

Original Article

General Practitioner's View of Geriatric Care in Kuwait

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ABSTRACT

Objective: To evaluate the availability and quality of geriatric medical care (*i.e.* for people above the age of 60 years) at the primary health care level from the general practitioner's point of view and to study their recommendations for improving this care.

Method: Cross sectional study using Arabic and English questionnaire for general practitioners in 20 primary care centers covering five health areas in Kuwait.

Results: Eighty eight percent of general practitioners opined that the most frequent service provided by primary care was follow-up of chronic patients. Regular home visits and preventive health check ups were

provided by 10 and 16% of practitioners respectively. Fifty percent of doctors rated geriatric care in Kuwait as good. Almost all doctors believed that regular healthy check ups are necessary to enhance the quality of general health in the elderly. Surprisingly, 71% of doctors were not aware of the availability of any specialized geriatric care centers in Kuwait.

Conclusion: The lack of communication between the Ministry of Social Affairs and the Ministry of Health has resulted in a situation where two thirds of general practitioners are not aware of specialized geriatric care centers in Kuwait.

KEYWORDS: communication, general practitioners, home visits, primary care, regular preventive check ups

INTRODUCTION

Geriatric population is defined as population aged 60 years and above^[1]. The phenomenon of population aging (defined as an increase in the median age of the population)^[2] is already a major social and health problem in developing countries. The median age of the world's population is increasing because of a decline in fertility and a twenty years increase in the average life span during the second half of the 20th century^[3].

As a result of the rapid socio-economic growth and increased provision of health and other social services, there has been a decline in death and birth rates. This implies an extension of the average life expectancy at birth suggesting an increase in the number of elderly people in the community. As a consequence, the geriatric population has been steadily increasing and this rapid growth of the population of the elderly people is a challenge to the medical profession, the administration and the society. The elderly people suffer from a variety of problems which are increasingly drawing the attention of the primary care physicians in the community. Therefore, a partnership between the geriatrician and the general practitioners needs to be developed to promote independence in old age, to provide effective care to older people with chronic disease and / or frailty, and to older people

in the care home sector. It is essential that primary care physicians be aware of preventive medicine recommendations for this group of patients^[4]. It has been shown that health problems are highly prevalent among the elderly. Eighty percent of them have one or more chronic diseases and as many as 50% of their health problems that are amenable to treatment are unknown to their personal physicians^[5]. Most preventive services should be designed to meet the goals of geriatric care, namely, to promote health, independence and optimal functioning, to prevent avoidable decline in health status and to enhance quality of life^[6].

Simple screening instruments and education on clinical assessment of disease can be helpful in identifying patients at risk for common health problems and in improving the clinical assessment of the course of a disease^[7,8]. According to the 2002 census, the total number of Kuwaiti population aged 60 years and above is 39,367, *i.e.* 4.6% of the total Kuwaiti population whereas the non-Kuwaiti geriatric population is 2.9%^[9]. This difference might be due to the fact that the non-Kuwaitis retire at this age and most of them return to their own countries. In USA, geriatric care has already been incorporated at the level of primary health care^[10]. In Saudi Arabia, one of the strategies of the Ministry of Health is to expand and extend

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Table 1: Socio-demographic characteristic of the general practitioners

Variables	n	%
Sex		
Male	130	59.6
Female	88	40.4
Nationality		
Kuwaiti	70	32.1
Non-Kuwaiti	148	67.9
Employment		
Family practitioner	65	29.9
General practitioner	146	66.9
Others (diabetologist)	7	3.2
Age		
25 - <35 years	62	28.4
35 - <45 years	88	40.3
45 years and above	68	31.3
Governorate		
Capital	48	22.0
Hawalli	42	19.3
Farwaniya	46	21.1
Jahra	42	19.3
Ahmadi	40	18.3
Position		
Assistant Registrar	46	21.1
Registrar	127	58.3
Senior Registrar	41	18.8
Consultant	4	1.8

delivery of optimum quality comprehensive health services that are accessible to all people including the elderly at primary, secondary and tertiary levels^[11]. They are also planning to establish a home visit system at the level of primary care^[12].

There are two geriatric centers in Kuwait belonging to the Ministry of Social Affairs:

The first one is located in Surra area and provides regular home visit by a team of one doctor and a nurse atleast once per month. These visits include checking their blood pressure, blood sugar and general health. They have a staff of six doctors and six nurses providing care to more than 1200 elderly people and covering all areas in Kuwait. Their compensation is paid by the Ministry of Social Affairs.

The center has no provision for emergency visits or supplementing medication. If the opinion or services of other specialists are needed, a request has to be made. Domiciliary physiotherapy services cannot be provided due to shortage of staff.

The second center is located in Sulaibikhat and provides housing facilities to Kuwaitis aged 60 years and above, who are homeless and have no family (i.e. no wife or children). Their claim is investigated by the Social Affairs' worker before they are considered eligible. The center now houses 36 female and 22 male persons.

The purpose of this study was to explore the opinion of general practitioners working in different primary care centers spread over Kuwait

Table 2: Geriatric care services reported by the General Practitioners

Criteria assessed	n	%
1. Contact of General Practitioners with elderly out of total patients		
i. <10%	53	24.3
ii 10-25%	104	47.7
iii 25-50%	50	22.9
iv >50%	11	5.1
2. Time taken in dealing with elderly patients in comparison with younger.		
i. As much time as taken by younger.	7	3.2
ii More time than taken by younger	209	95.9
iii. Less time than taken by younger	2	0.9
3. Common presentation of elderly		
i. Mostly serious	43	19.8
ii. Mostly simple	175	80.2
4. Facing difficulty in dealing with elderly		
i. Most of the time	12	5.5
ii. Occasionally	61	28
iii. Sometimes	119	54.6
iv. Never	26	11.9
5. Reasons related to elderly		
i. Yes	181	94.2
ii. No	11	5.8
6. Reasons related to dislike deal with elderly		
i. Yes	16	8.3
ii. No	176	91.7
7. Absence of guidelines		
i. Yes	106	55.2
ii. No	86	44.8
8. Services provided by primary care centers		
A. Regular preventive check-ups.		
i. Yes	35	16.1
ii. No	183	83.9
B. Follow up chronic patients		
i. Yes	193	88.5
ii. No	25	11.5
C. Lectures/leaflets		
i. Yes	47	21.6
ii. No	171	78.4
D. Regular home visits		
i. Yes	23	10.5
ii. No	195	89.5

regarding the quality and availability of geriatric care and to get their recommendations for the improvement of this service.

SUBJECTS AND METHODS

A cross sectional study was conducted at twenty primary health care centers in Kuwait. Four clinics each from five health regions in Kuwait were chosen based on data available at the geriatric center in Surra area regarding the prevalence of the elderly population attending those centers. A pre-tested questionnaire (both in English and Arabic) was used for recording the information. It consisted of 21 questions. The first part of the proforma dealt with socio-demographic characteristics and positions of the general practitioners. The second and third part of the questionnaire sought

information about the elderly population that general practitioners deal with and their opinion about the quality of services in specialized geriatric clinics in Kuwait. The proforma also sought the general practitioner's opinion about different ways to improve geriatric care in Kuwait at the level of primary health care.

The questionnaires were sent to the heads of each clinic with an official covering letter, to be distributed to all general practitioners and family physicians excluding pediatricians and gynecologists. All responses would be strictly confidential. Two hundred and thirty questionnaires were sent, 218 doctors responded giving a response rate of 95%. The doctors, who did not respond to the questionnaire were on summer vacation at time of data collection.

The data collected were analyzed by using appropriate statistical tests. The analysis was done on SPSS, (Statistical Package for Social Sciences) Window version 11.0. The descriptive statistics, frequencies and percentages are used to describe the socio-demographic characteristics, geriatric care provided and GP's (general practitioner) opinion about geriatric care in Kuwait. Pearson Chi-Square test of independence was used to test the association between socio-demographic factors and the variables under study. A value of $p < 0.05$ was considered significant.

RESULTS:

As shown in Table 1, out of 218 general practitioners involved in this study, 130 (59.6%) were male and 88 (40.4%) female. One third of them were Kuwaitis and one third, family practitioners. Designation-wise, 58.3% were registrars, 21.1% assistant registrars, 18.8% senior registrars and 1.8% consultants. Forty percent belonged to the age group of 35 - <45 years which comprised the majority. The percentage of doctors from each of the five health areas involved in this study was approximately equal (20% from each area). As illustrated in Table 2, geriatric patients constituted about 10 - 25% of the total patient load for 47.7% of the general practitioners. Although, almost all general practitioners take longer time in dealing with geriatrics in comparison to younger patients, 80% of case presentations were simple and non-serious. When asked, if they had faced any difficulty in dealing with elderly, 55% doctors reported that they faced difficulty sometimes and only 12% reported they never faced any difficulty. The reasons mentioned were mostly related to aging like hearing problems and multiple complaints, while the minority disliked dealing with elderly. An important barrier reported by 55.2% of the doctors for geriatric care was the absence of guidelines.

Table 3: General Practitioners' opinion about geriatric care in Kuwait

Criteria assessed	n	%
1. Elderly need regular healthy check-ups		
a. Yes	211	96.8
b. No	7	3.2
2. Interval at which regular check up done		
a. Every 6 months	149	70.6
b. Every year	35	16.6
c. Others	27	12.8
3. Place where regular check up done		
a. Geriatric health center	85	40.3
b. Primary health center	65	30.8
c. Home	24	11.4
d. Hospital	17	8.1
e. No difference	14	6.6
4. Rate of Geriatric care in Kuwait		
a. Excellent	13	6.0
b. Good	107	49.1
c. Satisfactory	40	18.3
d. Poor and no opinion	58	26.6
5. Availability of specialized geriatric centers in Kuwait		
a. Yes	63	28.9
b. No	155	71.1
6. Rate of geriatric center services		
a. Excellent	7	11.5
b. Good	24	39.3
c. Satisfactory	13	21.3
d. Poor and no opinion	17	27.9

While, other barriers were related to the absence of accompanying relative, shortage of doctors in the clinic and no one raised the idea of lack of training. The most common service provided through primary care center was the follow-up of chronic patients reported by 88.5%, and the least provided services were regular home visits and regular preventive health check ups as 10% and 16% respectively.

The doctors were asked their opinion about the geriatric care in Kuwait (Table 3) and 96.8% of the doctors believed that regular health check ups are necessary to enhance the quality of the general health of elderly. Regarding the interval between each check-ups, six months interval was found to be the most suitable interval chosen by 70% of the doctors. The best places mentioned to conduct these regular check-ups were geriatric health centers (40.3%) and primary health centers (30.8%), while 6.6% of the GP's believed that the place wouldn't add any difference in services. Geriatric care in Kuwait was rated as good by almost 50% of the doctors whereas 26.6% of the doctors rated as poor. Surprisingly, 71% of the doctors were not aware of the availability of any specialized geriatric care center in Kuwait. Out of 29%, who knew about the availability of geriatric centers, 39% of the doctors could rate their services as good, 28% rated

Table 4: General Practitioners' opinion about the quality of geriatric services

Variables	Good n (%)	Satisfactory n (%)	Poor n (%)	p-value
Sex				<0.01
Male	83 (63.8)	20 (15.4)	27 (20.8)	
Female	37 (42.0)	20 (22.7)	31 (35.2)	
Nationality				<0.001
Kuwaiti	23 (32.9)	19 (27.1)	28 (40.0)	
Non-Kuwaiti	99 (66.9)	19 (12.8)	30 (20.3)	
Employment				<0.001
Family practitioner	18 (28.6)	17 (27.0)	28 (44.4)	
General practitioner	98 (66.2)	20 (13.5)	30 (20.3)	
Age				<0.001
25 - <35 years	24 (38.7)	17 (27.4)	21 (33.9)	
35 - <45 years	44 (50.6)	15 (17.2)	28 (32.2)	
45 years and above	52 (76.5)	7 (10.3)	9 (13.2)	
Position				<0.005
Assistant Registrar	31 (67.4)	8 (17.4)	7 (15.2)	
Registrar	76 (59.8)	20 (15.7)	31 (24.4)	
Senior registrar and consultants	13 (28.9)	12 (26.7)	20 (44.4)	
Governorate				<0.06
Capital	25 (52.1)	13 (27.1)	10 (20.8)	
Hawalli	25 (61.0)	7 (17.1)	9 (22.0)	
Farwaniya	21 (45.7)	7 (15.2)	18 (39.1)	
Jahra	31 (73.8)	4 (9.5)	7 (16.7)	
Ahmadi	18 (45.0)	9 (22.5)	13 (32.5)	

as poor, 11.5% rated as excellent and the remaining rated as satisfactory.

The last part of the questionnaire was doctor's opinions about the ways to improve geriatric care in Kuwait. They agreed on certain recommendations of which, establishment of specialized geriatric centers or specialized clinics at the level of primary care health centers, the availability of doctors from different specialties to meet different aspects of geriatric care and trained nurses are mandatory. They also suggested creating a simple protocol by the general practitioners committee that could be easily applied by all primary health care doctors and suitable for the Kuwait environment. The last one was to educate the patients or their relatives through health education to prevent or to deal with disease complications and emergencies. From Table 4, it is clearly evident that there is a significant association between socio-demographic characteristics of the doctors and their opinion about quality of geriatric services provided. Large percentage of male doctors (63.8%) rated geriatric care in Kuwait as good in comparison to females (42.0%); similarly non-Kuwaiti doctors were more (66.9%) of that opinion than Kuwaitis (32.9%). Only 66.2% of the general practitioners and 28.6% of family practitioners had reported it as good. A very high significant difference ($p < 0.001$) was found between age group of doctors and the rate of geriatric services. Among doctors over 45 years of age, more than 75% of them rated geriatric services provided

Table 5: General Practitioners' awareness of the availability of specialized geriatric health centers in Kuwait

Variables	Yes n (%)	No n (%)	p-value
Sex			<0.05
Male	31 (23.8)	99 (76.2)	
Female	32 (36.4)	56 (63.6)	
Nationality			<0.001
Kuwaiti	33 (47.1)	37 (52.9)	
Non-Kuwaiti	22 (21.7)	116 (78.3)	
Employment			<0.001
Family practitioner	28 (44.4)	35 (55.6)	
General practitioner	30 (20.3)	118 (79.8)	
Age			NS
25 - <35 years	15 (24.2)	47 (75.8)	
35 - <45 years	28 (32.2)	59 (67.8)	
45 years & above	20 (29.4)	48 (70.6)	
Position			<0.001
Assistant Registrar	9 (19.6)	37 (80.4)	
Registrar	25 (19.7)	102 (80.3)	
Senior Registrar	26 (63.4)	15 (36.6)	
Consultant	3 (7.5)	1 (2.5)	

as good. It is obvious from table 5 that there is very high significant association between the awareness of the availability of specialized geriatric centers in Kuwait and the socio demographic characteristics and positions of the doctors involved in this study. Lack of awareness of the availability of these centers was found among non-Kuwaitis, general practitioners, registrars and assistant registrars too.

DISCUSSION

Old age is the last phase of human life cycle and the duration of this period depends upon the lifestyle enjoyed until then. Old age should be regarded as normal, inevitable biological phenomenon^[13], and aging is an universal process. The health of elderly people and their requirements for health and social care are becoming increasingly important issues throughout the world^[14]. The common problems of the elderly can be tackled by interventions and dedicated teamwork using physical, mental, social, and economic interventions. The purpose of geriatric care services is to promote independence by reducing the impact of disability using special organized therapeutic techniques and by optimizing the environment. This is particularly important in geriatric medicine as the prevalence of disability is strongly related to age and is often associated with loss of ability to carry out activities necessary for daily living^[15].

In the presence of high rate of disability in the elderly population, the most important need is the development of community care for the elderly with the great emphasis on the role of primary care level^[16]. Primary healthcare physician's opinion is important in caring the elderly, since most of the

elderly people live in their homes, and the general practitioners will continue to be the most single important source of health care providers^[17]. Concerning personal feelings towards dealing with the elderly, it was shown that 91% of the doctors liked dealing with elderly. Similar result has been found in another study conducted in Saudi Arabia which showed that 94% of doctors liked to deal with elderly^[18]. This can be explained by reasons related to religious and moral issues, that Islam encourages elderly care.

Absence of guidelines, protocols and an appointment system are important factors that work as barriers in providing care for the elderly. Availability of these items at primary care level will improve quality of care provided to elderly^[19]. The least frequent services provided to geriatric population noted in this study were regular preventive health check ups and regular home visits as 16% and 10% respectively, though these services have much importance in geriatric care. Previous studies have shown that screening for the elderly can (a) Improve quality of life, (b) Prevent or delay disease, which are major causes of morbidity and mortality^[7,20]. Home based management decreases hospital admissions of even severely disabled elderly patients, revealed by another study^[21]. It has also been demonstrated in a study that good primary care can result in reducing emergencies and hospital admissions^[22]. There is a great need of structured multi disciplinary care, doctors from different specialties and trained nurses for the follow up of chronic conditions^[23]. Although there are two centers in Kuwait providing care to geriatrics, 71% of the doctors involved in this study reported that they never knew about these centers. This can be due to the lack cooperation between the Ministry of Social Affairs and the Ministry of Health. Shared care between them will result in easy access to the Health Ministry pharmacies and to other health care providers like nurses, dentists and lab services. According to 84% of general practitioners, specialized geriatric support is helpful in their daily work^[24]. In general, organized approach to varied aspects of geriatric health can lead to the improvement of elderly care at primary care centers^[25, 26, 27].

International organizations like the World Health Organization have focused on approaching ageing as part of the life cycle, rather than compartmentalizing the health care of the elderly as an age group set apart from the rest of the population. The WHO has restructured its program on the health of the elderly and given it a new name - Ageing and Health. The World Health Day theme for the year 1999 had emphasized the importance of active ageing. Reflecting the rapid ageing of the

population worldwide, this area of health care is becoming a dominant concern in the new millennium^[28].

Modern science has shown the way to grow old with grace and good health and as useful member of the society. Therefore, it is important to know the causes of morbidity in the elderly, in order to plan and provide adequate health care services that will keep their health at an optimum.

CONCLUSION

Although half of the doctors in this study rated geriatric care in Kuwait as good, only limited services were provided e.g., following up chronic patients. The lack of communication between the Ministry of Health and the Ministry of Social Affairs resulted in that, 71% of doctors were not aware of any specialized geriatric centers in Kuwait.

The GPs recommended for better geriatric care in Kuwait: 1) specialized clinics at the level of primary care health centers, 2) Availability of trained nurses and different specialty doctors and 3) Protocols for geriatric follow up care.

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