreds of thousands of older working-class citizens who have spent their lives building the nation state.”