Objectives
Recognize expected age related biological and physiological changes in the older adult.
List 7 domains that can be used to assess or screen the older adult.
Discuss the risk of alcohol and substance abuse in the older adult.
Identify resources to find vaccine, health & aging & information.

Obj. continued
Discuss at least 10 medications older adult should avoid or use with caution.
Identify the referral agency for the suspicion of elder abuse or neglect.
Discuss end of life issues facing older adults and their families.

OVERALL GOAL FOR LEARNER
● Utilize best practices with assessments and screenings to recognize the biological and physiological changes as well as the 'at risk' behaviors in the older adult.

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.
I am only working parttime at UTSW now; mostly to help teach med students about ALF and NH
Aging found to be:
- Universal
- Intrinsic
- Progressive
- May be deleterious

Expected Changes
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

Characteristics of aging
Does each of us age the same?
Like every person, there are similarities and differences

Who said “well at your age…”
How old is too old?

What about function?

CASE STUDY: Mr. M
87 y/o CM with PMH: prostrate cancer; fractured femur 6 yrs. ago; Gen. OA; CAD & HTN

Soc. HX: Widowed x 6 yrs. Lives alone in older home; Has a significant other. Has 1 daughter in the area; 2 sons but one estranged other son out of state. Close with his brother who is younger.

His daughter is your friend and insists that you help her to convince him that he should move out of his home because she sees him as NOT capable of managing for himself.

He has told her he will not move because he wants to maintain his relationship with his friend and does not want to give up his car or home.
Geriatric Assessment

Is multifaceted approach to the care of the older adult with the goal of promoting wellness and independence

This type of assessment is what will routinely occur in the office of a geriatrician. He/she looks at the whole person to include function and medications as well as their physical and psychological well-being; not just their diagnosis.

Screenings to recognize changes

- Functional status
- Mobility
- Vision and Hearing
- Nutrition
- Cognitive status
- Depression
- Abuse: self/others; drug or alcohol

Rapid Screening Followed by Assessment and Management in Key Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rapid Screen</th>
<th>Assessment and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional status</td>
<td>Answers “Yes” to one or more of the following:</td>
<td>Assess all other ADLs and IADLs. Evaluate cognitive function and mobility using performance-based tests. Assess social support. Consider use of adaptive equipment.</td>
</tr>
<tr>
<td></td>
<td>Because of a health or physical problem, do you need help to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• shop?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• do light housework?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• walk across a room?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• take a bath or shower?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• manage the household finances?</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>“Timed Up and Go” test: unable to complete in &lt;20 sec</td>
<td>Treat underlying musculoskeletal or neurologic disorder. Refer to physical &amp; occupational therapy. Evaluation of home environment for safety issues.</td>
</tr>
</tbody>
</table>

Functional Status

Activities of Daily Living
- Self-care: bathing, toileting, dressing, grooming, transferring, feeding self
- Instrumental: phone, meals, laundry, finances, shopping, taking medications, housework, transportation
- Mobility: Walking from 1 room to another, climb stairs, walk outside of home (with or w/o assistive device)

Mobility

Assess with timed “get up and go”

What is cause of underlying mobility decline?

Mobility devices

Physical & occupational therapy

Tools for prevention
Nutrition

Weight loss of 10 # over 6 months
Lack of appetite due to medications or difficulty in access or preparation?
Resources that might help
Obesity in elders just as insidious as in young folk
A word about diabetes and dietary restrictions. (Hgb A1c 7-8 acceptable; Low salt)

Vision and Hearing

Difficulty reading news print
Common visual impairments (glaucoma, cataracts, macular degeneration; retinal damage)

Acknowledgement hearing loss
Communication with hearing impaired
Use of amplifier

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<tr>
<th>Domain</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cognitive function</td>
<td>3-item recall: unable to remember all 3 items after 1 minute</td>
<td>Several &quot;tools&quot; to evaluate but suggest stick with mini-cog. (Others include FMMSE or MOCA)</td>
</tr>
<tr>
<td>Depression</td>
<td>Answers &quot;yes&quot; to either of the following:</td>
<td>Varies greatly. Can be situational. Know resources you would suggest to send person to like</td>
</tr>
<tr>
<td></td>
<td>• In the past month, have you been bothered by: feeling down, depressed, or</td>
<td></td>
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<tr>
<td></td>
<td>hopeless?</td>
<td>Pastoral Care and Counseling, etc.</td>
</tr>
<tr>
<td></td>
<td>• having little interest or pleasure in doing things?</td>
<td>Often not covered by Medicare insurance.</td>
</tr>
<tr>
<td></td>
<td>Emotional; psychological; sexual; physical; exploitation; neglect</td>
<td>Be objective in documentation</td>
</tr>
<tr>
<td>Elder Abuse</td>
<td>Knew the risk factors for high suspicion</td>
<td>Elder Assessment Instrument (EAI)</td>
</tr>
<tr>
<td></td>
<td>Make objective observations for certain behaviors or signs &amp; symptoms</td>
<td>H-S/EAST or VASS-15 items quest.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elder Abuse Suspicion IndexESAI-6 Questions [5-Y/N: +1 ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CASE-8 items for caregiver</td>
</tr>
</tbody>
</table>

**Discussion of Executive Function**

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

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.
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

Elder Abuse
Risk Factors: Dementia, age, chronic illness, immobility, relationships, gender, low income/financial diff., mental health, drug/alcohol abuse
Observations: bruises, fractures, malnourished, wounds or broken bones, broken glasses, restraints; medication misuse
Suspected abuse requires you to report to APS either online or by phone
Failure to report can result in criminal charges and
Report made in good faith protected by law from liability
Not responsible for proving—agency you report to is responsible.

Alcohol & Substance Abuse
Hidden problem
Do not disclose due to shame or no intention to change
Second most frequent reason for admission to inpatient psychiatric facilities
Estimation that even in nursing home as many as ½ have problems related to alcohol.

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.
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.

Resources
- www.americangeriatrics.org
- www.healthinaging.org
- txabusehotline.org
- Dept of Family & Protective Services: dfps.state.tx.us

Vaccine for Adults 65 & Older
**Influenza** (inactivated or recombinant)
- Tetanus, diphtheria, pertussis (Tdap or Td) One dose every 10 years.
- Varicella (Var) (2 doses before 50 if born post 1980)
- Zoster recombinant (RZV) or live (1 dose) Two doses 50 yr. > 65yr.
- HPV-no after 26 yrs. Female; caution in male after 22 yr.
- Pneumococcal poly.** (PCV 13)1 dose 65 yr. or >
- Pneumococcal conjugate** (PPSV 23). 65 yr. > 1 dose
- Hepatitis A and B only with risk factors; discuss with MD.
- Meningococcal A, B and others only with risk factors; discuss with MD.
Questions?

True or False
It is common for a person of 65 or older to have functional loss.
Memory loss is expected with age.
Hearing loss is unusual for someone 70 years old or older.
Falls are uncommon for the 80 year old.
Medications can be the cause of an elders confusion.

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

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)

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 chg.)
- Metabolism (breakdown in liver/kidneys?)
- Elimination (drug ½ life & clearance)
- Increased sensitivity to medications

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
**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)

**When the time comes...**

- Goals of Care—what does the person want?
- OOH-DNR; Advanced directives; MPOA
- Palliative care vs Hospice care
- What do most of us want if we know we are going to die in a year, 6 mos., 3 mos., soon?

**End of Life**

- Comfort needs: physical; mental & emotional; spiritual; practical issues
- Care options
- Who makes the decisions?
- Is that person capable of making the decision?

**Mr. M**

- What more do you need to know?
- Where might you go on line to research?
- Who might you suggest the daughter speak with about her concerns regarding her father?

**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.*

**REMEMBER**

TREAT PEOPLE AS YOU WOULD LIKE TO BE TREATED.
Resources

GERIATRICS AT YOUR FINGERTIPS-David Reuben, MD and others for AGS
GERONTOLOGICAL NURSING AND HEALTH AGING-Priscilla Ebersole, PhD, et.al.
GERIATRIC NURSING REVIEW SYLLABUS-Ellen Flaherty, PhD, RN, GNP; Barbara Resnick, PhD, CRNP
UTSW Geriatric Division headed by Dr. Craig Rubin and the entire geriatric faculty.