



Results of Frailty Screening by Short Emergency Geriatric Assessment (SEGA) Among Elderly Person in West Africa City Emergencies Medical Centers

Andia A^{1*}, Souleymane BM¹, Daou Mamane², Raichou AZ¹ and Adehossi E¹

¹Department of Internal Medicine, General Reference Hospital, Niger

²Department of Internal Medicine, Niamey National Hospital, Niger

Editorial

Projections made by WHO indicate that aging will be the main disturbing demographic change of the 21st century [1]. In Niger, a developing country in West Africa, there has been an exponential increase in the number of elderly people in the last general registered of population and housing was 4.3% to 6.2% from 2001 to 2012 [2]. The average life expectancy rich 61 years old in 2019. Therefore, studies in 2013, expressing their own needs reported: need for 100% medical take care, the lack of access to health centers as much by a problem of economic resources as the means of transport in rural areas which motivated, the prospect of drafting a law aimed at the social protection of the elderly in the unknown context of geriatric in the health pyramid. In admission to medicals emergencies characterized by traditional management, elderly patients were often faced to acute decompensation responsible of bad outcomes (prolonged hospitalization risks loss of autonomy and death). Early frailty screening was conducted through a multicenter prospective study, over a 6-month period from June to November 2017; concerned patients aged 70 and over admitted to the 3 medicals emergencies services of Niger's principal city by the Summary of Geriatric Evaluation at Admission (SEGA). Medical student spent eight (8) minutes an average to pass the questionnaire, followed the patients in each hospitalized department and called them after discharge. The three large medicals emergencies centers enrolled 145 elderly (Niamey National Hospital, HNN=60, National Lamordé Hospital NLH=38 and Hospital Regional Center, HRC=47 with an average age of 76 years [70 years to 92 years] and male predominance (63%). The majority of elderly patients were married (64%) and all of them lived at home. Cardiovascular disease (51%) revealed by stroke in 48%, metabolic and infectious diseases were the most common in respectively 23% each. Study about hospital morbidity who reported 38.4% of cardiovascular diseases, 5% of diabetes, 4%, 8% of neoplasia and 25% of chronic renal failure [3,4]. Additional to infectious and health property problems, epidemiological transition complicate the health problems in African country.

OPEN ACCESS

*Correspondence:

Andia A, Department of Internal Medicine, General Reference Hospital, Niger, Tel: 22790753095;

E-mail: abdoukader79@yahoo.fr

Received Date: 29 May 2019

Accepted Date: 22 Jun 2019

Published Date: 26 Jun 2019

Citation:

Andia A, Souleymane BM, Mamane D, Raichou AZ, Adehossi E. Results of Frailty Screening by Short Emergency Geriatric Assessment (SEGA) Among Elderly Person in West Africa City Emergencies Medical Centers. *World J Phys Rehabil Med.* 2019; 3(1): 1011.

Copyright © 2019 Andia A. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Frailty was found in 23%, increases with age, 27% between 70 years and 74 years and 72% over 75 years old without geriatrics specific department post-emergency referral for all three centers. All of the frailty patients were not in any professional or social activities and needs a family solidarity for paid health tacked care. SEGA results revealed in elderly: poly drugs used (superior to 3 drugs) in 23%; mood disorders likes anxiety and depression in 65%; troubles well health being in 32%; simple or complicate fall reported six month ago in 31%; denutrition in 11%, 7%; more than half were need partial help and disability and cognitive troubles in 6, 9% of cases. The average mean of Charlson comorbidities index were 4, 87 with a rate of mortality in frailty elderly elevate (36%, 3%) than non frailty elderly (34%) [2-10].

Global evolution at 3 months was marked loss of sight in 40% followed by 30% of deaths; many elderly patients are reluctant to hospitals for socio-cultural and economic reasons. We didn't found studies about frailty and emergency in West Africa review of literature used SEGA. Several others studies at home identified factors of frailty decompensating a precarious state making the bed of the occurrence of disease and dependence likes: kidney failure in 50%, impairment of mental functions in 20.8%, denutrition in 7.8% and risk of denutrition in 58.5% [5-6]. The demographical and epidemiological transition becomes a reality in developing country in a context of infectious and health property based problems complicate the mortality.

Frailty in elderly could be early screen and resolve at home. There is not yet an establishment for elderly dependant persons in West Africa. According to projections Niger's health politics should

rapidly interests to her geriatric little population through integrates geriatrics formations in health nurses school and University, concepts assessment and adaptes grid about different socio-economical and cultural life of elderly. It could be an advantages for West African developing countries to promote health well being with human family affective solidarity against actually European models. Then elderly patients could be easily management at medical emergencies centers, hospitalize department and return at home in their own environment for a good outcomes. The department of Internal medicine is actually the responsible of elderly patient management with traditional practice, he should be performed in geriatrics and gerontology Tools adapted for their environment.

References

1. Nana Apt. The challenges of aging in the third world. The mail of unesco.1999.
2. National Cabinet of Expertise in Social Sciences-Bozari. Study report on the needs of the elderly in Niger. 2017.
3. Andia A, Brah S, Daou M, Zara M, Sani B, Maman Sani MA, et al. Geriatric in patient profile at the Department of Internal Medicine at Niamey National Hospital, Niger. *European Scientific Journal*. 2017;13(27):1857-7431.
4. Abdoul Wahidou. Renal failure in elderly patients hospitalized in the Nephrology Department of Lamordé National Hospital. Thesis Med. Niamey. 2018;0061:32.
5. Fodé Madé Salamatou. Assessment of renal and mental function in elderly people living at home. Thesis Med. Niamey. 2018;0062:45.
6. Fourera Salifou. Evaluating the nutritional status of elderly people living at home in the urban community of Niamey. 2017;0052:57.