

## GERIATRICS

HOW IT MIGHT AFFECT YOUR  
PRACTICE AS A SCHOOL NURSE

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## Objectives

1. Define biological aging in lay language
2. List 7 useful domains to screen in the elderly
3. State where to find health and aging information from A-Z
4. List 10 medications elders should avoid or use with caution

## AGING= Growing Older

- Biological definition of aging:
  - A loss of homeostasis, or breakdown in maintenance of specific molecular structures and pathways; this breakdown is an inevitable consequence of the evolved anatomic and physiologic design of an organism.

SAY WHAT?

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## Growing Older

- There is a biological basis to aging as seen in our bodies, such as hair loss, diminished height and muscle and bone mass and wrinkling of skin
- There are organ system changes
- Functional capacity is a direct measure of the cells, tissues, and organ systems to function properly
- So aging can be thought of as *progressive decline and deterioration of functional capacity*

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## Characteristics of aging

- Does each of us age the same?
- How old is too old?
- What about function?
- Who said “well at your age...”
- Like every student, there are similarities and differences
- Who do you see as “old”?

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## Depression

- Talking to an elder about depression and coping
- What helps and what can help
- Substance abuse in elders
- A word about medications
- Grief and talking about death and dying



## Geriatric Resources

- **Dallas Area Agency on Aging**  
The Dallas Area Agency on Aging (DAAA) is the department under the umbrella of the Community Council of Greater Dallas responsible for planning, advocating, coordinating resources and providing services for seniors (persons 60+) and their caregivers in the Dallas County area. It is part of a national network administered by the Federal Administration on Aging and funded under the Older Americans Act. The Act provides for grants to states, area agencies and local agencies to ensure the needs of seniors are met through the provision of nutrition and other community services. Funds are passed through the Texas Department of Aging and Disability Services, the state's aging organization responsible for contract compliance.



## Triple A

- Case coordination
- Caregiver education
- Caregiver support
- Benefit counseling
- Lawyers for seniors
- Documents needed (MPOA; Adv. Directive; OOH-DNR)

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## Resources

- [www.americangeriatrics.org](http://www.americangeriatrics.org)
- [www.healthinaging.org](http://www.healthinaging.org)

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### Falling-a common event in elder population

- 5.3 million US adults report fall in prior month
- 33% report falling in last year
- Falling is not common cause of death in elders but complications from fall are leading cause of death in >65 y/o and increases with increase of age
- In 2000 the direct costs of medical visits from falls totaled \$19 billion in US

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### Fall prevention

- First understanding the changes in elders that increase risk for falls: visual, proprioceptive & vestibular system changes
- Postural instability
- Incontinence
- Delirium
- Movement disorders (PD; dizziness, visual spatial deficits; even OA)

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### Medications help or hinder?

- Remember there are age associated changes in pharmacokinetics : (time to metabolize) and pharmacodynamics (time/intensity/effect)
  - Absorption (way taken & co-morbidities)
  - Distribution (affected by body mass changes)
  - Metabolism (breakdown in liver/kidneys?)
  - Elimination (drug  $\frac{1}{2}$  life & clearance)
  - Increased sensitivity to medications

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### Avoid or use with caution

- Anticoagulants: ASA; Coumadin; Plavix; Pradaxa; Xarelto
- NSAIDs: IBU; Advil; Celebrex; Motrin; Bextra
- Anti-arrhythmias: Digoxin; Beta blockers; cholinesterase inhibitors (Aricept)
- PM's: Tylenol PM; Advil PM

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### Cautious use

- ACE inhibitors (Enalapril/Vasotec)
- Anticholinergic agents: Opioids; PD med (Sinemet); antihistamines; antidepressants; anticonvulsants
- Diuretics: Furosemide; HCTZ; Demadex
- Benzodiazepines (Xanax; Aprazolam) and Sleeping medications (Ambien; Lunesta)

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### Growing old: conclusion

- Inevitable part of life that isn't so much about what happens to you that matters but it is what you do about it.

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## **\*\*Discussion of Executive Function**

- Executive function requires cognitive flexibility, concept formation and self monitoring skills. Persons who develop deficits in executive function often have amestic syndromes, brain disorders that primarily affect memory and cause recognition and retrieval difficulties. The dementias are the most common amnesic syndromes. When the amnesic syndrome spreads to the frontal lobes or subcortical structures that modulate cortical function, neural processes lose their purpose-oriented, hierarchically-organized structure.

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## **Executive dysfunction**

- The resulting executive dysfunction includes degraded problem-solving abilities, impaired insight and judgment, disinhibition and oscillation of affect from no emotion to shame and rage. Some may only exhibit mild memory impairments but have problems performing instrumental activities of daily living.
- Assessment is useful when performance on cognitive screening tests are incongruent with demonstrated inability to manage personal care.

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