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A.V.

S.L.B.

Foreword

The nursing home is a relatively new and inadequately studied site of medical care. As the 20th century enters its final decade, the number and age of the elderly population are increasing rapidly in both the economically developing and developed countries of the world. These demographic facts are reflected in the increasing number of elderly persons who require continuing care.

In many societies, families are unable or, less commonly, unwilling to provide care for dependent elderly relatives. The costs in terms of money and effort can be overwhelming. It is as troubling to observe family members place a relative in a nursing home when little care is required as it is to observe families struggling with enormous demands that damage the fabric of the family in an attempt to forestall the admission of a relative to a nursing home.

Institutions for the care of invalids are not new. Throughout the ages religious and charitable organizations have provided for the disabled and
dying. However, as the capacity of the medical professionals to treat and even to cure chronic illness increased and as technical requirements for diagnosis as well as treatment became more complex, the modern hospital developed to provide care and treatment.

Specialization of hospitals in the first half of the 20th century led to two types of hospitals: one for acute, short-term care and another for chronic, long-term care. During the second half of this century, specific treatment for patients with protracted illness such as tuberculosis and chronic psychoses was developed, so that such patients could be discharged to rejoin their families and communities. Many long-term care institutions closed during the third quarter of the 20th century. However, a new wave of individuals was appearing for whom treatment did not end chronic dependence on medical care - the elderly.

At the same time, medical care has been redefined. The scientific enrichment of medicine led to improved treatments. Statistical techniques were developed to evaluate alternative forms of care based on outcome. If a treatment could not be shown to alter the natural history of disease, it was not considered medical but social and was no longer paid for by health insurance.

This view and the rapid increase in infirm elderly led to the growth of long-term care facilities devoted to the elderly - nursing homes. To the small number of charitable institutions devoted to the long-term care of the elderly were added large numbers of for-profit nursing homes. A new industry was born to meet the care needs of the elderly no longer provided by the medical establishment. Since nursing home care was defined as being outside the medical care system, payment for such services depended upon family resources or public resources dedicated to the support of the destitute.

Not surprisingly, nursing home care became medically underserved. Practicing physicians rarely entered the nursing home, and medical care was limited to that required by governmental regulations by physicians often under contract to the nursing home. By the 1980s, the number of nursing home residents in the USA was over 1.5 million individuals, a number greater than the total number of hospital patients in the USA.
Fortunately, the United States National Institute on Aging in Bethesda, Maryland, recognizing the absence of medical knowledge concerning the large numbers of infirm elderly residing in nursing homes, initiated the 'Teaching Nursing Home Program'. The concept was based upon the teaching hospital with its medical school affiliation. The thrust was to offer support for research and teaching within nursing homes to academic medical centers. The greatest commitment, certainly in terms of numbers, to long-term care of the elderly has been that of the Department of Veterans Affairs. A high administrative position, the Associate Chief Medical Officer for Geriatrics and Extended Care, has been established to oversee the network of nursing homes and domiciliary facilities provided to veterans.

We are now beginning to see the fruits of such programs. Physicians are beginning to consider the nursing home as an appropriate site for medical care, teaching, and research. Physicians have found the nursing home an interesting site for study. The contributors to this volume see the nursing home as their laboratory and have carefully reviewed infectious diseases in this setting. As infections are the most common acute medical problem in nursing homes, this topic is of immense importance. This text not only provides guidance in the diagnosis and treatment of urinary, pulmonary, gastrointestinal, and cutaneous infections, but also provides the basic pathophysiology of immune senescence - age associated changes in the acute inflammatory response. Finally, policy related to infections such as infection control and cost-effective use of antibiotics are considered.

This volume, it is hoped, will be only the first of a series devoted to geriatric medicine in the nursing home. Quoting the editors of this volume: 'We firmly believe that the nursing home is an exciting and fulfilling place to teach, carry out research, and practice medicine.'

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Preface
The nursing-home patient is a familiar and frequent visitor to emergency rooms and hospitals. However, the patient’s place of residence - the nursing home - is a relatively new frontier in medicine, one that is only now being fully explored. As the number of persons entering nursing homes rises, there appears to be several incentives to intervene early in disease processes to prevent the progression that results in emergent admission to the hospital. The incentives for increased medical involvement in the nursing home include (a) the promise of minimizing suffering and achieving a better quality of life for the nursing-home resident, (b) diminishing the risk of iatrogenic illness by not transferring the patient to the hospital, (c) decreasing medical costs, and (d) establishing a data base that will lead to better understanding of the unique problems of the nursing-home patient.

Infectious diseases have a special position in the nursing home: they account for the majority of the transfers of the nursing-home patient to the hospital and are a frequent cause of demise.

In this book we have attempted to present the problems of infectious diseases in the nursing home. The sophisticated reader will recognize that in many areas the perspective is that of the hospital physician viewing the nursing-home patient who has been transferred. Although there are many excellent studies of what goes on in the nursing home, the reader will recognize a window of opportunity for research in this area, since many more areas of nursing-home infection remain to be explored.

It is hoped that this book will serve as a useful reference source for physicians, nurses, administrators, and all those involved with the nursing home.

We firmly believe that the nursing home is an exciting and fulfilling place to teach, carry out research, and practice medicine.

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