Geriatric Urology
Symposium 2009

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“One might refer to urologists as the ‘hidden providers’ of geriatric care, ultimately sought out by many geriatric patients.”

Figure 2—Population, by sex and age: 1990 (in millions).

The Oldest Old (80-85) Population Estimates

Estimated from: Gill et al. 1992: Figure 8-2.
Figure 3—Population, by sex and age: 2030 (in millions).

Population Aging

- Fastest growing segment of the population are elders over age 85.
- Life expectancy is increasing.
- Over 60% of a urologist's outpatient practice is devoted to caring for those > 65.
- Over 50% of urological surgery patients are > 65.
- As the population ages, more concerns need to be placed on functional decline as well as maintenance of quality of life.
Aged Population as a Share of Total U.S. Population Continues to Grow

Percent of total population

Population aged 65 and over

Note: Projections based on intermediate assumptions of the 2002 Trustees Report.

Source: The 2002 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust
Life Expectancy At Birth

![Graph of Life Expectancy in the United States](image-url)
Life Expectancy in 2004
Life Expectancy

- Important to be able to assess when deciding upon treatment options
- Healthy at age 65 → 18 more years
- Healthy at age 85 → 8 more years
- Impact of comorbid illness:
  - 2 or fewer comorbidities: Decrease expected life expectancy by about 3-5 years
  - 3+ comorbidities: Decrease expected life expectancy by $\frac{1}{2}$
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Ophthalmology</td>
<td>56%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>54%</td>
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<tr>
<td><strong>Urology</strong></td>
<td><strong>46%</strong></td>
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<tr>
<td>Internal Medicine</td>
<td>39%</td>
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<tr>
<td>General Surgery</td>
<td>33%</td>
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<tr>
<td>Neurology</td>
<td>26%</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>ENT</td>
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<tr>
<td>Orthopedic</td>
<td>22%</td>
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<tr>
<td>Family Medicine</td>
<td>21%</td>
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<tr>
<td>Psychiatry</td>
<td>10%</td>
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</tbody>
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Geriatrics Education for Specialty Residents Program (GSR) Grant

**Funding Source (2008-2010):**
- American Geriatric Society
- John H. Hartford Foundation

**Purpose:**
- Create infrastructure to treat elderly patients both inpatient and outpatient
- Improve care of the elderly urologic patient
- Incorporation of geriatric curriculum into urology residency program
Geriatrics Education for Specialty Residents Program (GSR) Grant

Goals:

- To create a bridge between urologists and geriatricians.
- Encourage urologists to feel comfortable and to enjoy caring for the elderly.
- Provide the tools necessary for urologists to diagnose and treat a urological problem in the broader context of an elder’s social, cognitive, and emotional life.
- Incorporate functional, cognitive and life expectancy assessment into treatment decisions.
- Understand the hazards of hospitalization.
Achieving Goals

- Geriatric Symposium
- Incorporation of Grand Rounds in both Geriatrics and Urology
- Visiting Professor Series
- Research Opportunities
- Urologists rotating with geriatricians
Symposium Agenda

- Pre-test
- Physiology of Aging
- Cognitive Impairments with Medical Illness
- Urinary Incontinence
- Geriatric Oncology
- Perioperative Anesthetic Risk
- Post-Operative Complications
- BPH
- PSA Screening
- Palliative Care
- Post-Test

Please see handout for times, presentation titles and presenter information
Goals of Symposium

- Introduction to Geriatric Urology
- Introduction of key faculty in all aspects of Medicine that are involved in Geriatric care.
- Gain a holistic understanding of the treatment of the geriatric population.
- Improvement in the care of the elderly