NG1

GERIATRICS

HOW IT MIGHT AFFECT YOUR PRACTICE

NG2

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Geriatrics Housecalls Program

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 health and aging information.

Slide 1

NG1 Natalie Garry, 12/21/2016

Slide 2

NG2 I am only working parttime at UTSW now; mostly to help teach med students about ALF and NH
Natalie Garry, 12/21/2016

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.*

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

of Growing Older

Functional capacity is a direct measure of the cells, tissues, and organ systems functioning properly.

So aging can be thought of as ***progressive decline and detoration of functional capacity.***

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

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

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

Domain	***Rapid Screen***	***Assessment and Management***
Nutrition	Answers "Yes" to "Have you lost more than 10 lbs over the past 6 mo without trying to do so?" (or BMI <20 kg/m2)	Aging is associated with body composition changes: bone loss, lean mass, water all decreased. Just one reason why some medications can create an issue esp. re: kidney function
Vision	If unable to read a newspaper headline and sentence while wearing corrective lenses, test each eye with Snellen chart; unable to read greater than *20/40*	Common visual impairments can cause miss judgment about quantity of item. Use caution if elder is in charge of student's medications.
Hearing	Acknowledges hearing loss when questioned or unable to perceive a letter/number combination whispered at a distance of 2 feet	Learning to NOT take or give instructions over the phone but write them out. Speak in lower voice directly in front of the person and slow the speed of you talk.

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)

Acknowledge hearing loss

Communication with hearing impaired

Use of amplifier

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

Cognition and Executive function

Assessment might include 3 item recall and drawing a clock—NOT for diagnosis but identify memory loss &/or poss. Ex. decline

Comments about memory loss (dementia)

Executive function requires cognitive flexibility, concept formation and self monitoring skills **

**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 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.

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

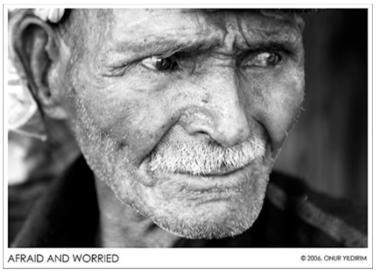
Observations: bruises, fractures, malnourished, wounds or broken bones, broken glasses, restraints; medication misuse

Suspected abuse requires you to report to APS either on line 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.

Triple A

Case coordination

Caregiver education

Caregiver support

Benefit counseling

Lawyers for seniors

Documents needed (MPOA; Adv. Directive; OOH-DNR)

Resources

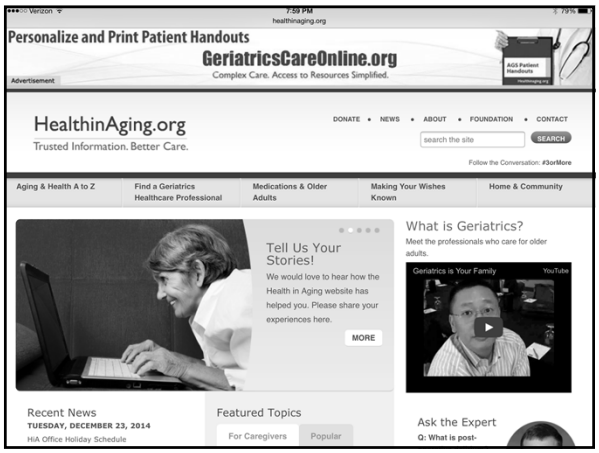
www.americangeriatrics.org

www.healthinaging.org

txabusehotline.org

Dept of Family & Protective Services:

dfps.state.tx.us


Personalize and Print Patient Handouts
GeriatricsCareOnline.org
Complex Care. Access to Resources Simplified.
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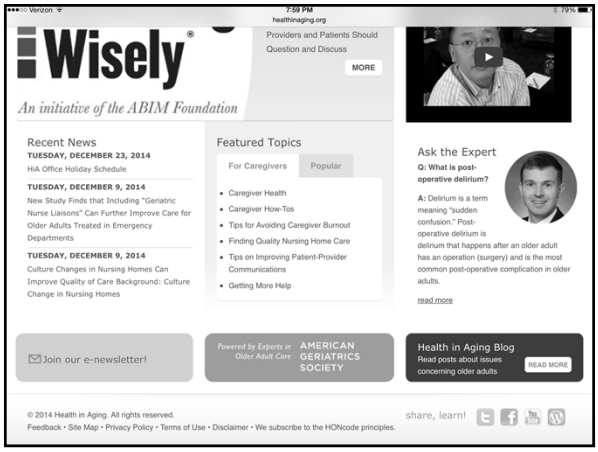
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An initiative of the ABIM Foundation
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Ask the Expert
Q: What is post-operative delirium?
A: Delirium is a term meaning "sudden confusion." Post-operative delirium is delirium that happens after an older adult has an operation (surgery) and is the most common post-operative complication in older adults.
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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?

REMEMBER

TREAT PEOPLE AS YOU WOULD LIKE TO BE TREATED.

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.

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.