Abstract:
Geriatric failure to thrive (FTT) refers to a syndrome of gradual decline in physical and/or cognitive function, accompanied by weight loss, reduced appetite, and social withdrawal, that occurs without immediate explanation (1). Also referred to as ‘chronic suicide’, ‘the dwindles’, ‘failure to maintain’, ‘biopsychosocial failure’, or ‘psychosocial atrophy’. FTT is a common problem in institutionalized patients. Characteristically these patients have had a numerous previous hospital admissions, emotional difficulties secondary to chronic illness, multiple functional deficits, impaired interpersonal relationships, and cognitive impairment. The most common aetiologies include dementia, depression, delirium, drug reactions, and chronic diseases. These disorders combined with a number of precipitating factors and the effect of normal aging produce the syndrom of FTT (2,3). The relationship, however, between medical, psychologic, functional or social mechanism in FTT remains to be clarified (4). Under these circumstances, preliminaries such as geriatric paradigm (5), reversibility of FTT particulary in cases due to functional and psychosocial problems (5), and economic reasons have to be discussed in order to find out whether a society would accept FTT as normal deterioration or take appropriate measures to counteract this process. A short questionnaire among medical staff in the clinic revealed a tendency to accept FTT as normal. But conclusively there is, however, no research (medical-, nursing-, social- sciences, social gerontology) on this topic up to now.

Bibliography:
1) Palmer, PM., Failure to thrive in the elderly, diagnosis and management, Geriatrics, 1990, 45(9), 47-50, 53-5
4) NIH Guide, Failure to thrive syndrome among older persons, 1992, Vol.21, Number 42