Anesthesia Research Academics in Geriatric Patients: Need for a Clinical Caution?

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Editorial

Anesthesia has always been challenging in geriatric patients. The predominant reason being variable pathophysiological changes of aging confer a different degree of response to various anesthetic agents in geriatric population [1]. A basic rule is that geriatric patients are not old adults like the fact that children are not young adults.

Advancements in geriatric anesthesia have mainly been possible because of extensive research. Still, the scope is so wide that one must look for definite evidence with advancing medicine. All studies published in the indexed journals are taken as standard and are invariably imitated widely throughout the globe. They form a research platform for the budding physicians and many such studies become the thesis or project work for the post-graduate students. In fact, it is essential that such studies should include the description of the methodology and characteristics of the study in entirety. Any omission of important information or the data especially related to the demographic and clinical profile of the patient population can have adverse consequences if such studies are followed as such without proper validation and elaboration.

An elderly patient may have any form of co-morbidity which can have widespread ramifications during administration of regional or general anesthesia or for that matter any kind of anesthetic drug [2-4]. A patient with uncontrolled and severe diabetes, heart disease and uncontrolled hypertension, intestinal disorders that have been present for long to cause functional and physiological disturbances, pulmonary tuberculosis and other respiratory diseases which could have incapacitated the functional residual and vital capacity, a prolonged illness resulting in gross muscular weakness, deranged thyroid and other endocrinal disorders as well as many other systemic disorders can cause severe clinic-pathological disturbances which can significantly impact any anesthetic technique [2-4].

It is agreed that it is not possible to state an absolute measure of severity, as this is a matter of clinical judgment. But it is also mandatory that such high-risk patients should be optimized before surgical procedures. In fact, urgency of surgery also deserves special considerations in a "very old" geriatric patient for major orthopedic surgery. Anesth Essays Res 4: 125-126.

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