Aging and the Gastrointestinal Tract
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Aging and the Gastrointestinal Tract

Volume Editors

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With the dramatic increase in the aging population, the study and care of gastrointestinal disorders in the elderly have become priority topics for both clinicians and researchers.

Little attention was focused on the gastrointestinal tract of the elderly until very recently. In the last few years, however, the medical literature has provided more studies on the changes that occur in gastrointestinal physiology as a function of advanced age, as well as on gastrointestinal diseases associated with aging.

The aim of this book is to assemble in one place the results of the more recent studies in geriatric gastroenterology and to review both basic research and clinical aspects of this field. The book explores selected subjects of wide interest. The geriatric approach to gastrointestinal disorders includes the epidemiology of gastrointestinal disorders in the elderly and the effect of aging on the pharmacokinetics of gastrointestinal drugs, as well as a comprehensive clinical assessment of older patients with gastrointestinal disorders. A comprehensive multidimensional assessment is particularly important in managing older patients with chronic and disabling illnesses, such as gastrointestinal disorders, since these patients are likely to have multiple interacting problems that interfere with their daily function and complicate their treatment. For example, an older patient who presents with a common gastrointestinal problem such as peptic ulcer or chronic diarrhea typically has a multitude of other age-related disorders that can complicate diagnostic and therapeutic options. These clinical situations are particularly suited to a comprehensive geriatric assessment approach.
The effect of aging upon the physiology of the gastrointestinal tract is a crucial area for geriatric gastroenterology. Since the elderly patient may present with particularly unique variables, such as altered visceral function, which can impact profoundly on the presentation, diagnosis and treatment of disease, a deeper understanding of these variables is critical in order to provide optimal diagnostic modalities and design specific treatment care plans for elderly individuals. A section of the book is devoted to closely examining the structural and functional effects of aging on the physiology of the esophagus and stomach, small intestine and colon, liver and pancreas, focusing on distinctive features as they relate to pathophysiology as well as diagnostic and treatment modalities that are particularly relevant to the elderly population.

A significant component of this book is devoted to identifying the physician’s clinical approach to the elderly with gastroenterological problems. Recent advances in diagnostic tools and treatments of elderly patients with dysphagia and gastroesophageal reflex disease, as well as with nonsteroidal antiinflammatory drug-related or Helicobacter pylori-associated gastroduodenal diseases, are reported in updated chapters. Moreover, the physician’s approach to the management of disorders of the small intestine, colon, pancreas and liver is discussed, highlighting the specific aspects of such disorders in old age. Colon cancer, the scourge of the aged as a cause of gastrointestinal-related deaths in the older patient, is discussed in depth.

Diagnostic testing becomes very important in the elderly since clinical features such as history and physical signs are frequently most difficult to interpret in older individuals. There is no evidence that the risk of performing invasive diagnostic tests such as endoscopy of the upper or lower gastrointestinal tract is greater in the elderly than in the young. Clearly both the course and the therapy of a disease may be altered in an older individual. Indeed, very frequently, clinical manifestations and the response to therapy may appear to differ because the older patient has several concomitant disorders that may distort the classic features of the primary gastrointestinal disease. Due to these multidimensional aspects of the elderly subject, the process of geriatric assessment often requires the involvement of a multidisciplinary team with experienced specialists as well as primary care physicians and/or community health workers focused on identifying functional problems and disabilities of older persons.

We hope that this book will be useful for general physicians, specialists in geriatrics and gastroenterology and all health care providers who are involved in planning the care and management of elderly people with gastrointestinal disorders.

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