Integrated geriatric care: The physician's role in the Sri Lankan context

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Sri Lanka is the fastest-ageing country in South Asia. According to the census and statistics report 2024, the population above 65 years of age is 12.6% and it's projected to rise to 25% by 2042.[1,2] This demographic shift poses challenges to the health care system as it should be ready to manage geriatric syndromes such as frailty, falls and cognitive decline, as well as challenges posed by polypharmacy, functional impairment, and multimorbidity. These complexities require holistic, person-centred care rather than a disease-specific approach, and call for a system-wide adaptation of health services. Integrated care across primary, secondary, tertiary, community, and long-term care settings is essential to ensure continuity of care for older people.

Despite workforce and infrastructure gaps,[3] geriatric medicine in Sri Lanka has grown over many years, driven by the commitment of dedicated professionals. Developing innovative, feasible, and culturally appropriate models of geriatric care across hospital and community settings is crucial for the future.

Geriatric care is essentially multidisciplinary; thus, strengthening the health care workforce through continuous medical education programs, postgraduate education, and research promotion is essential. Expanding and enriching the postgraduate education through collaborations is a key factor in the growth of geriatric medicine in Sri Lanka. Opening avenues for collaborative research is essential in preparing geriatric physicians for the future. This year's Ceylon College of Physicians' Annual Academic Conference, under the leadership of Professor Prasad Katulanda, showcased these values. CCP, together with the Sri Lankan Association of Geriatric Medicine (SLAGM), organised a symposium, breakfast capsule, and a networking meeting on geriatrics, which clearly demonstrates the dedication of Ceylon College of Physicians in uplifting geriatric medicine in Sri Lanka.

Integrated geriatric care refers to the coordinated delivery of health and social services tailored for older adults across all settings to preserve or improve function, independence, and quality of life. The Ministry of Health has adopted the WHO's Integrated Care for Older People (ICOPE)[4] framework within the national primary healthcare strengthening strategy, Furthermore at the 78th WHO South-East Asia Regional Committee Meeting, strengthening primary healthcare was reaffirmed as essential for healthy ageing.

Proactive rather than reactive aproach is fundamental. Screening for declining in intrinsic capacity, mobility, cognition, hearing, and vision, and for early intervention, are core components. Comprehensive Geriatric Assess-ment (CGA), which evaluates physical, psychological, functional, and social domains, forms the foundation for a patient-centred care plan. Multidisciplinary team-work involving physicians, nurses, physiotherapists, occupational therapists, social workers, and others is essential and ongoing efforts by the Ministry of Health and professional organisations aiming to strengthen this workforce.

Effective integration also requires well-structured referral pathways linking community, primary, secondary, and tertiary care. This has traditionally been a challenge in Sri Lanka, but ongoing primary-care reforms offer hope for the future. Linking government, private, and non-governmental geriatric services is essential in maximising benefits for older adults. Establishing age-friendly care environments across hospitals and communities is another priority, being pursued jointly by the Ministries of Health and Social

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Physicians play a pivotal role in integrated geriatric care in Sri Lanka, both in the public and private sectors. While Sri Lanka now has qualified geriatricians, the number of specialists alone cannot meet the needs of the rapidly ageing population. Physicians in Internal Medicine, widely distributed across the country, are well-positioned to provide clinical leadership. Often the first point of contact for older patients, physicians manage multiple comorbidities and geriatric syndromes, and coordinate care with allied health professionals and caregivers. Strengthening internal medicine curricula to incorporate geriatric training would further support this role.

Nevertheless, there are many challenges specific to Sri Lanka. There are relatively few specialists in geriatric medicine, and the speciality needs to expand. Although many universities have included geriatric medicine in their undergraduate medical curricula, these curricula may not adequately cover all aspects of geriatric care.

Primary care traditionally focuses on maternal and child health and noncommunicable disease, with inadequate emphasis on geriatric care and poor referral linkages. Resource constraints include limited dedicated geriatric units, rehabilitation services, and social-care resources. Services are often fragmented and disease-centric rather than function-centric. Community support systems are inadequate with lack of integration with existing facilities. Older adults frequently require social services, community care, and caregiver support; integrating health care with these services remains a challenge. In the aftermath of island-wide adverse weather, there will be many challenges ahead when mitigating problems specific to displaced communities.

These are some of the ways Sri Lanka can advance the provision of integrated geriatric care nationwide.

- Adopting comprehensive geriatric assessment (CGA) in hospitals and outpatient settings where geriatric patients are assessed.[5] There are already trained postgraduate diplomates in geriatric medicine who can assist physicians.
- Implement integrated care pathways for geriatric syndromes (falls, delirium, frailty, polypharmacy), which SLAGM has published.[6] Adaptation of these care pathways in island-wide practice could facilitate integrated geriatric care.
- Enhancing community and primary-care integration and collaborating with specialist/ geriatric services can ensure continuity of care. Moreover, by promoting elder-friendly health systems, physicians support infrastructure improvements (accessible wards and rehabilitation facilities), enhanced referral pathways, community connections, and caregiver assistance.

Furthermore, there is fewer local data on outcomes for older people, integrated care models, and cost-effectiveness in Sri Lankan settings. Thus, promoting research in geriatric medicine would encourage the growth of a locally relevant research culture that generates evidence for integrated care approaches in the Sri Lankan context.

From a Sri Lankan perspective, the physician's role in integrated geriatric care is central. While many systemic challenges exist, there is positive momentum: emerging specialist training, committed professional organisations, strong international collaboration and administrative commitment. To succeed, physicians must embrace a shift from disease-centric to person-centred, function-oriented, and team-based care models, which contribute to better health, function and quality of life for older Sri Lankans, and help the health system adapt to the demographic transition.

Further reading

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