



## SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE



REPUBLIC DAY  
SUPPLEMENT  
January 26th, 2025

# The Birth of a Vision

**T**he South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice was born from a dream, to create a unified platform that addresses the unique and growing needs of elderly care across the South Asian region. This journal represents more than just a collection of research and articles; it symbolizes collaboration, dedication, and a shared commitment to advancing the field of geriatrics and palliative care.

### The Need for a Dedicated Platform

South Asia is home to one of the fastest-aging populations in the world. Yet, the region faces a stark gap in geriatric-specific research, policies, and resources. While the challenges faced by elderly populations such as limited access to healthcare, end-of-life care needs, and ageism are similar across the region, there was no shared platform to exchange ideas, discuss solutions, and showcase innovation. The realization of this gap planted the seed for what is now the South Asian

Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice. The idea was simple yet powerful: to bring together experts from across South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) to collectively address the challenges of aging populations.



### The Relentless Efforts of the Editorial Team

The journey to establish this journal was anything but easy. Led by the vision and guidance

of our Chief Editor, Prof Sandeep Kumar, the editorial team embarked on an ambitious mission to unite minds from eight countries. Each step demanded immense perseverance, from building networks with medical professionals across borders to crafting a journal that meets the highest academic and ethical standards. The team spent countless hours reaching out to renowned doctors, researchers, and healthcare institutions, explaining the vision of the journal and inviting them to contribute. They navigated logistical challenges, linguistic diversity, and differences in healthcare approaches to create a platform that is truly representative of South Asia.

What stood out throughout this journey was the commitment of our editorial team. Despite limited resources and tight deadlines, their determination to see this dream realized remained steadfast. Their ability to bring together doctors and healthcare professionals from diverse backgrounds was a witness to their dedication to the cause.

## A Regional Collaboration Like Never Before

The most remarkable achievement of the journal lies in its ability to foster collaboration among eight South Asian countries, each with its own healthcare challenges and cultural nuances. The journal has already received a surge of contributions, research articles, case studies, and expert opinions, highlighting the shared challenges and innovative solutions in geriatrics and palliative care.

This collaboration signifies a step toward breaking silos and creating a regional dialogue that addresses aging

populations' health, dignity, and quality of life. It also showcases South Asia's collective potential to lead the world in geriatric and palliative care research.

## The Upcoming First Edition

The journal's first edition, slated for release in February, will be a landmark moment. It will feature ground-breaking research, highlight best practices in elderly care, and present solutions that policymakers, practitioners, and researchers can implement. This edition will also feature articles that emphasize the importance of culturally sensitive and patient-centred approaches to geriatric and end-of-life care.

As the journal takes shape, it aims to inspire conversations and action, not just within South Asia but globally. With the elderly population expected to double in the coming decades, the journal seeks to be a source of innovation and collaboration in the field of geriatrics and palliative care.

## Gratitude and Vision for the Future

The journey to this point would not have been possible without the tireless efforts of the editorial team, under the aegis of the Chief Editor Prof Sandeep Kumar and our Executive Editor Dr. Abhishek Shukla, whose leadership and vision turned an idea into reality. A special thanks is also due to the contributors from eight nations who believed in the importance of this initiative and trusted us with their work.

This journal is a shining example to what can be achieved when passion meets collaboration. It is a step toward ensuring that the elderly in South Asia receive the care, dignity, and respect they deserve. Together, we can build a future where no elderly individual is left behind.

**The South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice** is not just a journal; it is a movement, a promise, and a vision for a better tomorrow.



VC, KGMU, Prof. Soniya Nityanand, (Center) released Souvenir of **SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE** on the occasion of World Hospice and Palliative Care Day on 12th Oct 2024. Seen here are From L to R: Prof. Apjit Kaur, Prof. Sandeep Kumar, Prof. V K Puri, Dr. Abhishek Shukla, Ms. Varsha Dwivedi and Mr. Sunil Lal

# Prologue



**Dr Sandeep Kumar**  
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**A**fghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka are eight countries included in South Asia. All are low and middle income countries or developing countries and together constitute one-fourth of the World's population. All these are sovereign countries with independent own governance from the time of renaissance of countries getting independent from their colonial masters between 1940s and 50s.

South Asian countries established their health care systems and are signatories of Alma Ata declaration of Health for All 1978 and the 17 tenets of Sustainable Development Goal (SDG) of United Nations in 2015 with the aim of, "Peace and prosperity for people and the climate". SDG 3 pertains to good health and well-being of all the members of society.

South Asian countries were in the epidemiologic transition phase where there was increased birth rate and increased death rate with low life expectancy. Most healthcare policies were targeting maternal child health, family planning and infectious diseases. In the past two decades the epidemiological transition in

these countries has witnessed low death rate and better longevity besides increase in non-communicable diseases and deaths due to injuries. Young lives are lost in civil and war injuries and road traffic accidents. Six to 10% of the total population in South Asian countries is now geriatric population. It is now realised that Geriatric Medicine, Palliative Care, Hospice providing comprehensive care for older adults is the need of the hour. The demand for specialised care, resource allocation, research, innovative cost benefit models and quality care for the social fabric of South Asian countries in the speciality of geriatric medicine is required.

Geriatric medicine and surgery focuses on preventing, diagnosing, and managing health issues in individuals aged 65 and older. Geriatricians address complex conditions, such as chronic diseases (diabetes, hypertension), cognitive decline (dementia, Alzheimer's), functional impairments (mobility, balance), multiple medications and social determinants for elder people like isolation, support, poverty etc. Geriatric care emphasizes on comprehensive assessments, interdisciplinary teams of





There are umpteenth opportunities and challenges on issues related to quality of life, consent on 'do not resuscitate', overall dignity and patient autonomy which will be determined by policy makers. Back-up for long term and short term acute and critical care need to be established with infra-structure provision and gadgets. Work force for specialised care in geriatric medicine, geriatric surgery, palliative care and hospice professional have to be trained. Advocacy for sustainable models and reimbursement from health insurances are other areas to be dealt with.

doctors, nurses, therapists etc. Patient-cantered care and family support are paramount.

Palliative care provides relief from symptoms like pain, breathlessness and severe mental agony regardless of age or prognosis. Palliative care team manage symptoms like pain, nausea, breathlessness etc. The aim of palliative care is to improve quality of life, support patients and families and facilitate advance care. Palliative care is often provided alongside curative treatments.

Hospice care focuses on comfort and quality of life for individuals

with terminal illnesses with long and short term affordable institutional care. Hospice team provide pain and symptom management, emotional and spiritual support, assist with daily living tasks and support families and caregivers

Integration and Collaboration for seamless transition from home based geriatric medicine, outreach care, ambulatory or out-patient service to comprehensive palliative and hospice care is required for which new vistas, research in individual countries, fund allocation and resource management are required.

Research and education on issues affecting the aging population, chronic diseases, palliative care, reducing the cost of hospitalisation and hospice care providing patient satisfaction is required. The South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice is being started with the objective of advancing knowledge and best practices in this area.

## Elevating Elderly Health: Republic Day Thoughts

By **Dr Abhishek Shukla**, MD, FRCP (Edinburgh), FGSi, Msc (Clinical Geriatrics), Cardiff, PG Cert (Palliative Medicine), Cardiff, UK  
**Executive Editor**

**O**n the eve of Republic Day, as India celebrates its democratic spirit, it is imperative to reflect on the well-being of all its citizens, particularly the elderly. India's elderly population is growing rapidly, and their health care needs are becoming increasingly pressing. Addressing these needs requires a multi-faceted approach that combines policy innovation, infrastructure development, and community support.

### Policy and Funding:

First and foremost, there is a need for comprehensive health

care policies that specifically target the elderly. Government initiatives should focus on increasing funding for geriatric care, providing subsidies for medication, and ensuring access to affordable health insurance. The Ayushman Bharat scheme, while a significant step forward, needs to be expanded and tailored to meet the specific needs of senior citizens.

### Infrastructure Development:

The health care infrastructure must be strengthened to cater to the elderly. This includes establishing more geriatric wards in hospitals, equipping

primary health care centers with elderly-friendly facilities, and ensuring the availability of specialized medical professionals. Telemedicine services, which gained popularity during the COVID-19 pandemic, should be further developed to provide remote consultations and continuous monitoring of chronic conditions.

### Community Support and Awareness:

Finally, raising awareness about elderly care is crucial. Communities should be educated about the importance of mental health, nutritional needs, and preventive care for the elderly. Support groups and non-governmental organizations can play a pivotal role in providing companionship and assistance to senior citizens, combating the isolation that many elderly individuals face.

As India steps into another year of its republic, a renewed commitment to the health and dignity of its elderly population is essential. By prioritizing elderly health care, India can ensure that its senior citizens live with the respect, care, and quality of life they deserve.



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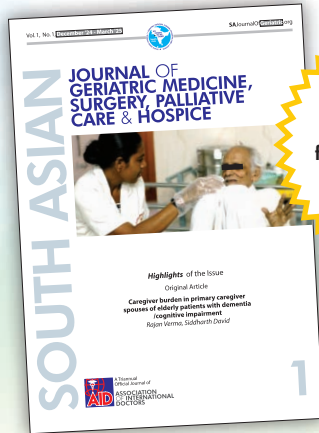
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**Proud to Announce**  
**SOUTH ASIAN JOURNAL OF  
GERIATRIC MEDICINE, SURGERY,  
PALLIATIVE CARE & HOSPICE**


With a resolve to help disseminate cutting-edge research in geriatric care,  
surgery, palliative medicine, and hospice services, tailored to the  
unique cultural and medical contexts of South Asian countries



**Friends from  
Medical Fraternity  
are welcome to join  
the Editorial Board  
from across the world  
and contribute with  
their Research and  
knowledge**

This is a tentatively  
Conceived  
Sample Cover

In South Asia, the awareness and availability of  
specialized geriatric medicine and palliative care  
remain limited to less than 1% population,  
despite the rapidly aging population and  
growing need for compassionate geriatric and  
end-of-life care. Recognizing this gap, our  
journal seeks to bridge the divide by introducing  
global best practices and evidence-based  
approaches from Western healthcare systems to  
South Asian medical professionals and scholars.



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**SHINGRIX**  
HERPES ZOSTER VACCINE  
(RECOMBINANT, ADJUVANTED)



**For prevention of Herpes zoster and  
post-herpetic neuralgia in adults >50 years of age**

#### References :

1. GlaxoSmithKline, SHINGRIX European public assessment report, Annex I: Summary of product characteristics: EMA; [update October 2021; accessed August 2022]. 2. Stezova A, Diez-Domingo J, Al Shawafi K, et al; on behalf of Zoster-049 Study Group. Long-term protection against herpes zoster (HZ) by the adjuvanted recombinant zoster vaccine (RZV): interim efficacy, immunogenicity, and safety results up to 10 years after initial vaccination [draft manuscript]. Open Forum Infect Dis. 2022 Aug;1-19.

\*Shingrix does not protect 100% individuals vaccinated. Median follow up of 3.1-4 years in ZOE 50/70.

#### Safety Information :

Shingrix Safety Information The most frequently reported adverse reactions were pain at the injection site (68.1% overall/dose; 3.8% severe/dose), myalgia (32.9% overall/dose; 2.9% severe/dose), fatigue (32.2% overall/dose; 3.0% severe/dose) and headache (26.3% overall/dose; 1.9% severe/dose). Most of these reactions were not long-lasting (median duration of 2 to 3 days). Reactions reported as severe lasted 1 to 2 days.

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**Paediatric Population:** Safety and efficacy in children and adolescents not established. **Method of Administration:** For intramuscular injection only, preferably in deltoid muscle. **CONTRA-INDICATIONS:** Hypersensitivity to active substances or to any of excipients. **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS: Prior to immunization:** Appropriate medical treatment and supervision be available in case of anaphylactic event. Postpone vaccination in subjects suffering from acute severe febrile illness. However, minor infection should not result in deferral. Protective immune response may not be elicited in all vaccinees. Vaccine is for prophylactic use only; not intended for treatment of established clinical disease. Do not administer intravascularly or intradermally. Subcutaneous route not recommended as may lead to an increase in transient local reactions. Give with caution to individuals with thrombocytopenia or any coagulation disorder as bleeding may occur following intramuscular injection. Syncope can occur as psychogenic response to needle injection. This can be accompanied by neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. Ensure procedure to avoid injury from fainting. No safety, immunogenicity or efficacy data for replacing a dose of SHINGRIX with a dose of another HZ vaccine. Limited data to support use in individuals with history of HZ and in frail individuals including those with multiple comorbidities. Evaluate risk-benefit on individual basis. **Systemic immunosuppressive medications and immunodeficiency:** Limited data available of safety and immunogenicity in immunocompromised subjects with human immunodeficiency virus (HIV) or haematopoietic stem cell transplant (HCT). Use in other immunosuppressive or immunodeficient conditions is under investigation. Adequate immune response may not be elicited in these individuals. Carefully consider potential benefits and risks for use in immunocompromised persons. **Interaction with other medicinal products and other forms of interaction:** Can be given concomitantly with unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23) or reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa). Administer concomitant vaccines at different injection sites. Adverse reactions of fever and shivering were more frequent when co-administered with PPV23. **Pregnancy and Lactation:** No data from use of SHINGRIX in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or post-natal development. Preferable to avoid SHINGRIX during pregnancy. Effect on breast-fed infants of administration to mothers has not been studied. Unknown whether SHINGRIX is excreted in human milk. Animal studies do not indicate direct or indirect effects with respect to fertility in males or females. **ADVERSE EFFECTS:** Safety profile presented based on pooled analysis of data generated in placebo-controlled clinical studies on 5,887 adults 50-69 years of age and 8,758 adults ≥ 70 years of age and from post-marketing surveillance data. **Very common (≥1/10):** injection site reactions (such as pain, redness, swelling), fatigue, chills, fever, headache, gastrointestinal symptoms (including nausea, vomiting, diarrhoea and/or abdominal pain), myalgia. **Common (≥1/100 to <1/10):** injection site pruritus, malaise. **Uncommon (≥1/1,000 to <1/100):** lymphadenopathy, arthralgia. **Rare (≥1/10,000 to <1/1,000):** hypersensitivity reactions including rash, urticaria, angioedema

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