

HEALTH HINTS

1. PATIENTS' RIGHTS CHARTER

Health care is a partnership in which Doctor and patient have reciprocal obligations. Trust between Doctors and patients is an essential element of healing relationships. We recognise this sacred relationship and hence would like to pronounce that:

- * We respect you, our patient, as a person and your moral right to bodily-integrity and self-determination.
- * We respect your right to ethical and fair treatment.
- * We respect your right to information as regards your health diagnosis and treatment.
- * We respect your right to know about the treatment offered, medication used and treatment options available.
- * We respect your right to choose your treatment and hence the right to a second opinion.
- * We respect your right of confidentiality regarding your health issues.
- * We respect your right to competent treatment and hence promise to keep ourselves updated.
- * We respect your social right and hence promise to help you in case of gender violence and we promise to act to prevent gender discrimination of any kind including prenatal sex determination

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2. NORMAL VALUES OF CERTAIN TESTS

(MAY VARY IN SOME CASES

DEPENDING UPON THE KIT USED FOR INVESTIGATION)

TEST	REFERENCE RANGE
Haemoglobin	M: 14 - 18g/dL F: 11 - 16g/dL
Total WBC Count	4000 - 11000 cells/cmm
Differential WBC Count	
Neutrophils	40-75%
Lymphocytes	20-45%
Eosinophils	01-04%
Monocytes	02-08%
Basophils	00-01%
E.S.R.	M: 5-15 mm at the end of 1 hr F: 5-20 mm at the end of 1 hr
Platelet Count	2-5 Lakhs/cmm
Absolute Eosinophil Count	50-450 cells/cmm
Bleeding Time	Upto 6 min
Clotting Time	Upto 8 min
PCV	M: 42-52% F: 36-48%
RBC	M: 4.5-6.0 million/cmm F: 4.5-5.1 million/cmm
Fasting Plasma Glucose	70-110 mg/dL
Postprandial	1½ hrs to 2 hrs
Postprandial Plasma Glucose	Upto 140 mg/dL
Random Plasma Glucose	45-130 mg/dL
Glycosylated(HbA1c)	4-6% Non-diabetic/Excellent control < 7% Good Glycemic control
Serum Total Cholesterol	<200 mg/dL: Desirable 201-239mg/dL: Borderline - Hypercholesterolaemia >240 mg/DL: Hypercholesterolaemia

Serum HDL Cholesterol	>60 mg/dL: Desirable
Serum LDL Cholesterol	Without CHD: <160 mg/dL With CHD: <100 mg/dL
Serum VLDL Cholesterol	20-40 mg / dL
Serum Triglyceride	<200mg/ dL: Desirable 201 - 400mg/ dL: Borderline Hypertriglyceridemia >400mg/ dL: Hypertriglyceridemia
Serum Urea Nitrogen	5-25 mg/dL
Serum Creatinine	Males : 0.7 - 1.4 mg/dL Females: 0.6 - 1.2 mg/ dL
Serum Total Bilirubin	0.2 - 1.0 mg/dL
Serum Direct Bilirubin	0.0 - 0.5 mg/ dL
Serum Total Protein	6.0 - 8.0 g/ dL
Serum Albumin	3.8 - 5.0 g/ dL
Serum Uric Acid	3.5 - 6.5 mg/dL
Serum GOT (AST)	5-40 IU/L
Serum GOT (ALT)	8-40 IU/L
Serum GGT	5-40 IU/L
Serum Alkaline Phosphate	40-135 IU/L
Calcium	8.0 - 10.5 mg/ dL
Triiodothyronine (T3)	90-250 ng/dL
Total Thyroxine (T4)	4.4 - 11.6 micro g/ dL
Thyroid Stimulating Hormone (TSH)	0.25 - 5.0 mIU/L
Blood Pressure	120/80 mm of Hg*
Pulse Rate	70-80 / minute*

* May vary according to age and physiological conditions

Courtesy:

JUBILEE CAMDARC DIAGNOSTIC CENTRE

3. HEIGHT AND WEIGHT CHART

(Standard Height & Weight for Indian Men & Women)

Height	Men		Women	
	Kilogram Range		Kilogram Range	
1.523 M (5'-0")			50.8	54.4
1.5485 M (5'-1")			51.7	55.3
1.5738 M (5'-2")	56.3	60.3	53.1	56.7
1.5992 M (5'-3")	57.6	61.7	54.4	58.1
1.6246 M (5'-4")	58.9	63.5	56.3	59.9
1.65 M (5'-5")	60.8	65.3	57.6	61.2
1.6554 M (5'-6")	62.0	66.7	58.9	63.5
1.7008 M (5'-7")	64.0	68.5	60.8	65.3
1.7262 M (5'-8")	65.8	70.8	62.2	66.7
1.7516 M (5'-9")	67.6	72.6	64.0	68.5
1.7770 M (5'-10")	69.4	74.4	65.8	70.3
1.8024 M (5'-11")	71.2	76.2	67.1	71.7
1.8532 M (6'-0")	73.0	78.5	68.5	73.9
1.8532 M (6'-1")	73.3	80.7		
1.8786 M (6'-2")	77.6	83.5		
1.9040 M (6'-3")	79.8	85.9		

The deviation from the standard weight for height can be classified on the basis given by Robinson and Lawler (1986) as follows:

- Normal Weight - Within 10% of ideal weight.
- Under Weight - < 10% of ideal weight.
- Over Weight - > 10%-20% of ideal weight.
- Obese - > 20% of ideal weight.

Source: *Life Insurance Corporation of India*

4. OPTIMAL CALCIUM REQUIREMENT

Age Groups	Daily intake (mg)
Infants Birth- 6 months 6 months-1 year	400 600
Children 1-5 years 6-10 years	800 800-1200
Adolescents/Young adults 11-24 years	1200-1500
Men 25-65 years Over 65 years	1000 1500
Women 25-50 50-65 yrs., (Postmenopausal) Over 65 years	1000 1500 1500
Pregnancy and Nursing	1200-1500

Source: *Nutrition* 1995:11:409-17

5. VITAMINS: SOURCES AND DEFICIENCY DISEASES

(Recommended Vitamins for elderly)

Name of Vitamin	Recommended Daily Allowance for sedentary elderly	Food Sources				Deficiency Diseases
		1	2	3	4	
Vitamin A (Carotene or Retinal)	2400 .00g 600 .00g		Butter, Ghee, Whole Milk, Curds, Liver, Egg-Yolk, Cod or shark liver oil, Green leafy vegetables, carrots, Pumpkin,			Dryness of eyes (Xerophthalmia) Night blindness Papillary eruptions on elbows & Knees. Softening Cornea.
Vitamin D (Calciferol)	200 I.U.		Egg-yolk, Fish-liver oil, Liver, Milk and Milk fat (Butter & Ghee)			Softening of Bones (Osteomalacia) Loss of Mineral content of bones (Osteoporosis)
Vitamin E (Tocopherol)	30 I.U.		Whole-grain cereals, Green Vegetables, Olive Oil, Coconut Oil, Other Vegetables, oils.			Patchy Loss of Vision
Vitamin K (Phytomenadione)	-		Green vegetables and tomatoes, Soyabean			Defective clotting of blood. (Haemorrhage)

Name of Vitamin	Recommended Daily Allowance for sedentary elderly	Food Sources				Deficiency Diseases
		1	2	3	4	
Vitamin B1 (Thiamine)	1.2 mg		Whole-grain cereals, wheat germ, unpolished rice and parboiled rice, rice polishings Yeast, Dried beans, peas and lentils, pulses and nuts, fortified cereals.			Wet beriberi leads to water retention and heart failure Dry beriberi leads to pricking pain of hands and feet with muscle wasting.
Vitamin B2 (Riboflavin)	1.4 mg		Milk and Milk products, Liver, Kidney, Egg, Green leafy Vegetables, Mushroom			Fissures at the angle of the mouth Haziness of cornea with defective vision. Magenta Colouration of tongue
Niacin	16 mg		Milk, Pulses, Cereals, Nuts, Fish, Liver, Kidney, Meat, Egg, Fresh Green Vegetables and Fruits			Skin infection, (Dermatitis) Diarrhea Defective Mental Faculty (Dementia)
Vitamin B6 (Pyridoxine group)	2 mg		Egg-Yolk, Meat, Liver, Vegetables, Whole-Cereal grain, Pulses and Yeast			Pricking pains in hands and feet Skin infection (Dermatitis) Sore tongue.

Biotin	50-60 ug	Liver, meat, Dried yeast, Cereals and legumes, peanut, Soyabean.	Skin infection (Dermatitis) Increased Cholesterol in blood
Pantothenic acid	10 mg	Liver, Egg, Meat, Fish, Whole Cereals, Legumes Yeast.	Deficiency diseases are rare because of the wide distribution of this vitamin in all foods.
Folic acid	100 ug	Fresh green vegetables, Liver, Pulses	Anemia
Vitamin B12 (Gyanocobalamin)	1.0 ug	Milk, Meat and Liver	Anemia, Neuritis, defective mental faculty (Dementia)
Vitamin C (Ascorbic Acid)	40 mg	Oranges, goosberries,	Spongy, Swollen and bleeding gums. External and internal bleeding.

Source: "Nutrition for Better Health in Old Age" by Dr. V. S. Natarajan, Geriatrician, Chennai.

6. CALCIUM CONTENT IN FOOD ITEMS

Food	Quantity	Calcium (mg)
MILK & MILK PRODUCTS		
Buffalo's Milk	1 cup (250 ml)	300
Cow's Milk	1 cup (250 ml)	244
Ice Cream	1 cup (250 ml)	200
Curd from Cow's Milk	100 gms	120
Milk Powder (skimmed)	100 gms	1370
Milk Powder (whole)	100 gms	910
Paneer	1 pc.	27
Cheese	1 pc.	203
Khoa	50 gms	478
(Other than the above foods, calcium content is insignificant)		
VEGETABLES		
Dark Green Leafy veg.	1 cup	200
Potato	100 gms	5
Methi	50 gms	235
Onion (Raw)	100 gms	180
(Other than the above foods, calcium content is insignificant)		
CEREALS/PULSES		
Wheat-chappati	4 No. (thin)	28
Idly-Rice	2 Nos.	10
Dosa-Rice	1 No.	10
Rice-cooked	100 gms	10
White bread	1 slice	32
Soyabean	100 gms	240
Dal	100 gms	160
Bengal Gram	100 gms	202
(Other than the above foods, calcium content is insignificant)		
DRY FRUITS		
Cashewnuts	25 gms	12
Almonds	25 gms	63
Pista	25 gms	140
(Other than the above foods, calcium contents is insignificant)		
EGG/MEAT/FISH		
Chicken	100 gms	30
Mutton (Muscle)	100 gms	150
Prawn (without shell)	100 gms	145
Eggs (Hen)	2 Nos.	40
Sardines (fish)	1 average size	409
(Other than the above foods, calcium content is insignificant)		

Source: Advance Text Book on Food Nutrition, Vol. II Clinical Dietetic & Nutrition, 3rd Edition.

7. FOOD - IS IT THE QUANTITY THAT MATTERS?

Elders should select their food from the five food group to consume a well balanced diet. Their health depends on the type of food they select and not the quantity. For example one hundred gram of ragi contains 344 mg of calcium, but the same quantity of rice has only 9 mg of calcium. The comparison of the nutrients of common cereals are given below:

	Ragi (100 gm)	Wheat (100 gm)	Rice (100 gm)
Calories	328	346	346
Carbohydrate (gm)	72.0	71.2	79.0
Protein (gm)	7.3	11.8	6.4
Fat (gm)	1.3	1.5	0.4
Calcium (mg)	344.0	41.0	9.0
Iron (mg)	3.9	5.3	1.0

Hundred grams of wheat contains nearly 12 gms of protein while the same quantity of rice has only 6.4 gms. So, if one eats only rice he has to consume a large quantity of it to derive the protein present in wheat. Hence it is advisable for the elderly who cannot consume large quantities to avoid rice as far as possible and include in their diet ragi or wheat. Ragi is easily digestible and economical.

Source: "Ageing Beautifully" by Dr. V.S. Natarajan, Geriatrician, Chennai.

SECTION - 2

HEALTHY AGEING

By Dr. V.S. Natarajan MD. F.R.C.P (Edin)

Dr. V. S. Natarajan was a Specialist in Geriatric Medicine attached to the Government General Hospital, Chennai. He is the first Medical professional in India to undergo advanced training in Geriatrics and to obtain accreditation as a Specialist in Geriatrics from the Joint Committee on Higher Medical Training, first to start a separate Geriatric Department in India and first Professor of Geriatric Medicine in the Madras Medical College.

Ageing is not simply a feature of later life, but a life long activity. From the moment of birth, we are growing elder, through infancy to childhood, adolescence to adulthood, and onwards towards maturity. Changes do not happen overnight Over a period of years, we develop from one stage of our lives to the next and the stages merge into one another. We do not suddenly become 'old'. Certainly our outward appearance may alter with the passing years, but our personalities, our ways of relating to other people and dealing with events in life, have developed and matured in earlier years and rarely undergo radical change in old age. Ageing occurs at **different levels - social, behavioural, physiological**, morphological cellular and molecular.

So Ageing is a fact of life, but as yet we understand very little about why it happens. There is no widespread agreement between Scientists.

WHO declares health to be a state of complete physical, mental and social well-being and not simply the absence of disease and infirmity.

i. AGEING

The structural and functional changes which occur with advancing years is called the 'ageing process'.

Theories of Ageing

There is no single known cause for ageing. Gerontologists have formulated number of theories for ageing.

1. Loss of irreplaceable cells.
2. Production of unsound cells.
3. Limited capacity for division.
4. Accumulation of waste products.

Structural changes

With the advancing years, most of the organs tend to become smaller in size, but some organs like Prostate may increase in size. Moreover different organs age at different periods in the same individual. For e.g., if a person is 50 years old, it does not mean, that all the organs are of the same age. It depends upon how much insult is given to a particular organ, e.g., in a chronic smoker, lungs are badly affected, and the ageing process sets faster in lungs than the other organs. Premature ageing is commonly seen in economically poor groups and those who are adopting irregular habits since younger age.

Functional changes

Functions of most of the organs tend to decrease as the age advances. Since this is in par with the ageing process, the functional decline will not affect the health of the elderly persons very much.

- Gastric secretions tend to decrease.
- Sluggish colonic movements.
- Reduction in kidney function.
- Decline in hormonal functions.

What is ageing ? What is disease?

Certain changes which occur in our body due to ageing process is usually benign e.g., Cataract, Deafness, abnormal taste, Dry Skin, Tremors, Constipation, Skin Pigmentation and growing of facial hair in women. These things need not be viewed seriously and appropriate remedies may be taken when needed.

The old person is prone to develop multiple diseases due to degeneration (arthritis), infection (pneumonia) neoplasms (cancer) and miscellaneous conditions (obesity, nutritional deficiency etc.)

Appropriate steps should be taken to prevent or treat these disease processes.

ii. COMMON DISEASES AFFECTING THE ELDERLY

Hypertension

If the blood pressure goes above 160/95 in a person of 60 years or above, it is called hypertension. The incidence is more in urban elderly (40%) than in rural (18%). It may be silent, without any symptom in old age or may present with symptoms like, headache, giddiness, breathing difficulty, swollen legs or chest pain. Untreated hypertension, may lead to heart attack, stroke, kidney failure or eye problems.

Once hypertension is diagnosed, it may be brought under control without drugs if possible. Mild to moderate hypertension can be treated by regular exercise, avoiding smoking, taking less salt in diet and by advocating meditation. If the above measures fail, drugs are needed to reduce the blood pressure.

Diabetes Mellitus

It is a common disease in old age. The pre-disposing factors are familial, obesity, restricted activity, mental stress and drugs like steroids. Symptoms are less classical and commonly presents with complications like loss of vision, kidney failure, heart attack, stroke, or tingling and numbness in hands and feet. If the fasting blood sugar is above 120mg and post prandial blood sugar is (1 1/2 hr. after meal) above 160mg, the diagnosis is confirmed.

The diabetes in elderly is easily brought under control by diet restriction and doing regular exercise. In majority of the elderly people, the blood sugar can be brought under control with drugs alone. Insulin is required for those who are not improving with drugs, in the presence of infections, or planning to undergo surgery. The ideal treatment in the elderly diabetic

patient should relieve symptoms, achieve satisfactory blood sugar control and prevent complications with minimal interference to quality of life.

Obesity

It is more harmful to men than women. Obese people are prone for arthritis, hypertension, diabetes, raised cholesterol, gall stones, falls and fungal infections etc. Obesity may be corrected by restricting the calories intake to 1000 cal/day and by doing regular exercise. Regular physical activity has enormous benefits of increasing mobility, energy expenditure and provides psychological and social stimulus.

Heart Attack

When the blood supply to the heart is reduced, heart attack occurs. The symptoms of heart attack in younger age group are classical, i.e., severe excruciating central chest pain spreading to left side of arm or of sides of neck, associated with profuse sweating and vomiting. In an elderly, this type of classical presentation will occur only in 1/3rd of patients. Rest of them, may be present in entirely different ways. e.g., gastric problem, sudden extreme weakness, breathing difficulty or mental confusion. These above atypical presentations are more common in elderly diabetics. Once heart attack is suspected, it can be confirmed by ECG, blood tests, Echo, exercise test and coronary angiogram. The management is mainly medical. In selected cases, either coronary angioplasty or bypass surgery may be needed.

How to prevent heart attack ?

Avoid smoking, reduce over weight, control diabetes and BP. High cholesterol has to be reduced and sedentary habits, stress and strain should be avoided. Persons with a family history of heart attack, or with any of the above risk factors can take 150 mg of aspirin per day after the meal. Since aspirin may produce gastritis and other side effects, periodic medical supervision is mandatory.

Stroke

When the blood supply to the brain reduces, one side of the body fails to function and results in paralysis. The reduction of blood supply may be due to a block, by a clot or bleeding from an artery. The risk factors for the development of stroke are hypertension, diabetes mellitus, smoking, high cholesterol. The cause for stroke can be confirmed by brain CT scan.

Management is mainly treatment of risk factors and physiotherapy.

Peptic Ulcer

Ulcer in the stomach or upper part of small intestine is not uncommon in old age. It may be due to too much of acidity or loss of mucosal resistance in the above organs. Drugs like aspirin, smoking, alcohol and mental stress can predispose for the development of ulcer. The patient complaints of stomach pain and sometime blood vomiting. Peptic Ulcer can easily be diagnosed by Endoscopy. Treatment is mainly medical and surgery is needed, when the complications like vomiting, perforation or obstruction set in.

Constipation

It is a symptom where it signifies bowel movement which are less frequent than they used to be or which are more difficult to pass than they used to be.

Causes : Intake of less fibre diet, disease of stomach and intestine, thyroid deficiency, mental depression, drugs (iron, antacids), lack of exercise and less fluid intake.

Complications : Chest pain or giddiness may develop during straining for stools, anxiety, hernia, varicose veins in legs, obstruction of intestine may develop.

Management: --- Increased fluid intake
--- Regular exercise
--- Include high fibre diets e.g., ragi, wheat, bran, greens, banana stem, cabbage, cauliflower, bitterguard, dates, mango, pappaya, pepper, coriander, omum

--- Drugs as recommended by the physician

Jaundice

It is commonly due to viral infection affecting the liver, but in old age this is less common. Obstructive Jaundice is due to the obstruction of flow of bile from gall bladder to intestine. It may be due to gall stones or cancer of pancreas. Sometimes, drugs (e.g., Hormones, anti-TB drugs) can also produce jaundice. In old age, obstructive Jaundice is more common than infective type and hence Jaundice should be taken seriously and necessary tests including ultrasonogram should be done without any delay. The management depends upon the cause for Jaundice.

Tuberculosis

It is commonly silent in old age. It may not be present with cough, phlegm or blood in the phlegm. The main presentation of tuberculosis in aged person is in the form of loss of weight, weakness, or low grade temperature. It is more common in diabetics and smokers.

It is easily diagnosed by chest X-ray and with modern treatment, cure is possible within a year.

Lung Cancer

More common in chronic smokers. When there is change of voice, persistent cough associated with rapid loss of weight, one should suspect Cancer of Lung. Diagnosis is by X-ray chest and bronchoscopy. Treatment depends upon the stage of the Cancer. Either Chemotherapy, Radiotherapy or Surgery can be contemplated.

Arthritis

Degenerative Arthritis involving Knee, Hip Back Bone and Neck Bone are common. The other type Rheumatoid Arthritis involving joints of hand and feet are less common.

Management : Weight reduction, pain relievers, physiotherapy and surgery.

Urinary problem

The elderly people tend to pass urine quite frequently which may be due to Enlarged Prostate (only in males), urinary infection, diabetes and drugs. Urinary infection is a frequent complaint in the elderly which may be due to stagnation of urine, due to obstruction in the urinary passage. Diabetics are more prone for recurrent urinary infection.

Complaints : Frequent urination, scanty and burning urination associated with the chills and fever. Sometimes the patient may be admitted for acute confusion which may mask the underlying infection. Hence, in any confessional state urinary infection should be ruled out. Treatment of urinary infection is with appropriate antibiotics.

Thyroid Disease

Thyroid gland is situated in front of the neck and is very small and normally not visible. When it secretes less hormone, aclinical condition of hypothyroidism develops. Clinical features- lethargy, excess weight, dry skin, change of voice.

Hypothyroidism

Excess of secretion of thyroid hormone leads to symptoms which include excess of appetite, weight loss, sweating, tremors of hand, and prominent eye ball. The above condition can easily be confirmed by Hormone Assay Tests. With the appropriate treatment the patient will improve dramatically.

Cancer

Elderly people are more prone to Cancer. Men are prone to develop Cancer of mouth, stomach, lungs, rectum, liver and prostate, whereas women are prone to Cancer of uterus, breast, stomach, oesophagus and rectum.

Warning signal for Cancer

- 1) Change in bowel or bladder habits.
- 2) Sore throat which does not heal.
- 3) Bleeding or discharge.

- 4) Lump in breast and elsewhere.
- 5) Difficulty in swallowing.
- 6) Change in wart or mole.
- 7) Nagging cough, change of voice.
- 8) Progressive weight loss with anaemia.

Surgical Problems

Hernia, piles, hydrocele, intestinal obstruction, intestinal perforation, gall stone, enlarged prostate, uterine mass, lump anywhere, fractures, gangrene, bleeding inside the brain are some of the surgical problems which the elderly face.

Types of surgery--elective or emergency.

Types of anaesthesia--general, regional or local.

Age itself is not a contra--indication for surgery but the risk and complications are more in old age.

Sexuality In Old Age

Gradual decline of libido is normal with advancing age. But rapid decline of libido may be due to diabetes, cancer, urinary problems, liver disorders and mental depression.

Physical problems like asthma, heart ailments, stroke, arthritis and obesity may cause difficulty in performing the act. Alcohol and drugs (drugs to reduce B.P) may interfere with the sexual performance in old age. Continued sexual activity promotes satisfactory relationship, personal well being and quality of-life.

"Sexuality for the aged is a good thing for those who want it."

iii. PSYCHIATRIC PROBLEMS

Depression

Depression is the commonest mental illness in the old age. The depressed persons may lose interest in life, eat less, lose weight and suffer from sleeplessness and constipation. They are vulnerable for suicidal attempts. Treatment is mainly by

counselling, and antidepressants. With the recent advances in the medical therapy, cure is possible in most of the cases. Those who are not responding with the above measures may need electro convulsive therapy.

Dementia

It is a mental illness in which there is an increasing inability to remember, to learn, to think and to reason. In an aged, it may be due to Alzheimer's disease, in which there are areas of damage, which stop communication between brain cells or to repeated small clots affecting the blood supply to brain. The reason for this condition is not known and it is often irreversible and progressive. Because dementia is untreatable, it is essential to ensure that a correct diagnosis is made. The management is mainly supportive and symptomatic. For despite the muddled conversation and lack of social graces, the old person still merits consideration, kindness and respect as a human being.

Special features of Geriatric Medicine

The Word "Geriatrics" was derived from the Greekword "Geraios" meaning old age, and "latros" meaning medicine and was coined 'by Nascher in 1914. Geriatrics cannot be easily defined. Unlike other specialities, it does not deal with a group of diseases, like rheumatology or system like neurology. The British Geriatric Society has defined Geriatrics "as the branch of General Medicine concerned with the clinical, preventive, medical and social aspects of illness in the elderly."

Who belongs to the Geriatric group?

Is there any age limit beyond which a patient can be called as belonging to the Geriatric group? Strictly speaking, old age is not entirely a matter of years. Some people continue to remain young even in their seventies, while others seem old in their fifties or even earlier. For practical purpose, however, old age is best defined as the age of retirement, for it is at that time that the combined effect of ageing, social changes and diseases are likely to cause a breakdown in health. In our country, since the age of retirement varies from 55 to 60, it is fixed as 60 years and above.

How Geriatrics differs from the other speciality ?

Elderly patients differ in many ways from the young ; indeed such distinctions underlie the separate existence of Geriatrics as a medical speciality. They differ mainly because of diagnostic, therapeutic and social problems.

Diagnostic problems

There are certain difficulties in making an accurate diagnosis in the elderly. History taking in the elderly patients presents many special features and difficulties, in comparison with younger adults. Mental impairment and deafness are the main communication barriers with the old people. They may not emphasise their problems very much. They may attribute every thing to their age and tend to "suffer in silence." Practical skill and experience are therefore needed in order to obtain adequate histories in Geriatric work.

A typical presentation of illnesses in the elderly is very common. Presentation may be obscure or misleading or less florid and dramatic. These special features provide fascinating diagnostic and management problems.

Therapeutic problems

The elderly are more prone for drug side-effects. This is due to reduced lean body mass, diminished kidney function and altered organ sensitivity. Since the elderly are suffering from multiple diseases, multiple drug therapy is common. This will lead to more side-effects, drug interaction and omission. So the elders should not take drugs without consulting doctors, since side-effects will be more serious than the disease itself.

Social problem

The longevity of life has increased from 20 years (1901) to 60 years (1991) and there are more number of elders, who have to face more mental, social and economic problems. The stresses and strains of modern life, rapid urbanisation, altered social and moral values and the generation gap in the attitude to life, are responsible for breaking-up of the joint family system

in India. Consequently, the aged persons have developed a sense of frustration together with a feeling of complete isolation and loneliness. These social problems add to their already existing medical, physical and mental problems.

The traditional joint family systems of our country is slowly breaking down and about 30-35% of the elderly are not in the joint family. They live separately or with distant relatives or with friend or in "homes". Poor finance and dependency are the major problems, that they have to face.

Paying-homes are mainly meant for destitute elders.

Paying-homes: People who are unable to manage their elders at the houses due to various reasons may be admitted in paying homes - but strengthening of joint family and keeping the elders of the family should be main objective.

Preventive Geriatric Medicine

"50 is the old age of youth and

60 is the youth of old age"

Old age should be anticipated and prophylactic care should be given from middle age itself. Hence the following measures can be undertaken for healthy ageing.

Periodic Health Check-up

Many diseases in old age are either preventable or treatable. e.g., nutritional deficiency, Arthritis, Obesity, Mental Depression, Hypertension, Diabetes, Tuberculosis etc. Hence periodic health check up is very essential, atleast once a year.

- To detect silent diseases.
- To make early diagnosis.
- To prevent complications of disease.

iv. NUTRITION AND EXERCISE

Proper nutrition is vital for promotion of health and prevention of illness. Quality of diet is more important than the quantity.

Recommended daily allowance of nutrients for an elderly (I.C. M. R.)

Nutrients quantity	Per day
Calories	1760
Protein (G)	60
Calcium (mg)	400
Iron (mg)	28
Carotene (microgram)	2400
Thiamine (mg)	1.2
Niacin (mg)	16
Riboflavin (mg)	1.4
Vitamin C (mg)	40

The General Guidelines

- 1) More fluid intake.
- 2) Inclusion of dietary fibre.
- 3) Inclusion of atleast one fruit and two glasses of milk per day.
- 4) To have heavy breakfast, moderate lunch and light dinner.

Balanced diet - Sample menu

Balanced diet (1800 kcal) 1 cup==200ml	
Early morning	: Coffee or Tea - one cup (1/2 cup milk)
Breakfast	: Idly - 3 (or) Pongal 1 1/2 cup (or) Uppuma 1 1/2 cup (or) Bread - 4 slices Sambar 1/2 cup (or) chutney 1/4 cup Egg - 1 (or) Fruit - 2
Midmorning	: Buttermilk 1 cup (or) Soup 1 cup (or) Fruit juice 1 cup
Lunch	: Cooked rice 1 1/2 cup (or) Chappathi - 3 (or) Chicken 1 piece (or) Mutton 5 to 6 (or) Dhal 1/4th cup (or) Rasam Buttermilk 1/2 cup
Tea	: Coffee (or) Tea-one cup (1/2 cup milk) Sundal 1/2 cup (or) Biscuits - 2
Dinner	: Idly 2 (or) Chappathi 2 (or) Rice 1 cup Others - same as lunch

Exercise

It is good for all ages, more so in old age. Regular exercise improves blood circulation in almost all the organs and maintains normal function. The benefits are that it reduces obesity, reduces cholesterol, reduces B.P., reduces blood sugar, prevents constipation and promotes sound sleep.

Keep Moving

- Rest is equal to rust : Choose the exercise according to individual physical capacity.
- Types of exercise : Brisk walking 3 to 5 km distance or 40 mts to 60 mts, morning in empty stomach and if possible in the evening also.
- Other exercise : Cycling, swimming, indoor games, etc. Before choosing the exercise, consult a Physician.

Prevention of bone loss (Osteoporosis)

Loss of bone and other minerals, particularly from the spine can lead to low back pain or fracture. This can be prevented by doing regular exercise and increasing calcium intake in diet. Since coffee and alcohol reduces absorption of calcium from the intestines, they should be reduced.

Prevention of arthritis

Obese persons should reduce weight. Mild exercise to give full range of movement to all joints to be performed daily.

Care of Special Senses

Periodic eye check up will detect cataract and glaucoma, ENT check up to remove wax, to detect hearing impairment, throat cancer etc. Since tooth decay affects general health, periodic dental check up is mandatory. Whenever necessary artificial denture should be fitted, which will help to improve the diet intake, thereby the quality of life.

Maintenance of Mental Health

Progressive loss of neurons from brain is inevitable. At 70 years, the brain weight is 40% of its original wt. But the symptoms due to progressive loss of brain cells are not evident, because of adaptability. But failing mental function occurs with stress e.g., bereavement, physical ailment, retirement.

Mental Exercise

Brain atrophies with disuse. Senility is 6 times greater in those who have withdrawn from people and life.

Loneliness leads to depression, which may lead to death.

To maintain mental health, one should involve himself, in some hobbies like gardening, indoor games, meditation, bhajans, religious discourses, reading etc., from middle age itself.

v. SOUND FINANCE

Save money, for a better quality of life.

Better the financial position, better is the quality of life 'in old age. So save money from the middle age itself and if possible, undertake part time job.

Keep the properties till the end--atleast, some one will care for you because of the property.

vi. TIT BITS FOR HEALTHY AGEING

For healthy living in later life, a proper planning must be carried out from the middle age itself.

- 1) Periodic health check up.
- 2) Proper nutrition.
- 3) Regular exercise
- 4) Adopting a suitable hobby

- Will all help to maintain both physical and mental health. With a little bit of sound finance, the elders living in the joint family can definitely enjoy their old age.

SECTION - 3

MAKING A WILL (Leaving Well)

By **Dr. V. S. NATARAJAN**. M.D., FRCP (Edin.)

Old-age is a period in one's life-cycle which has many unique features. One such unique feature is the need to facilitate the easy disbursement of one's possessions and properties to one's loved ones without leading to legal battles amongst them. For this reason, it is advisable for everyone with some property to know how to prepare a WILL which is a legal declaration containing instructions on how one's possessions can be disbursed after one's demise.

A WILL can be defined as "A legal statement written by an individual stating the manner in which his or her wealth may be distributed after his or her demise." A person making a WILL is known as Testator.

It is best that one consults an advocate before preparing a WILL. It would be ideal if the Advocate is a known person on whom one can have utmost confidence. The following guidelines may be followed while preparing a WILL.

- It is better to make WILL at a younger age. Whenever changes have to be made at a later stage, due to events and changes in the family, the WILL made earlier can always be changed.
- One reason why it is better to make a WILL at a younger age is that unscrupulous relatives may legally contest the WILL made by the older person on the basis that he or she is of unsound mind.
- A WILL must always be dated. If a number of WILLS have been made, the WILL with the latest date will nullify all other WILLS. While making successive WILLS, it would be better to specifically make a statement nullifying previous WILLS.
- A WILL must be made as simple as possible and should be very precise and clear in its statements.

Otherwise it may cause problems for the legal heirs. Sometimes, unwanted persons and relatives may try to distort the interpretation of the WILL for their own benefit. Hence one should be careful while preparing such a WILL and try to avail of the service of a trusted advocate.

- A WILL can be hand-written or typed out. No stamp paper is necessary.
- There should be an Executor of the WILL who would be entrusted with the responsibility of ensuring that the assets are distributed according to the provisions of the WILL. Sometimes more than one Executor may be needed to execute the WILL. The Testator (person making the WILL) should obtain prior consent of the person whom he/she wishes to name as Executor.
- A WILL should be signed by the Testator in the presence of at least two Witnesses who have to attest the same. The full names and addresses of the witnesses should be clearly indicated in the WILL. It would be better if one of the witnesses is a Medical Practitioner, but this is not essential. The Practitioner should certify that the Testator is of sound mind (especially if the Testator is of advanced age) and he/she should also note his or her Registration number and degree. A witness should not be a beneficiary of the WILL. A witness should also not be an Executor of the WILL.
- Each page of the WILL should be serially numbered and signed by the Testator and the Witnesses. This should be done to prevent substitution or replacement or insertion of a page or pages by persons with fraudulent intention. At the end of the WILL, the Testator can indicate the total number of pages in the WILL. Corrections if any should be countersigned.
- The WILL may be kept in a safe place like a Bank Vault. The Executor and beneficiaries should be

SECTION - 4

MODEL WILL

informed where the WILL is kept. It is advisable to keep a signed copy of the WILL with a Trusted Advocate and duplicate copies of the WILL may be signed by the Testator and the Witnesses and kept at separate places so that if one is misplaced, the other may be used.

- Sometimes, the value of certain items of the assets (example value of shares) may fluctuate. In such a situation, it is desirable to mention the percentage of such item which should go to each beneficiary.
- Whenever important changes in the circumstances of the family take place during the intervening period (from the time of making the WILL to the time of demise of the Testator) the structure of the WILL may be amended if found necessary. Such an amendment may be needed even in the case of changes in the nature of the property itself.
- For making changes only in certain Clauses of the WILL, a Codicil (supplement) is to be prepared which should be read in conjunction with the WILL and which has the power to make appropriate changes in the relevant Clauses of the WILL. If there are too many changes in the WILL, it is better to prepare an entirely new WILL.
- It is not compulsory for one to register a WILL with the Registering Authority. But in case any property or asset is given to any Charitable Organization then registration should be done.
- Only after a person's demise does his/her WILL becomes operative. There is no restriction in the way a person can deal with his/her property even after writing the WILL.

Though it is not possible to prescribe the exact structure of a WILL, the following model has been presented based on which the actual WILL may be prepared by any person.

I (Name), son of (Father's Name), normally residing at (Address), being of sound mind and memory hereby revoke any WILL, Codicil or Testamentary disposition I may have made hitherto and declare this WILL made at (Address) on (Date) to be my last WILL.

In order to prevent any litigation amongst my heirs, it is my wish that all my properties and assets should be disbursed amongst my heirs in the manner described below.

1. I here by appoint the following two persons.
 - i)
(Name and Address) 1st Executrix
.....
.....
 - ii)
(Name and Address) 2nd Executrie
.....
.....

to be Executors / Executrixes of this WILL.

The 1st Executor/Executrix (Name) shall administer the disbursement of my properties and if he/she is unable to take up this responsibility, the 2nd Executor/Executrix (Name) shall administer the disbursement. The Executor so appointed shall act as guardian of any minor person who may benefit from my WILL.

2. I have been enjoying full ownership and control over the following properties :

2.1 Immovable property

(Give full details, address, names and percentage of share of other co-holders if any)

2.2 Movable Property

- a) Cash b) Bank A/cs. (Saving, Current, Fixed etc.)

c) Insurance d) Jewellery e) Shares

3. I declare that all my belongings shall be distributed amongst the persons mentioned by me as follows:

Sl. No.	Property	Name, Address & Relationship to me
1.		
2.		
3.		
4.		

4. The following are my special instructions before commencing disposal of my properties :

4.1 (Example) I have allocated Rupees to my daughter (Name) aged who is a widow and having a daughter (Name) aged I request the Executor/Executrix of my Will to guide her in investing this amount in a safe and prudent manner so that she will be able to maintain herself out of the returns of this investment. On the demise of my daughter, the returns from this money is to be transferred to her daughter who, if she is a minor at the time of demise of my daughter, will be under the custody of the Executor/Executrix

5. I have kept aside cash value of Rs. for expenses that may be incurred on my illness if any; or to meet expenses for my funeral and related ceremonies. Any legal expenses, unpaid taxes etc., shall be met out of this money. The balance from this money after all payments, and any other residue of my property, I bequeath to my wife.

6. I declare that this WILL comprises of pages.

7. This WILL has been prepared in the presence of the following two persons as Witnesses :

1. Name and address
.....
.....
2. Name and address
.....
.....

SECTION - 5

WHAT IS A "LIVING WILL"?

A Living Will is made by a healthy individual who is competent in the eyes of the law to make such a Will in front of two witnesses. It needs to state one's desire to die in case of terminal illness also allowing him to revoke this decision at any given point of time.

In India, the Living Will is not legal and is, as of now, useful for organ donation after death.

Note: Netherland is the first country in the world to legalise Euthanasia

SECTION - 6

SC OKAYS FATHER'S WILL AGAINST SON

The Supreme Court found nothing suspicious in a father cutting out of his Will a son who had refused to look after his Cancer afflicted parent.

The son lived separately and had hardly inquired about the health of his father for 19 years. Sankaran Nair, a Cancer patient, lost his job in 1959 but got no succour from his son, Madhavan Nair. For the next 19 years, the son lived separately. During the trying times, the son and daughter of Sankaran's sister took care of him.

However, immediately after his father's death in 1978, the avaricious son moved a Kerala Civil Court demanding rights over Sankaran's property claiming to be the natural heir. What came in his way was a Will Executed by Sankaran in 1971 giving the entire property to his Nephew and Niece, probably in gratitude for the care they gave him when his own son was found wanting.

The Trial Court found this utterly suspicious, that a father would deprive his son of his rights over the paternal property and ruled in favour of Madhavan. On appeal, the Kerala High Court set aside the Trial Court Order and restored the property to Sankaran's Nephew and Niece.

When the matter reached the SC and the 'suspicion' ground was raised, perhaps implying that Sankaran had been influenced by his Niece and Nephew, the Court said, "Deprivation of a due share to the natural heirs itself is not a factor which would lead to the conclusion that there exists suspicious circumstances."

The Bench noted that Sankaran, during the time he was ailing, lived with his sister and her children. "If in that situation, he Executed a Will in their favour, no exception thereto can be taken," it said.

The fact that the Will was Executed in 1971, did not escape the SC's scrutiny. It said, "The Testator (Sankaran) lived for seven years after the Execution of the Will. He could have changed his mind; but he did not," observed SC.

(Source: Times of India/Bangalore: 18.10.2007)

SECTION - 7

CONCESSIONS FOR SENIOR CITIZENS

By Air

i) Indian Airlines: 50% Discount on normal Economy Class fare for travel on Indian Airlines Domestic Flights only to Senior Citizens who attained the age of 65 years in respect of males and 63 years in respect of females. Discount is applicable in Economy Class only. For permanent Identity Card, two recent stamp size photographs and for one time journey one passport size photo required.

(For more details, contact Indian Airlines).

ii) Sahara India Airlines: 50% Discount on basic fare for travel on Domestic Flights only to Senior Citizens who have attained the age of 62 years. Discount is applicable in Economy Class only.

(For more details, contact Sahara India Airlines).

iii) Jet Airways: 50% Discount on basic fare on Domestic Flights to Senior Citizens who have attained the age of 65 years. Discount is applicable to Economy Class only.

iv) Air India: is offering discount of 55% for Senior Citizens of 60 plus on flights to USA and Europe in Economy Class. Further, Air India has now decided to lower the eligibility age to 60 plus for discount on this domestic routes as well with immediate effect. For Identity Card, two passport size photographs have to be submitted along with the form.

v) King Fisher Airlines: Offers discount in Business Class only for citizens of 65 years and above on sectorial basis. Age proof is required.

vi) Jetlite: offers a discount of 50% on Economy Class for citizens of 65 years or above. One passport size photograph is required on the form along with age proof.

(Source: "Pensioners' Counsellor" - June, 2009 issue)

(For more details, contact Jet Airways)

By Train

Concession in Fare: Indian Railways provide 40% concession in all classes and trains including *Rajdhani/Shatabdi/Jan Shatabdi* Trains for Senior Citizens (male and female) who have attained 60 years of age. Railways have now extended 50% concession to female Sr. Citizens of 58 years)

Allotment of lower berth to Senior Citizens: Lower berths are generally allotted to Senior Citizens subject to availability.

The concession is not available on ordinary II Class Fares. Documentary proof of age issued by any Govt. Institution/Ageing Local Body etc., Identity Card, Ration Card, Driving Licence, Passport, Educational Certificate is to be carried during journey.

Wheel Chairs for use of older persons are available at all junctions, District Headquarters and other important Stations for convenience of needy person.

Ramps for Wheel Chair movement are available at the entry to important stations.

Also specially designed coaches with provisions of space for wheel chairs, hand rail and specially designed toilet to physically challenged have been introduced.

Railways provide 75% concession for undergoing Heart/Cancer operations from starting Station to Hospital Station for self and companion.

By Road

Delhi: 50% Discount on fare for travel in Delhi Transport Corporation buses for those above 65 years of age.

Tamilnadu: Reserved two seats in the front exclusively for old people and physically handicapped.

Maharashtra: Can enter the bus from front side of BEST buses in Mumbai, though no other concession is offered. Maharashtra State Road Transport Corporation buses provide 50% concession, if a person is 65 years and above and has an election Identity Card or a Tehsildar Certificate.

Chandigarh: Senior Citizen Certificates holders get 50%

travel concession for travelling in City Buses in Chandigarh.

Punjab: Elderly Women above 60 years enjoy free travel in Punjab.

Rajasthan: Rajasthan State Road Transport Corporation provides concession of 25% to persons above 65 years.

Karnataka: Senior Citizens (65 yrs and above) travelling in State Road Transport Corporation buses are entitled to get 25% concession in bus fares. Two seats are reserved in all BMTC buses.

*(Govt. of Karnataka Notification No. SRE 45 NSE-08 dt. 8.9.2008
No. 94/08 dt. 8-9-2008)*

Similar Order extending 25% concession in fares in City Buses belonging to BMTC has also been issued by the Chief Traffic Manager, Admn., BMTC Bangalore (*vide his Order No. BMRTC/Central Office No. 2052/2008-09*)

The concession is now available in Pushpak, Suvarna, Big 10 and Vajra (except Bangalore International Airport Services)

Senior Citizens should however carry Identity Cards issued by any of the following :

Any establishment of the Central or State Governments. Federation for Senior Citizens Forum of Karnataka Institutions approved for the purpose by Govt. of Karnataka, Karnataka State Govt. Pensioner's Association (Voter I.D. Card, Driving Licence, Pan Card and Passport can be provided)

Special Counters

Railway Ticket Booking: Separate Reservation Counters earmarked for Senior Citizens at various Passenger Reservation Systems (PRS) if the average demand per shift is more than 120 tickets. The position is reviewed from time to time for continuity of this facility. (Rly. Bd. No.96/TG-1/20/P dated 20-2-1996)

Medical Insurance Scheme

Mediclaim is available to persons up to 75 years.

(Details to be got from New India Assurance Company Ltd.)

Income Tax and filing of Income Tax Return:

Senior Citizen/Very Senior Citizen

Individuals who attain the age of 60 years any time during the previous year and those who are 60 years and above are considered as Senior Citizens. From 1-4-2011 individuals who are 80 years of age and above are considered as very Senior Citizens.

Filing of Income Tax return

Every individual has to furnish the return of his income, if his total income before allowing deductions under Chapter VI-A, exceeds the maximum amount which is not chargeable to Income Tax.

In the case of a Senior Citizen, filing of Income Tax return is obligatory if his/her total income exceeds Rs.2,50,000 for the financial year 2013-14. Senior Citizens/individuals whose total income for the relevant assessment year does not exceed Rs.5 lakhs are exempted from filing returns from the assessment year 2011-12 subject to certain conditions.

Rates of Tax payable by Senior Citizens (60 years and above but less than 80 years)

A. Assessment year 2013-14

- | | |
|--|---|
| 1. Where the total income does not exceed Rs.2,50,000 | Nil |
| 2. Where the total Income exceeds Rs.2,50,000 but does not exceed Rs. 5,00,000 | 10% of the amount by which the income exceeds Rs.2,50,000 |
| 3. Where the total income exceeds Rs.5,00,000 but does not exceed Rs.10,00,000 | Rs.25,000 plus 20% of the amount by which the income exceeds Rs.5,00,000 |
| 4. Where the total income exceeds Rs.10,00,000 | Rs.1,25,000 plus 30% of the amount by which the income exceeds Rs.10,00,000 |

Slabs for Very Senior Citizens (80 years and above)

- | | |
|---|--------------------|
| 1. Where the total income does not exceed Rs.5,00,000 | Nil |
| 2. Where the total income exceeds | 20 per cent of the |

Rs.5,00,000 but does not exceed Rs.10,00,000

amount by which the total income exceeds Rs.5,00,000

3. Where the total income exceeds Rs.10,00,000

Rs.1,00,000 plus 30 per cent of the amount by which the total income exceeds Rs.10,00,000

2.2. Surcharge on Income Tax:

There will be no Surcharge on Income Tax payments by individual taxpayers during FY 2012-13 (AY 2013-14)

2.3.1 Education Cess on Income Tax:

The amount of Income Tax shall be increased by Education Cess on Income Tax at the rate of two per cent of the Income Tax.

2.3.2. Secondary and Higher Education Cess on Income Tax:

From Financial year 2007-8 onwards, an additional Surcharge is chargeable at the rate of one per cent of Income Tax (not including the Education Cess on Income Tax)

Education Cess, and Secondary and Higher Education Cess are payable by both resident and non-resident assesseees.

B. Assessment year 2014-15 (FY 2013-14)

No change either in the slabs or the rates of personal Income Tax. However, relief for tax payers in the bracket of Rs.2 lakhs to Rs.5 lakhs has been proposed in the Budget for the year 2013-14. A Tax Credit of Rs.2,000 will be given to every person with total income up to Rs.5 lakhs.

Deductions under Chapter VI-A

Deductions from the Gross Total Income are allowed under the following Sections of the Act

Section 80 C savings under PPF, NSC, Senior Citizens Saving Scheme, 5-Year Time Deposit in Post Office/ Bank etc: Maximum investment Rs. one lakh

Section 80 CCC	Annuity plan of LIC of India	Section 80 G	Donations to certain funds and Charitable Institutions-50% of the donations to certain funds and 100% of the donations to certain other funds specified in the Section.
Section 80 CCG	Investment made under notified Equity Saving Scheme subject to certain conditions. (Scheme: Rajiv Gandhi Equity Savings Scheme)	Section 80 GG	An assessee is entitled to a deduction in respect of house rent paid by him/her for his/her own residence subject to the following conditions: a) the assessee is not in receipt of HRA b) the assessee files a declaration in Form 10 BA c) the assessee will be entitled to a deduction in respect of house rent paid by him/ her in excess of 10% of his/her total income subject to a ceiling of 25% thereof or Rs.2000 pm. whichever is less d) (i) the assessee does not own any residential accommodation himself or by his spouse or minor child at the place where he/she is residing (ii) at any other place, any residential accommodation being accommodation in the occupation of the assessee.
Section 80 D	a) Payment made to effect or keep in force an insurance on the health of the assessee or on the health of the spouse or dependent children where the assessee is an individual up to Rs.15,000 b) In the case of a Senior Citizen Rs.20,000 c) Payment on account of preventive health checkup Rs.5,000 d) An assessee being an individual makes any payment to effect or keeps in force an insurance on the health of his parent or parents (dependency condition dispensed with) an additional deduction up to Rs.15,000. This additional deduction will be Rs.20,000 if either of the individual assessee's parents is a Senior Citizen e) Payment made an account of preventive health check up of parents Rs.5,000.	Section 80-TTA	(introduced from FY 2012-13) Allows deduction from gross total income of an Assessee if it includes any income by way of interest on deposits (not being time deposit) in a savings account amounting to: i) In case where the amount of such income does not exceed in the aggregate Rs.10,000, the whole of such amount: and ii) in any other case, Rs.10,000 If such savings account is maintained in a :- a) Banking Company to which the Banking Regulation Act, 1949 applies; b) Co-operative Society engaged in carrying on the business of Banking; c) Post Office
Section 80 DD	If any expenditure is incurred for maintenance including medical treatment of a dependent being a person with disability: Rs.50,000. If the dependent is a person with severe disability: Rs.1,00,000 Dependent means spouse, children, parents, brothers, sisters or any of them.	Section 80 U	Individuals who at any time of the previous year is certified by the medical authority to be a person with disability: Rs.50,000. If such an individual is a person with severe disability: Rs.1,00,000.
Section 80 DDB	Expenditure incurred for the medical treatment for himself or a dependent: Expenditure actually incurred or Rs.40,000 whichever is less. If the expenditure incurred is in respect of the assessee or his dependent who is a Senior Citizen, the amount of deduction will be actual expenditure incurred or Rs.60,000 whichever is less.		
Section 80-E	Allows deduction in respect of repayment of interest on loan taken from any Financial Institution or any Charitable Institution for higher education for the purpose of pursuing his higher education or for the purpose of higher education of his spouse or his children or the student for whom he/she is the Legal Guardian.		

TDS on Income from Pension:

In the case of pensioners who receive their pension from a Nationalized Bank the instructions contained in this circular

shall apply in the same manner as they apply to salary income. The deductions from the amount of pension under Section 80-C on account of contribution to Life Insurance, Provident Fund, NSC etc., if the pensioner furnishes the relevant details to the banks may be allowed. Necessary instructions in this regard were issued by the Reserve Bank of India to the State Bank of India and other Nationalized Banks vide RBI's Pension Circular (Central Series) No. 7/C.D.R/1992 (Ref. CO: DGBA: GA(NBS) No. 60/GA.64 (11 CVL)-/92), dated the 27th April, 1992, and, these instructions should be followed by all the branches of the Banks, which have been entrusted with the task of payment of pensions. Further all branches of the Banks are bound under Section 203 to issue Certificate of tax deducted in Form 16 to the pensioners also vide CBDT Circular No. 761, dated 13-1-1998.

Other Facilities

Chandigarh and Haryana: Priority is given to Senior Citizens while paying the Electrical Bills/Telephone Bills as well as in Hospitals.

Punjab: The Government provides priority to the Senior Citizens in paying Electricity/Telephone Bills, reservation of bus seats and separate OPD in these Hospitals.

Gujarat: Civil Hospitals have separate counters for registration and separate queues for elderly.

Delhi: Separate Counter has been opened to facilitate the Senior Citizens for submission of Property Tax Bills.

A concession of 30% on House Tax for Senior Citizens above 65 years of age for a self-occupied residential building upto one hundred Sq. mtrs.

Telephone:

Provision of Telephone connection on priority to Senior Citizens: As a welfare gesture, Senior Citizens of the age of 65 years and above shall be entitled to register their demand for one Telephone connection in their names under "Non-OYT Special Category". Telephone thus provided shall be transferred only in the name of the spouse, if alive after the death of the

subscriber as a general category telephone and subsequent transfers shall be governed by the prevailing Telephone Rules.

(DOT Circular 11/99N0. 2-1299 PHA dated 5-10-1999)

Waiver of Registration Charges for Telephones for Senior Citizens: Senior Citizens of the age 65 years and above who are entitled for Registration of Telephone on priority basis under Non-OYT Special Category, as per Circular No.11/99 dated 5-10-1999 will be exempted from payment of charges for registering request for telephone connection.

(DOT Circular No. 2-1299 PHA dated 29-5-2000)

MTNL, Delhi is allowing 25% concession in monthly rental telephone Tariff without reduction of "free calls" (being allowed at present) to all Senior Citizen-subscribers aged 65 years and above.

(GM-IT/Aol/MS/500-20/132 dated 31-7-2003 of GM, MTNL, New Delhi. Similar concession has also been allowed by MTNL, Mumbai.)

Priority in Court Cases

Chief Justices of some High Courts have Ordered that all Courts in their jurisdiction in the respective States should give priority in hearing and final disposal of cases where the complainant or defendant is a Senior Citizen of 65 years or above in pursuance of Ministry of Social Justice & Empowerment (SD Section) O.M. No. F. 20/76/99-SD dated 3-11-1999.

Higher interest on Fixed Deposits in Banks

In pursuance of the directive of the RBI, some Banks are granting interest at higher rate ranging between 0.5% and 1% on Fixed Deposit in respect of Senior Citizens.

Concession as Pensioners

Registration for Telephone connection: Priority in Registration for new Telephone connection under Non-OYT SS Category on their retirement from Central or State Govt. if they have drawn Basic Pay (pre-revised) Rs.3,700 in respect of Central or State Govt. retiree (in respect of P&T Officers Rs.3000).

For DOT retirees: If there is no other Telephone connection working in his/her name, the DOT/MTNL employees on their retirement are entitled for an out-of-turn allotment of Telephone in Non OYT-General in private capacity as the place declared as home town in their records after production of a Certificate from the Head of the Unit from where the Official retired. The telephone will be eligible for transfer after initial Registration has been cleared in normal course.

Allotment of STD/ISD/PCOs on out-of-turn basis to Group C and D Staff retired voluntarily on or after 1-1-1995: They should not be more than 55 years of age at the time of retirement and have rendered not less than 20 years of service

Out-of-turn priority to retired/retiring employees of DoT: Entitled for the concession if the employee was having a residence Telephone for at least six months in his Official Capacity

Rent-free Telephone connection to retired DoT/MTNL staff:W.e.f. 1-10-1998 (i) Should have a minimum of 20 years of continuous service in the DoT or (ii) last posting in the DoT for at least one year before retirement. Will be eligible for Rent-Free Telephone connection with the following free calls:

(Ref: DoT L.R. No. 2-79/04 PHA dt. 25-9-1998)

Group A Staff	1000	free calls bimonthly in addition to the normal 150 calls.
Group B Staff	500	
Group C Staff	300	
Group D Staff	200	

The concession is admissible to the spouse of the deceased who dies in harness irrespective of the service the employee has put in or after the death of the retired employee.

Note: Extension of the facility to retirees of Dept. of Posts, who were part of erstwhile P&T-case filed by M.S. Sachdev, a retiree of Dept. of Posts, retired voluntarily after 28 years of service in 1988 and settled in Delhi MTNL, Delhi. DoT to extend the facility by CAT Principal Bench, New Delhi in OA No. 21291/2004 On 4.3.2005. CAT's decision confirmed by High Court of Delhi in Writ Petition (Civil) No. 13265 of 2005 & CM 10120/2005 decided on 4.9.2008. DoT, in its letter No. 08-01/2004-PHP dt. 29.1.2009, has directed MD MTNL, New Delhi to extend the facility to M.S. Sachdev.

Railways –Post Retirement Complimentary Passes

Group A & B	3 sets, if service is more than 25 years. (Officers) 2 sets if service is more than 20 years but less than 25 years.
Group C	2 sets if service is more than 25 years 1 set if service is more than 20 years but less than 25 Years
Group D	1 set if service is minimum 26 years.

Widows of retired Railway employees of Group A, B and C are eligible for half the above mentioned quota of the Complimentary Pass of the same class which their husbands were getting as Pensioners while they were alive. Widows of Group D employees are entitled to one set of pass once in two years. Railway servants dismissed from service are not entitled for the above facility.

SECTION - 8

SENIOR CITIZENS CAN NOW EARN A FIXED MONTHLY AMOUNT BY MORTGAGING THEIR HOUSES

Reverse Mortgage Loan under the scheme, Senior Citizens in the age group of 62-70 years can get a loan upto 45% of the market value of the house; those between 71-75 can avail loan upto 50% of the market value; while those aged 76-80 can get upto 55% of the house's market value. Those above 80 can get upto 80% of the house's value.

Borrowers can also choose to receive the money as fixed monthly payment. In this case, the entire amount will be paid as annuity for 15 years, which will be fixed irrespective of the borrower's age. So even for an 80-year old borrower, the tenure will be fixed for 15 years. As the loan amount is higher for the older age group, they will be given higher annuity.

The borrower can also take a lump sum payment in certain situations, like house renovations or for medical treatment for the owner of the house or his or her spouse. The borrower can also choose to take a part of the money as lump sum and the rest in the form of annuity. However, the loan amount will not be given for making investments. There would be provision for re-valuation and consequent adjustment of payments under the loan every five years.

How much annuity can one expect?

On a Rs.1 crore house, a borrower aged 62 years will get Rs.45 lakh. If he chooses to take it in the form of annuity for 15 years, he will get Rs.31,000 per month. If the value of the house keeps going up by 5% every year, his annuity will increase to Rs.39,500 per month after five years and to Rs.50,000 per month after 10 years. The owner of the house and his or her spouse will be the joint-borrowers and will be responsible for the maintenance of the house. In the event of the owner's death, the spouse will continue to get the monthly payment and will

be entitled to live in the house till his or her death. If the borrowers outlive the 15 year tenure, they can continue to live in the house for as long as they live, but the monthly payment will stop. NHB will guarantee the monthly payments in case the lending Bank or Finance Company goes bankrupt.

How will the loan be repaid?

The loan would become due for settlement only after the death of the borrower and spouse. The principal amount and accumulated interest will be settled from the proceeds of the sale of the house. However, the borrowers' heirs will have the option to settle the loan without sale of property.

Age (yrs)	What you get*	
	Loan amount	Annuity (per month)
62-70	Rs 45,00,000	Rs 31,000
71-75	Rs 50,00,000	Rs 34,500
76-80	Rs 55,00,000	Rs 38,000
Above 80	Rs 60,00,000	Rs 41,500

* Annuity for 15 years against Rs 1 Crore house.

(Courtesy: Times of India dt. 25.9.2006)

SECTION - 9

MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS BILL, 2007 PROVIDES

1. A Senior Citizen including parent who is unable to maintain himself/herself from his/her own earning or out of property owned by him/her shall be entitled to claim maintenance from children / grand children.

2. Application for maintenance can be made

i) by a Senior Citizen or a parent, as the case may be

ii) if he/she is incapable, by any other person or organisation authorised by him/her

iii) the Tribunal (under the Bill) may take Cognizance Suo Motu

3. An application for maintenance shall be disposed of within ninety days with a maximum grace period of thirty days.

4. The State Government shall, within six months from the date of commencement of this Act, constitute for each Sub Division one or more Tribunals

5. The maximum maintenance allowance which may be ordered by such Tribunal shall not exceed ten thousand rupees per month.

6. Under Chapter III of Bill, the State Government shall establish/maintain oldage homes.

7. Under Chapter IV, Geriatric Ward shall be provided in every District Level Hospital

8. Under Chapter V, protection of life and protection from forcible transfer of property will be ensured

9. The Bill provides for 3 months jail term if children do not look after old parents.

10. There is no provision to go on appeal against Tribunal's Order.

(Note: The Bill was passed in Lok Sabha on 5.12.2007 and by Rajya Sabha on 6.12.2007)

Notes

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