Perspectives of Patients 65 Years and Above Regarding Family Medicine Applying to Physical Therapy and Rehabilitation Hospital Polyclinics

Özkan Yükselmiş
(Corresponding Author), Diyarbakir Dagkapi State Hospital, e-mail: ozkanyukselmis@gmail.com, 0000-0002-1996-7030

Abstract
Aim: Our study was carried out in order to examine the diagnoses of our pa-tients aged 65 and over, who applied to a physical therapy hospital, and to evaluate them in terms of primary health care delivery.
Materials and Methods: Our study was conducted by retrospectively examining the electronic records of patients aged 65 and over who applied to the Physical Therapy and Reha-bilitation Hospital polyclinics between January 01 and May 31, 2021.
Results: A total of 3920 patients were included in the study. Of these patients, 2392 (61%) were female and 1528 (39%) were male. Among the physi-cal therapy and rehabilitation diseases, lumbar region diseases were found in the first place with 17% according to the diagnoses of patients receiving rehabilitation treatment.
Discussion: Our patients should be made aware of their musculoskeletal system complaints in primary health care delivery. In this process, it is thought that the support of family physicians in combating pain is important in terms of increasing the quality of life of our patients in this age group.
Keywords : Primary Care, Musculoskeletal Diseases, Elderly
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1. INTRODUCTION

The World Health Organization defines aging as the gradual decrease in the ability to adapt to environmental factors, and considers people aged 65 and over as elderly. The number of el-derly people is increasing in our country. A chronological, sociological, biological and psycho-logical regression occurs with aging, and these changes in developing functional capacity cause a decline in cardiovascular, respiratory and metabolic functions. (1,2).

In Turkey, both the increase in life expectancy at birth and the increase in the share of the el-derly population in the total population are compatible with world data. According to the re-sults of 2015 in our country, life expectancy at birth was determined as 78 years for Turkey in general, 75.3 years for men and 80.7 years for women. (3).

The main purpose in the management of chronic diseases is to keep the quality of life high by ensuring that the level of functions remains the same or improves. In this age group, in addi-tion to preventive and therapeutic services, especially care and rehabilitation services are also very important. (4,5).

With the increase in the elderly population, the demand for healthcare services for the elderly is also increasing. Elderly patient follow-up and elderly care practices are gaining more and more importance as elderly patients increasingly take part in family medicine practice. In re-cent years, there have been studies in our country to determine and develop the needs of el-derly patients. Family physicians play an important role in the follow-up of elderly patients in many care areas. (5,6).Elderly patients may have diseases that usually require the use of mul-tiple medications. (5). The complex nature of health problems and chronic disease follow-ups in elderly individuals increase their tendency to apply to the

hospital. This situation causes many problems such as multiple drug prescribing, more number of examinations, and an incre-ase in economic burden. (6,7).

One of the most common reasons for hospital admission in elderly individuals is complaints from the musculoskeletal system, such as pain. These complaints can be found in one out of every four patients who apply to family physicians. (8). Musculoskeletal pain in the elderly can also be seen for many non-rheumatic reasons, such as Parkinson's. Pain causes limitations in activities of daily living and negatively affects quality of life. (9,10). Although there are many pharmacological and non-pharmacological applications for the treatment of pain, it has been shown that even conversations with the elderly about the effects of pain, its results, and co-ping methods are effective in treatment. (11,12).

Our study was carried out in order to examine the diagnoses of our patients aged 65 and over, who applied to a physical therapy hospital, and to evaluate them in terms of primary health care delivery.

2. MATERIALS and METHODS

Our study was conducted by retrospectively examining the electronic records of pa-tients over the age of 65 who applied to the Physical Therapy and Rehabilitation Training and Research Hospital polyclinics between January 01 and May 31, 2021. After the approval of the ethics committee, the clinical diagnoses, age, gender and appli-cation dates of the patients were obtained from the electronic database. Age groups were grouped as 65-74 years old, 75-84 years old and 85 years old and over. Accord-ing to the list of physical therapy and rehabilitation diagnosis groups of the Health Practice Communique dated 14.07.2016, the diagnoses of the patients were grouped as A, B, C, D. (13).

Rehabilitation has been applied for diseases involving groups A, B and C. Treatment sessions including various physical therapy modalities were applied to the patients for diseases involving group D. In addition to this treatment, group D patients were ad-vised to exercise as a home program. Physical therapy given to patients receiving out-patient and inpatient treatment, as the content of rehabilitation is decided after the evaluation by the physician and physiotherapist according to the diagnosis of the dis-ease and the functional status of the patient (Joint Range of Motion (ROM) exercises, ROM stretching exercises, strengthening, progressive ambulation) and can change dur-ing the rehabilitation period. All of the information on what the modalities were could not be reached systematically. However, it was used in the evaluations because all of the bath treatments given could be reached.

Statistical analysis

Using IBM SPSS (Statistical Program for Social Sciences) version V23, quantitative data were presented as median, standard deviation, smallest-maximum value, and qualitative data as percentage, four-eyed chi-square and multi-eyed chi-square, Kruskal-Wallis were analyzed with the Mann-Whitney U relationship tests at a 95% confidence interval.

3. RESULTS

A total of 3920 patients were included in the study. Of 3920 patients aged 65 and over in-cluded in the study, 2392 (61%) were female and 1528 (39%) were male. The number of peo-ple aged 65-74 was 2802 (71.5%), the number of people aged 75-84 was 1024 (26.1%), and the number of people aged 85 and over was 94 (2.4%). The mean age of the patients was 72.2 ± 5.3 years. The distribution of age groups by gender is shown in Table 1.

Table 1. Distribution of age groups by gender

Sex	65-74 Age		75-84 Age		85+ Age		Total	
	n	%	n	%	n	%	n	%
Women	1746	73.0	601	25.1	45	1.9	2392	100
Men	1056	69.1	423	27.7	49	3.2	1528	100
Total	2802	71.5	1024	26.1	94	2.4	3920	100

Among the physical therapy and rehabilitation diseases, lumbar region diseases were found in the first place with 17% according to the diagnosis of the patients who received treatment. Since a patient may have more than one diagnosis, 49.8% of the patients were diagnosed with lumbar region diseases. Similarly, while the frequency of diagnoses of knee region diseases was 15.8%, this diagnosis was found in 46.4% of the patients in total. (Table 2).

Table 2. Frequency distribution of diagnoses

Diagnosis	Incidence Frequency	By Diagnoses (%)	By Complaints (%)
Waist Region Diseases	1954	17	49,8
Knee Region Diseases	1813	15,8	46,4
Neck Region Diseases	915	7,9	23,3
Shoulder Region Diseases	666	5,8	17.0
Vitamin D Deficiency	589	5,1	15.0
Osteoporosis Other	543	4,7	13,9
Stroke-Cerebrovascular Conditions	439	3,9	11,2
Neuropathic Pain	249	2,2	6,4
Cramp And Spasm	114	1,0	2,9
Coxarthrosis [Hip Arthrosis]	111	1,0	2,8
Arthroses Other	106	0,9	2,7

According to the groupings in the list of physical therapy and rehabilitation diagnosis groups of the Health Practice Communiqué, the frequency of diagnosis group A was 7.5% (n:522), the frequency of group B was 1.5% (n:107), the frequency of group C was 22.5% (n:1556). detected. D diagnosis group had the highest frequency with 68.4% (n:4732). The patients re-ceived a total of 2124 bath treatments. The number of bathrooms was 9 (min:1;max:27). (Ta-ble3).

Table 3. A, B,C,D Diagnostic Groups Descriptive Statistics

	Frequency	%	X1	SS2	Min	Maks
A	522	7,5	23,5	14,1	1	70
B	107	1,5	18,2	7,5	10	28
C	1556	22,5	13,5	6,4	1	60
D	4732	68,4	17,3	7,9	1	60

4. DISCUSSION

Chronic musculoskeletal pain can be caused by pain in the muscles, joints and bone structures (14). It is a disease characterized by pain, restricted movement, and impairment in the struc-ture and function of the musculoskeletal system (15). Due to the gradual increase in the elder-ly population in the world and the prolongation of the expected life span, the incidence of musculoskeletal diseases all over the world and the primary care applications of patients with these complaints increase significantly (16).

Intervertebral disc degeneration increases with age. With age, the nutrition of the disc de-creases. The clinical consequences of changes in the intervertebral discs in the elderly are disc herniations, degenerative spondylosis in the

spine and spinal stenosis. Low back pain and stiffness in the back are the most common symptoms seen in the elderly. Low back pain ranks third among chronic diseases in women aged 65 and over, and fourth in men (17). In this age group, other causes such as cancer, compression fracture, spinal stenosis and aortic aneurysm may be underlying these complaints (18). Studies have shown that advanced age, female gender, weight gain, depression, and stress may be effective in increasing pain and prolonging its duration (18,19). In the management of low back pain, lack of exercise, psychological fac-tors, the perception of pain and the approach to pain have an important place (20,21).

Family physicians working in primary health care services get to know their patients and have the opportunity to evaluate each person together with their environment and life, and with the family medicine approach, they consider the person as a whole, not only as an individual, but also with his environment and social life. With the holistic approach, how the individual per-ceives his illness and ways to cope with it can be determined, and his feelings, thoughts, ex-pectations and needs about his illness can be determined. For this reason, patients should be treated with a family medicine approach in primary health care institutions where patients first apply, and if necessary, support should be obtained from other departments (22). In our study, lumbar region diseases were found to be the most common among the physical therapy and rehabilitation disease groups. Intervertebral disc disorders were the most common among this group. In our daily practice, we need to evaluate our elderly patients as a whole, keeping in mind that there may be other underlying causes during this period.

The incidence of osteoarthritis (OA), one of the most common rheumatic diseases, is increas-ing with the prolongation of life expectancy, causing both loss of work force and psychosocial problems due to pain and loss of function. Although OA is seen in all joints, it most common-ly occurs in the knee, hip, hand and spine joints (23). Although the incidence of OA increases with age, it is more common in women than men. It may occur symptomatically in 13% of women over the age of 60 and in 10% of men (24,25). Knee OA, which is especially common, is accepted as a risk factor for falls in the elderly due to leaning forward of the body and de-terioration of balance (26). Exercise is important in the treatment of patients. Compliance with exercise therapy and starting to lose weight means behavioral change, which is a difficult pro-cess for patients. In this sense, some interventions may be required in patient interviews, espe-cially in primary health care (27). Primary health care units are the first places of application for the elderly population with chronic musculoskeletal problems such as osteoarthritis and systemic diseases such as hypertension and diabetes. Health workers providing primary health care services should focus on patient education in terms of preventive medicine (28,29). Os-teoarthritis-related diagnoses were also common in our patients. Being aware of the training that health workers involved in the provision of primary health care services should provide, and improving themselves in this field will further increase the effectiveness of the training.

Many age-related health problems may require rehabilitation. The main purpose of rehabilita-tion is to restore the individual to the pre-illness activity level as much as possible. The most effective way to achieve the goals of rehabilitation treatment in the elderly is teamwork. Plan-ning of rehabilitation mainly depends on the communication between physician and physio-therapist. Including elderly caregivers in this process has proven to be a highly effective ap-proach to achieve rehabilitation goals (30). It is very important for us to evaluate our patients, especially in the elderly population, in the health services we provide in primary care, in the environment they live in, in order to determine the needs of our patients and to see the ap-plicability of the health services provided by our patients.

The most important limitations of our study are the fact that we could not access all infor-mation from the hospital information system, evaluate the content of the pharmacological or non-pharmacological treatments given, and learn about the patients' benefit from these treat-ments.

5. CONCLUSION

It is necessary to reduce the repetitive applications of our patients, especially in this age group, where chronic diseases can be seen quite frequently, and who have chronic musculoskeletal complaints such as pain, and therefore the amount of medication used should be minimized. In the provision of primary health care, our patients should be made aware of their musculo-skeletal system complaints, and they should be directed to physical therapy and rehabilitation centers

by guiding them about treatment. In this process, we think that the support of family physicians in dealing with pain is important in terms of increasing the quality of life of our pa-tients in this age group.

Declarations

Abbreviations: Joint Range of Motion: ROM; Osteoarthritis: OA

Ethics approval and consent to participate: All experimental protocols were approved by Physical Therapy and Rehabilitation Training and Research Ethics Committee, all methods were carried out in accordance with relevant guidelines and regulations and informed consent was obtained from all participants.

Constent for Publication: Not Applicable

Availability of data and material. The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests: The author certifies that he has affiliations with or involvement in any organization or entity with any financial interest

Author Contributions: Ö.Y: designed the model and the computational framework and analysed the data, carried out the implementation, performed the calculations, wrote the manuscript.

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