

Welcome

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GERIATRICS

- Polypharmacy
(too many medications)
- Prevent Falls
- Cognitive Function
- Advance Directives
- Functional Status
(ADL'S/IADL'S)

Activities of Daily Living Self Care

- Bathing
- Dressing
- Transferring
Bed to Chair
- Toileting
- Grooming
- Feeding Oneself

Activities of Daily Living

Instrumental

- Telephone
- Meals
- Household Finances
- Medications
- Laundry
- Housework
- Shopping
- Transportation

DIABETES

Lite

Diabetes: a Sugar Disorder

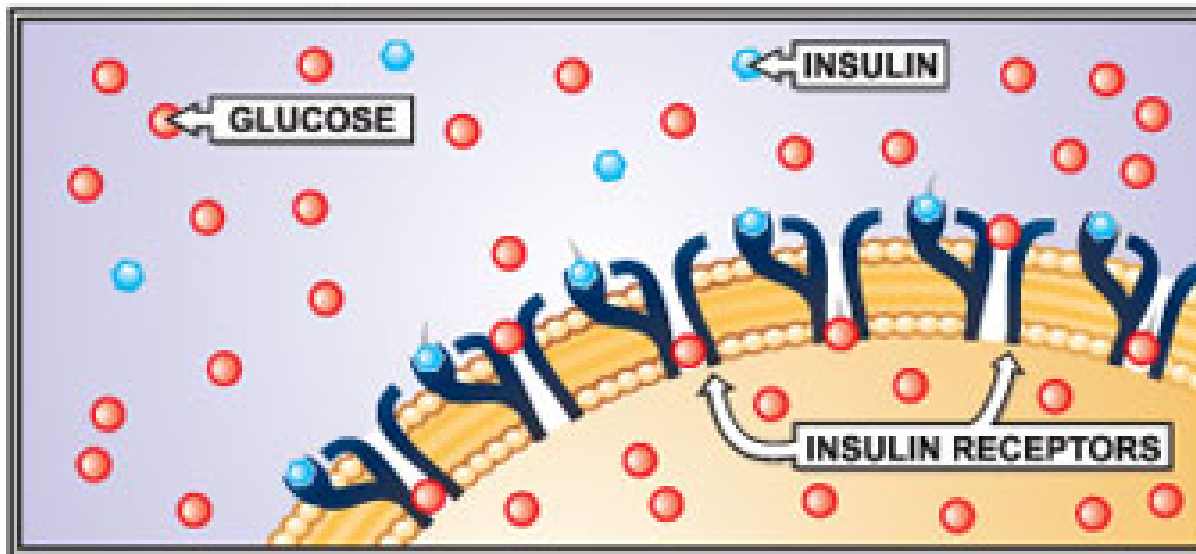
Sugar & Carbs

are broken down in the intestine

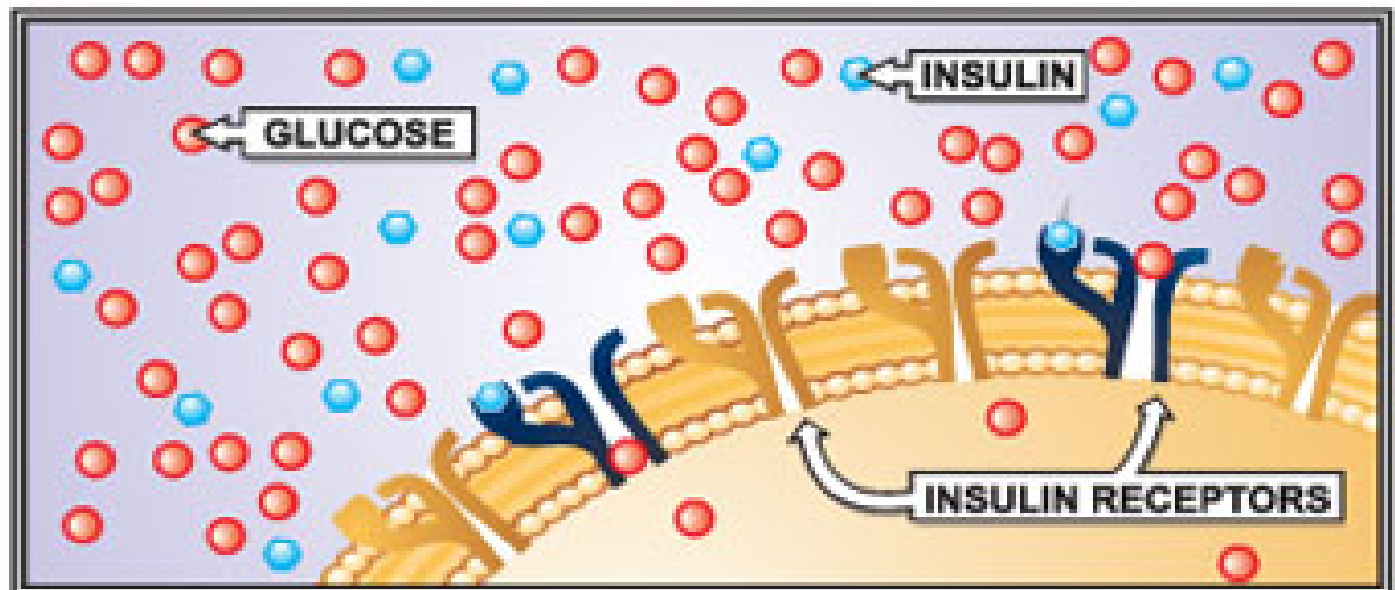
into:

GLUCOSE

NORMAL CELL



INSULIN RESISTANT CELL



Insulin Resistance

CLASSIC SYMPTOM TRIAD

- POLYDIPSIA = THIRST +++
- POLYPHAGIA = HUNGER +++
- UNEXPLAINED WEIGHT LOSS
YET EATING +++

Diabetes:
a
Disease
of
Complications

---OPATHIES

■ RETINOPATHY

Blindness

■ NEPHROPATHY

Dialysis

■ NEUROPATHY

Numbness

■ ARTERIOPATHY

Amputation

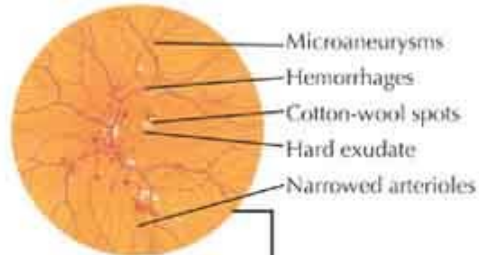
■ CARDIOMYOPATHY

Heart Failure

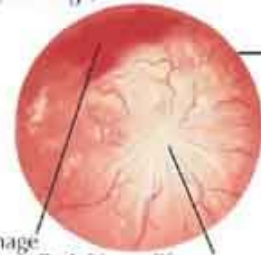
Diabetic retinopathy

Diabetic retinopathy can be easily detected during a dilated eye exam and is the leading cause of blindness among adults in the United States. Visual loss can be prevented with early recognition and treatment of retinopathy

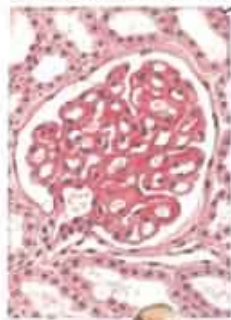
Nonproliferative retinopathy (early stage)



Proliferative retinopathy (late stage)



Diabetic nephropathy



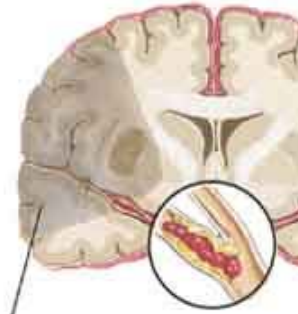
Histologic view of diabetic glomerulosclerosis



Diabetes mellitus is the leading cause of end-stage renal disease in the Western world

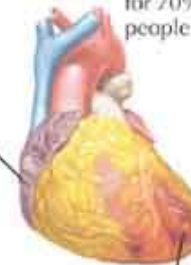
Cerebrovascular disease

The high incidence of vascular complications among patients with diabetes is related not only to blood glucose elevations but also to the frequent association of dyslipidemia, hypertension, a procoagulant state, and the tendency to form unstable plaques in the arterial wall

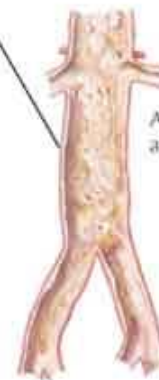


Ischemic stroke due to in situ thrombosis, usually triggered by plaque rupture in the carotid or cerebral artery

Myocardial infarction and related heart disease account for 70% of the mortality in people with diabetes



Myocardial infarction



Atheromatous aorta and branches

F. Netter M.D.
C. Machado M.D.

KIDNEY MEDULLA: PAPILLA

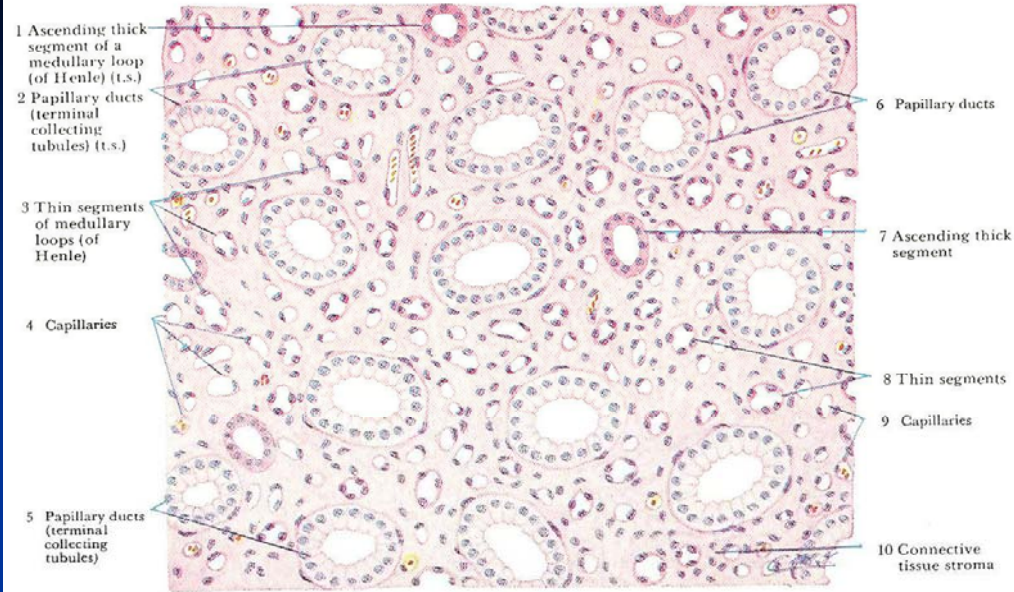


FIG. 1. *Papilla, transverse section.*
Stain: hematoxylin-cosin. 170x

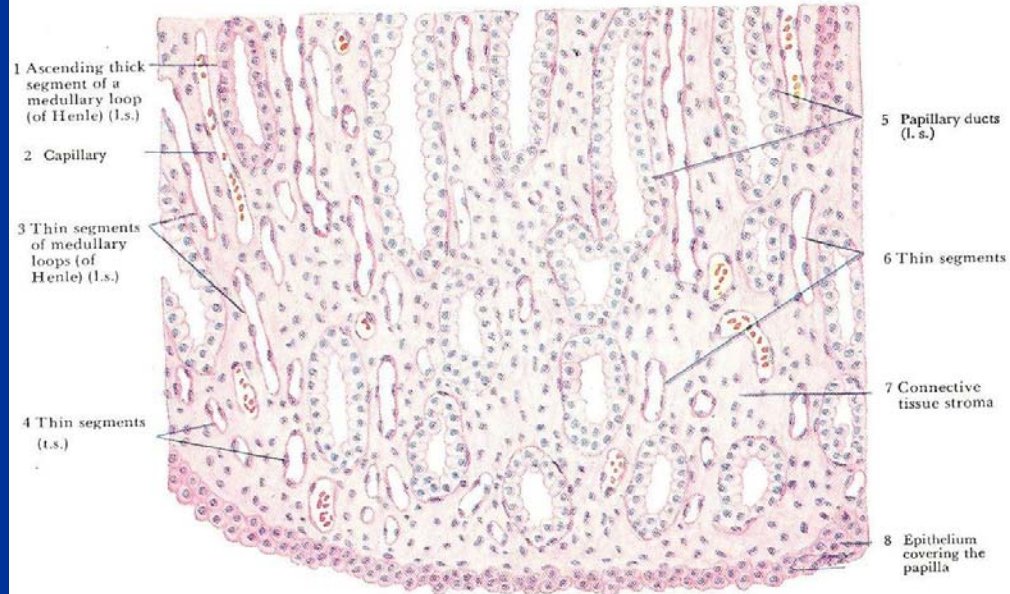


FIG. 2. *Papilla, longitudinal section through an area adjacent to a calyx.*
Stain: hematoxylin-cosin. 190x

Hemoglobin A1c

< 7

Lifestyle Changes



Control weight



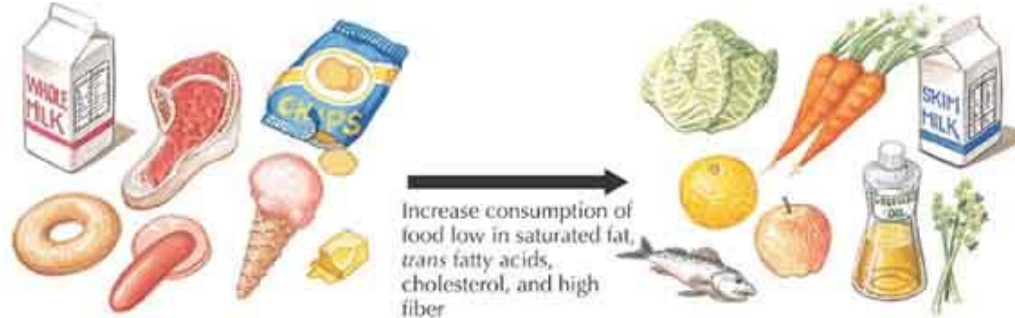
Regular exercise



Stop smoking

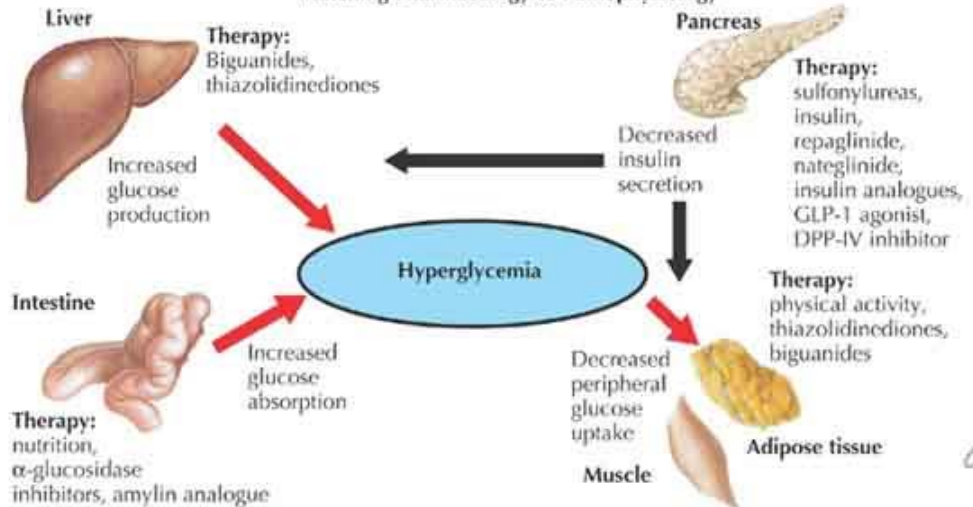


Control blood pressure



Increase consumption of food low in saturated fat, trans fatty acids, cholesterol, and high fiber

Matching Pharmacology to Pathophysiology



F. Netter M.D.
 JOHN A. CRAIG M.D.
 C. Machado M.D.

PREVENT ---OPATHIES

RETINOPATHY: Ophthalmologist

ARTERIOPATHY: check feet daily

NEPHROPATHY: blood tests
ACE inhibitor

CARDIOMYOPATHY: BP control
Statin & Aspirin daily

HAVE A
GREAT
INTERNIST
AS YOUR
DOCTOR!

PREVENTION OF DIABETES

- EXERCISE
- EXERCISE
- EXERCISE

Bicycle

Walk

Elliptical

Swim

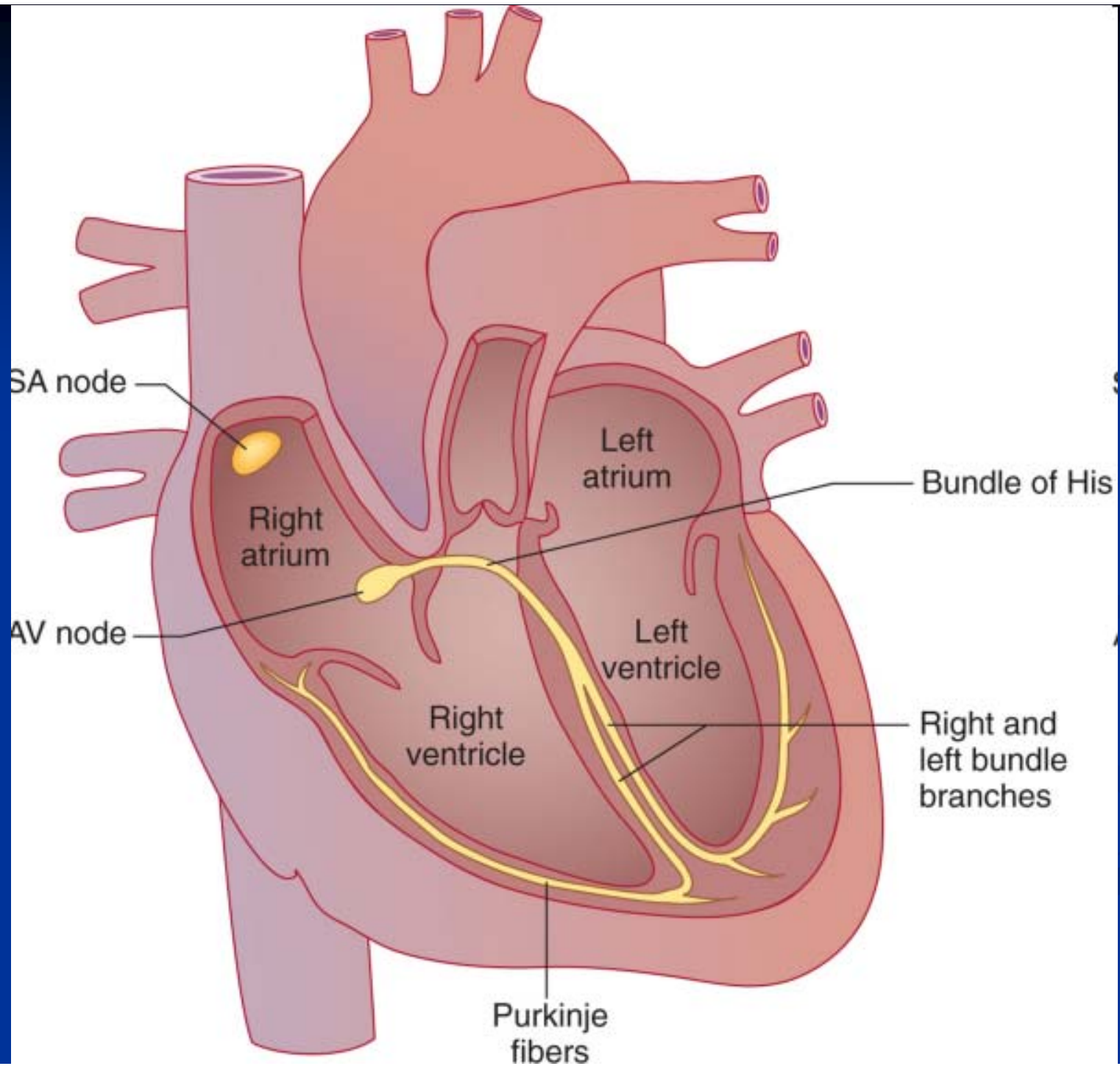
Wii Fit

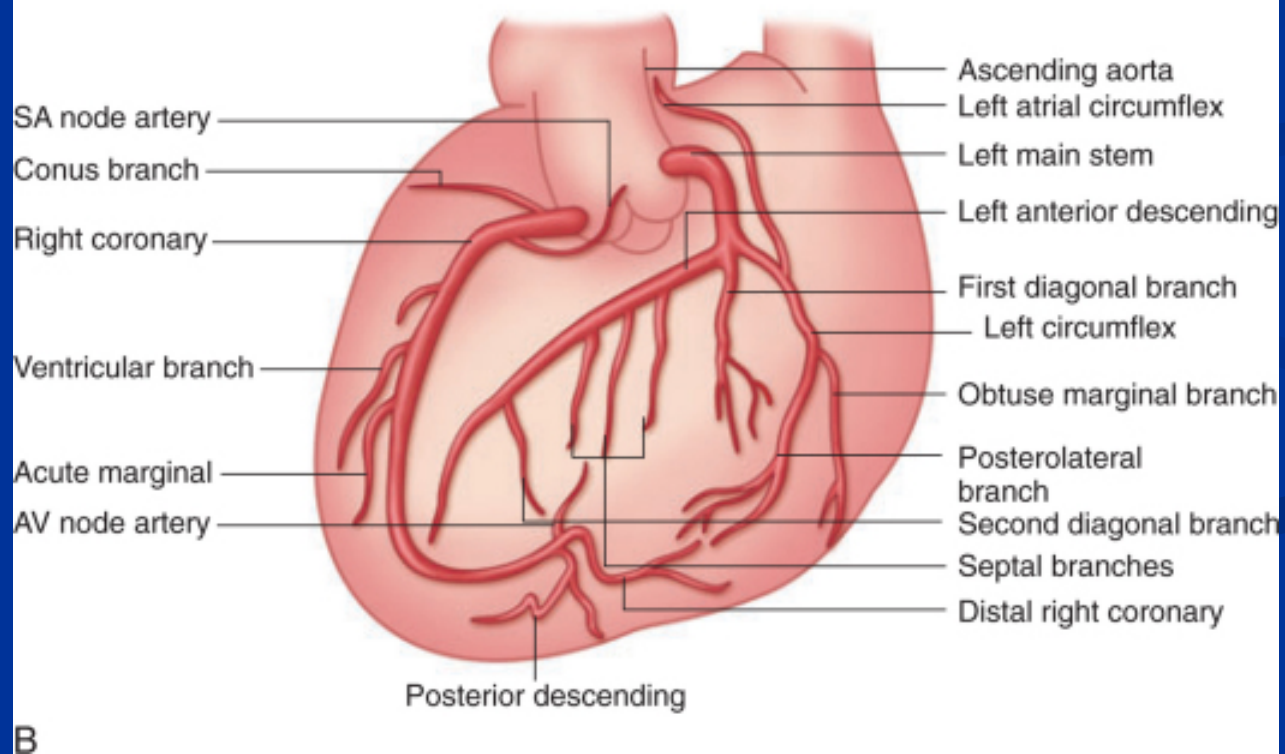
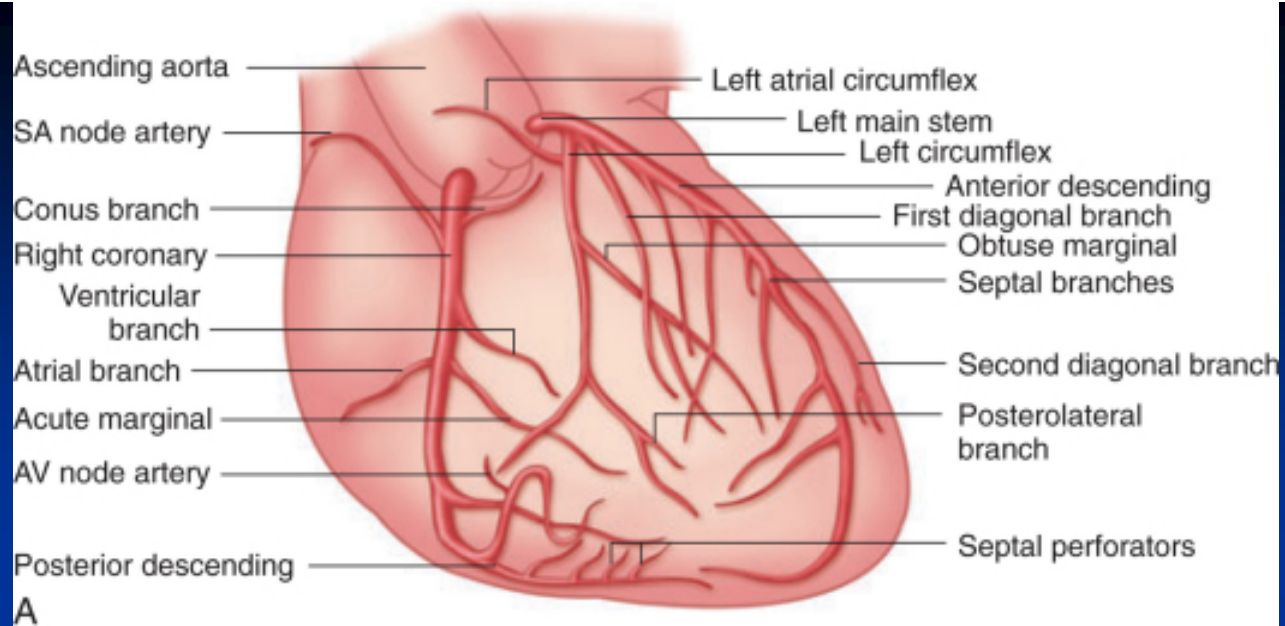
Dance

Just Have Fun!

Heart Disease

*My talk won't give you
Chest Pain*





Angina:

spasm of coronary artery

Myocardial Infarction:

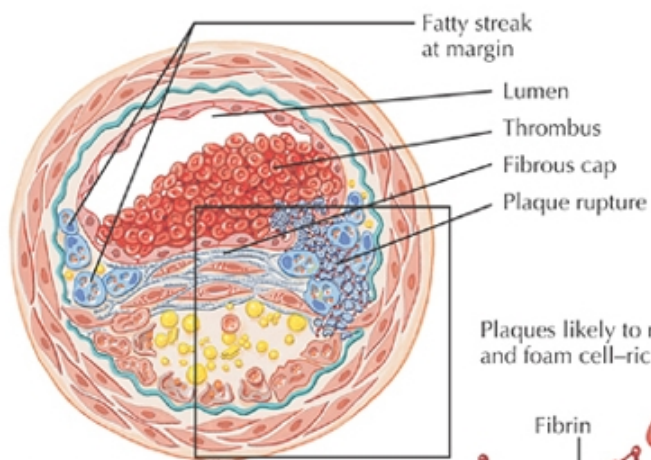
heart attack

death of heart muscle

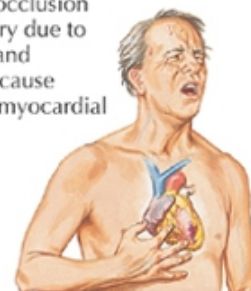
Congestive Heart Failure:

build-up of fluid in the lungs

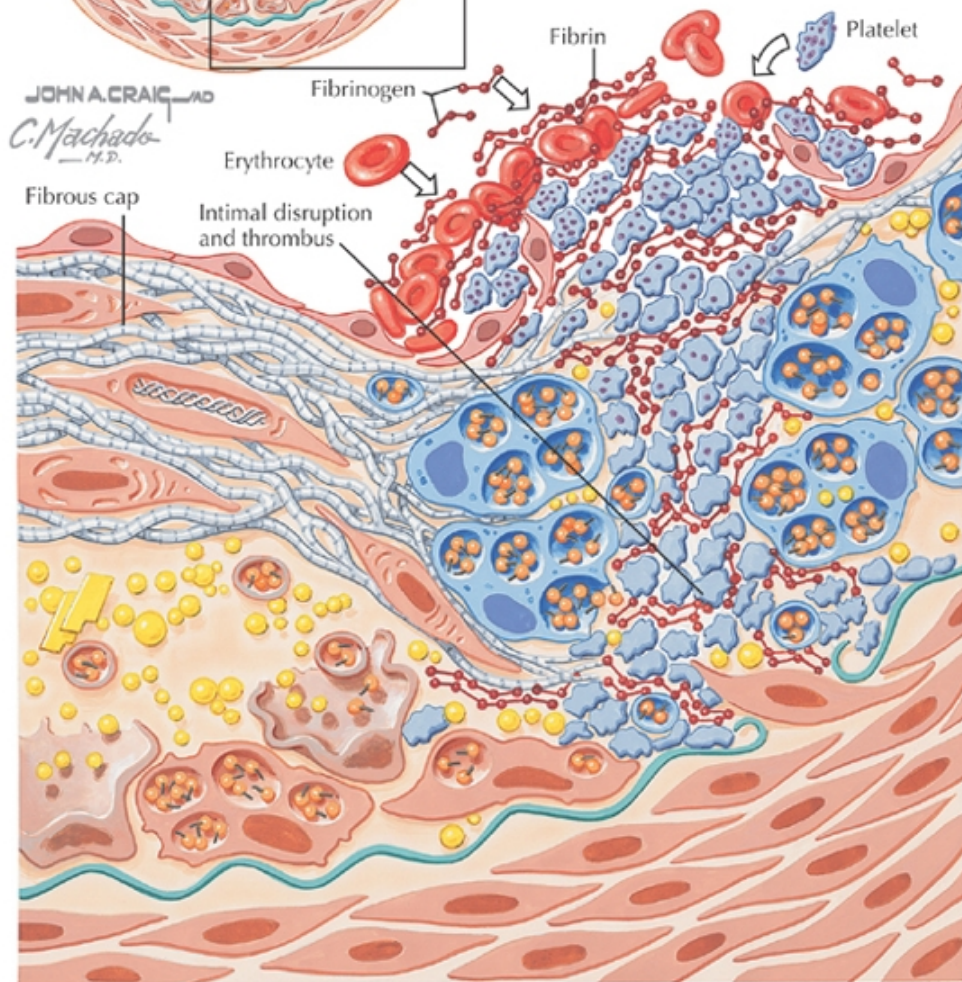
poor pump action



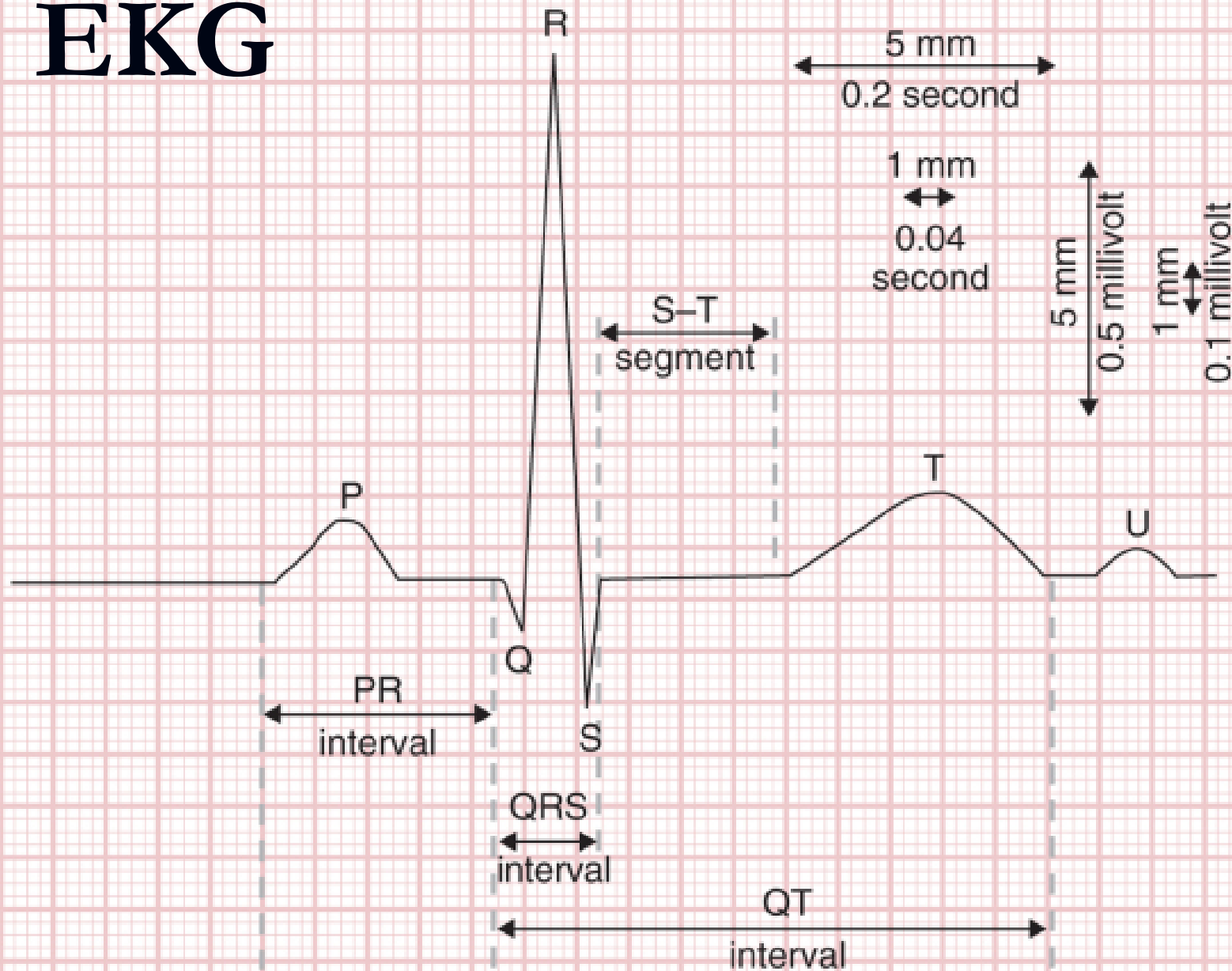
Total or partial occlusion of coronary artery due to plaque rupture and thrombosis can cause angina or frank myocardial infarction



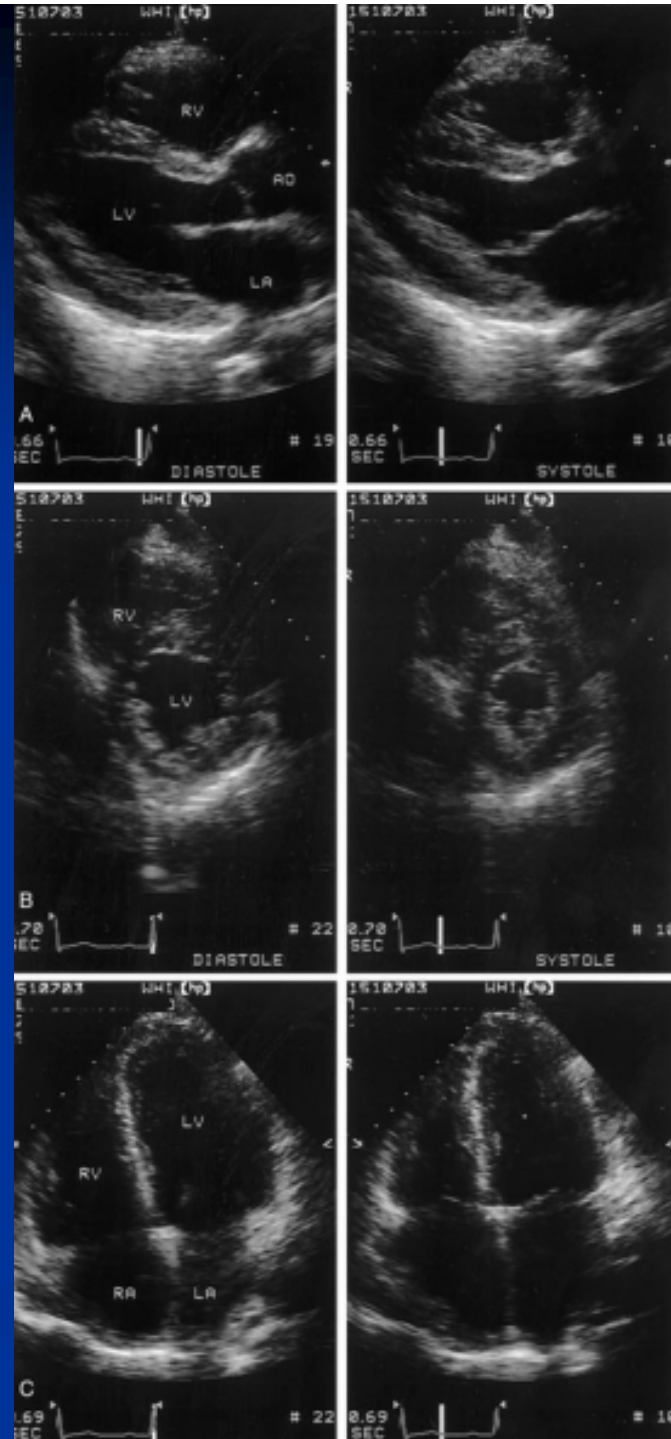
Plaques likely to rupture are termed unstable. Rupture usually occurs in lipid-rich and foam cell-rich peripheral margins and may result in thrombosis and arterial occlusion



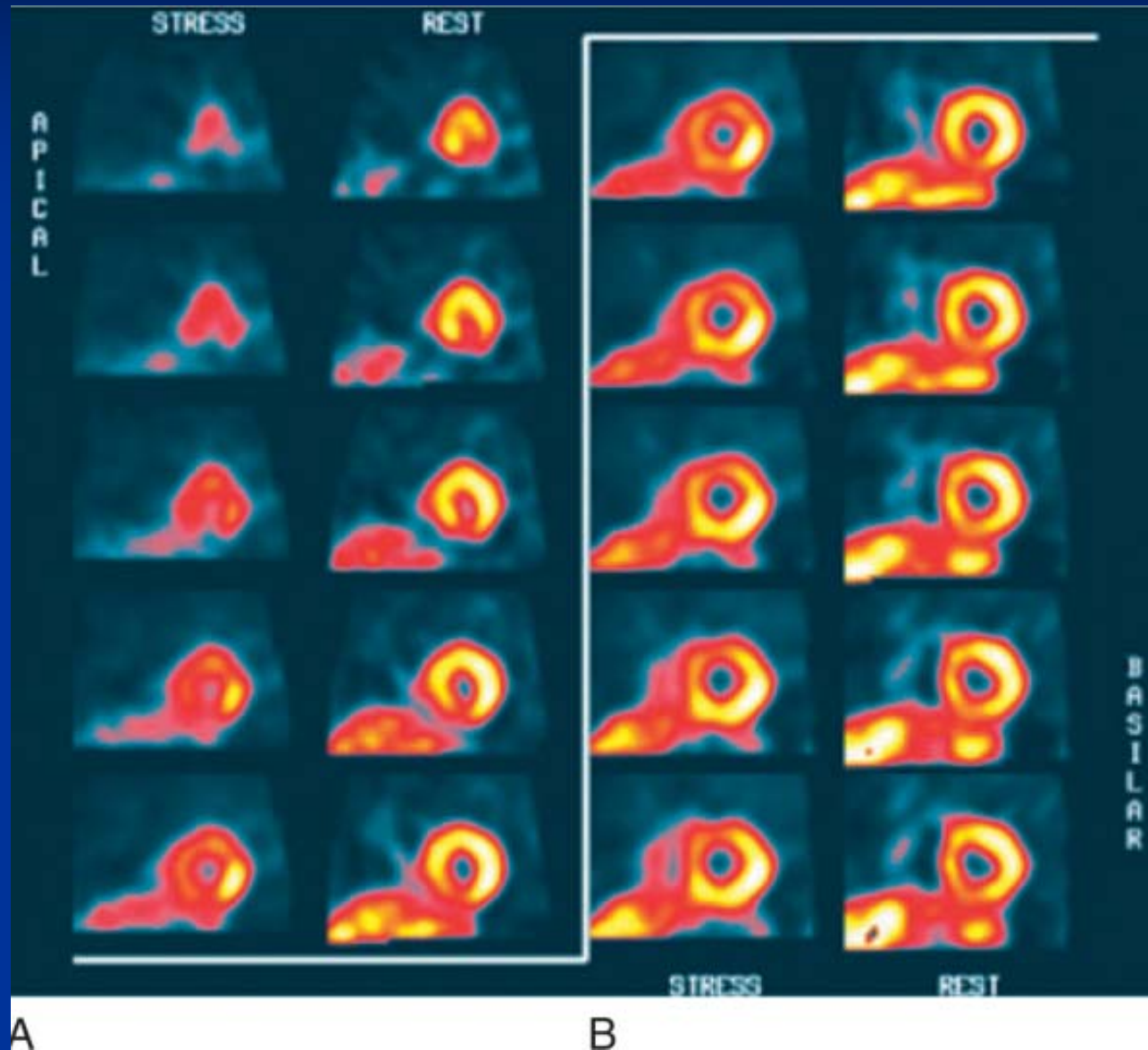
EKG

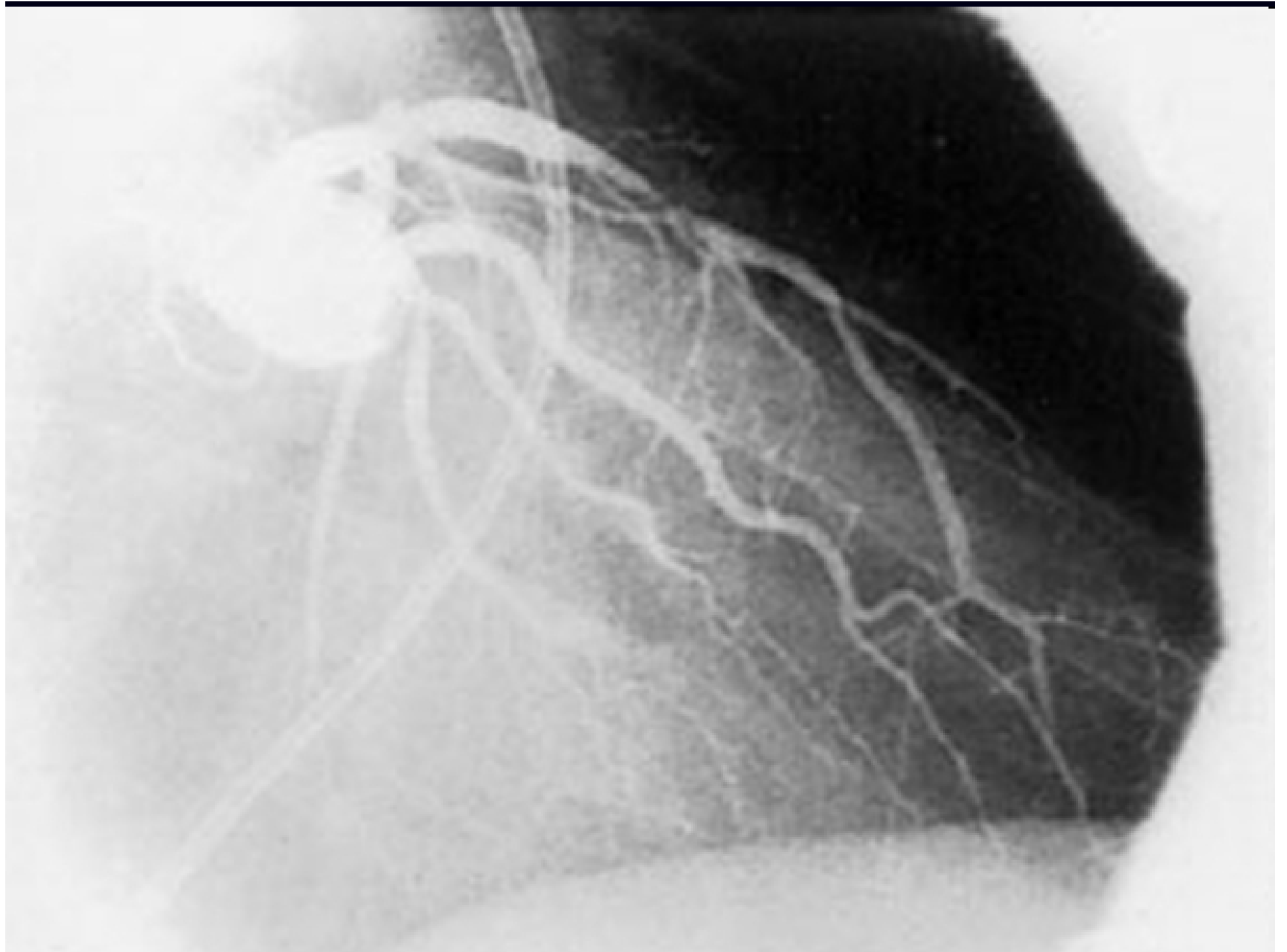


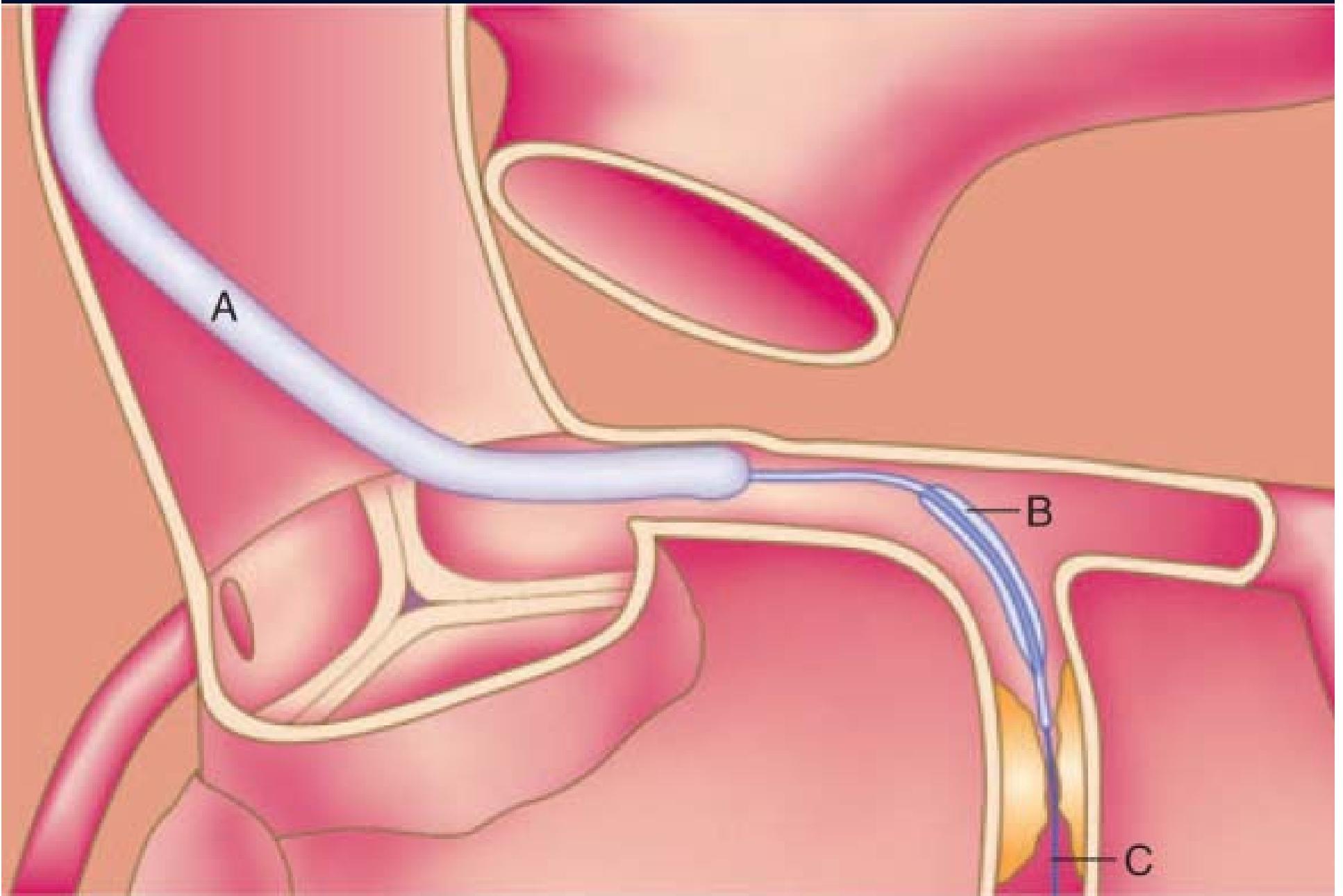
2-Dimensional Echocardiocardiogram



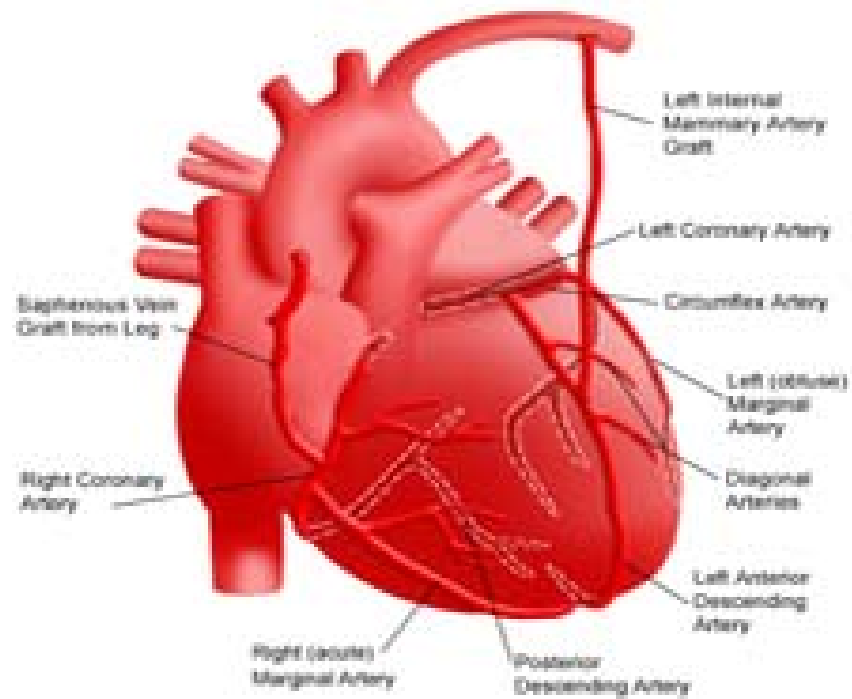
Radionuclide Stress Test







Coronary Artery Bypass Surgery



PREVENTION

- **ASPIRIN 81 MG DAILY**
- **BLOOD PRESSURE CONTROL**
- **IF HIGH CHOLESTEROL,
TAKE A STATIN**
- **REGULAR EXERCISE**

