

# CARING FOR AGING PARENTS

Aging Gracefully  
Marianas Physicians Group  
15 Years in Women's Health  
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Ellen P. Bez, MD, FACP



# OUTLINE

- General Information on Aging
- Geriatric Care Goals
- Geriatric Syndromes and Symptoms
- Planning and Organization
- Comprehensive Geriatric Assessment
- Medical Problems/Screening
- Financial/Legal Issues
- Caregiver Stress
- Ethical-End of Life Issues
- Resources



# General Information

- In 2011, persons reaching age 65 had an average life expectancy of an additional 19.2 years.
- The number of older Americans increased by 21% since 2002, compared to an increase of 7% for the under-65 population.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 24% between 2002 and 2012..



# General Information

- Definitions of health and well-being in late life have changed with the increase in life expectancy. **Heart disease, cancer, and stroke have become the leading "killers" among older adults**, while deaths due to infection have decreased. **Adults surviving into late life suffer from high rates of chronic illness; 80 percent have at least one and 50 percent have at least two chronic conditions**



# General Information

**Decline in function and loss of independence are NOT an inevitable consequence of aging.** Given the high prevalence and impact of **chronic health problems** among older patients, **interventions to address these problems** become increasingly important to maximize both the quantity and quality of life for older adults.

# \*Geriatric Care Goals\*

- Short-term goals- Short-term issues focus on **immediate needs** to maintain or restore current health status and may be the sole focus for patients at the **end of life**. Such issues may relate to symptom management, care coordination, personal safety, and living situation.
- Mid-range goals-. Mid-range issues, addressing **needs over the subsequent one to five years**, involve **preventive care, disease management, psychological issues, and coping strategies**.
- Long-term issues, relating to plans to be implemented at the time of eventual decline, are important to consider for older adults who are **currently healthy and high-functioning**.



# Geriatric Syndromes

- There is a strong association between the presence of geriatric syndromes (**cognitive impairment, falls, incontinence, vision or hearing impairment, low body mass index, dizziness**) and dependency in activities of daily living



# Symptom Assessment

- **Dementia, delirium, urinary incontinence, and a high propensity for falls are more common in older individuals.**
- **Despite these differences in the elderly, elimination of physical pain remains the most common patient need**



# Palliative Care

- **Palliative care is an interdisciplinary medical specialty that focuses on preventing and relieving suffering and on supporting the best possible quality of life for patients and their families facing serious illness.**
- **Basics of palliative care are symptom management; establishing goals of care that are in keeping with the patient's values and preferences; consistent and sustained communication between the patient and all those involved in his or her care; psychosocial, spiritual, and practical support both to patients and their family caregivers; and coordination across sites of care.**
- **Aims to relieve suffering in all stages of disease and is not limited to end of life care.**



# Advanced Care Planning

- The intent of ACP is to ensure that patients receive care that is aligned with their goals and values.
- ACP requires communication between patients, their family, and their health care providers and is best done with consideration of the patient's relationships and culture, which will then drive specific medical treatment decisions that can be recorded in an advance directive (AD).

# Planning & Organization

Get documents together: Put in binder/folder:

**Medicare/Medicaid c /Social Security cards-make copies**

**Supplemental insurance**

**Healthcare proxy-** is a signed legal document authorizing another person to make medical decisions on the patient's behalf in the event the patient loses decisional capacity.

**Advanced Care Directive-**Advance directives (ADs) are the documents a person completes while still in possession of decisional capacity about how treatment decisions should be made on her or his behalf in the event she or he loses the capacity to make such decisions. They are legal tools meant to direct treatment decision-making and/or appoint surrogate decision makers.

**Living Will-** is a document summarizing a person's preferences for future medical care. Takes effect if the person is terminally ill without chance of recovery, and outlines the desire to withhold heroic measures.

**Legal and Financial Documents**

# Comprehensive Geriatric Assessment

- Functional capacity
- ❖ Fall risk
- ❖ Cognition
- Mood
- ❖ Polypharmacy
- ❖ Nutrition-weight change
- Urinary incontinence
- Sexual function
- Living situation
- Social support
- Financial concerns
- Goals of care
- Spirituality
- ❖ Advanced care preferences
- Vision/hearing
- Dentition



# Medical Screening in the Elderly

- Exercise: Physical Activity: AHA recommends for adults older than 65 yo: aerobic, muscle strengthening, flexibility and balance. 20-30 minutes, 5 times a week.
- Tobacco Use
- Alcohol Use
- Immunizations
- Medication Safety
- Cancer Screening-Colon(50 to 70-80); Breast(40-75);Prostate(50-75)
- Blood Pressure
- Lipids
- Falls

Priority problem	Brief recommendation
<b>Historical information and counseling</b>	
Exercise	Moderate to vigorous aerobic activity 3-5 times per week Weight training or resistance exercises to maintain strength Flexibility activities to maintain range of motion Balance training to improve stability and prevent falls
Alcohol use	CAGE questionnaire Counseling to stop drinking
Tobacco use	Ongoing regular counseling to stop smoking Consideration of pharmacotherapy
Medication use	Regular review of medication list for: Completeness, accuracy, adherence, and affordability Drug-drug, drug-disease interactions Careful attention to use of specific drug types/classes including warfarin, digoxin, antidiabetic, analgesic, antihypertensive, psychotropic, and anticholinergic drugs
Urinary incontinence (UI)	Inquire about presence and severity biannually Presence of UI should trigger medication review, GU exam, appropriate blood and urine tests
Driving	Consideration of driving problems in those with problems with vision, mobility or cognition For demented patients, recommend stop driving or refer for detailed driving assessment
Social support	Regular screening for financial and social support
Elder mistreatment	Routine direct questioning about problems with abuse or neglect
Advance directives	Discussion and documentation of preferences with living will and designation of health care power-of-attorney
<b>Physical examination and testing</b>	
Blood pressure	Measure every 1-2 years If treatment initiated, monitor orthostatic blood pressure, renal function and electrolytes
Weight	Weight loss of 10 percent or more per year triggers assessment of undernutrition, possible medical or medication-related causes, dental status, food security, food related functional status, appetite and intake, swallow ability and previous dietary restrictions
Hearing and vision	Annual screening for hearing loss with patient inquiry and exam (Whisper test or handheld audiometry) General ophthalmologic examination, including screening for glaucoma, every 1-2 years
Cognition	Targeted screening in patients with memory complaints or new functional impairment with MMSE, Mini-Cog, Clock Drawing Test, or Memory Impairment Screen
Mood	Screen all older adults for depression with two questions: 1) Feeling depressed or sad? 2) Loss of interest?
Gait and balance	Get Up and Go Test
Lipids	Screen and treat older adults with CHD risk exceeding 10 percent over ten years
Bone density	Screening densitometry for osteoporosis for women beginning at age 65
Abdominal aortic aneurysm	One time screening ultrasound in men aged 65-75 with any history of smoking or family history of AAA requiring repair
<b>Cancer screening</b>	
Cancer screening	Key considerations in older adults: Life expectancy: will this patient live long enough to benefit? Potential harms: procedural complications, anxiety, cost and overdiagnosis Individual patient preference
Breast cancer	Screening mammography every 1-2 years as long as life expectancy at least 5 years
Colorectal cancer	Annual FOBT v. Screening colonoscopy every 10 years v. Flexible sigmoidoscopy every 5 years as long as life expectancy at least 5 years
Cervical cancer	May safely discontinue Pap smears at or after age 65 after 3 consecutive normals within 10 year period May discontinue after hysterectomy for benign indication
<b>Immunization</b>	
Tetanus-diphtheria vaccine	Booster every 10 years in patients who have received primary series (alternative: booster once after age 50)
Influenza vaccine	Annual vaccination after age 65
Pneumococcal vaccine	Vaccinate once after age 65 Revaccinate once after age 65 if an initial vaccination was given before age 65 and five years have elapsed since the first dose
Herpes zoster vaccine	One time vaccination after age 60
<b>Other</b>	
Aspirin	Consider daily aspirin in patients with 5 year CHD risk of 3 percent or greater Weigh risks of gastrointestinal bleeding
Calcium and Vitamin D	1200 mg of elemental calcium (diet and/or supplement) and at least 800 IU of Vitamin D



# Medical Problems in the Elderly

- Alzheimer's
- Anxiety/Depression
- ❖ Arthritis
- Asthma
- Cancer
- ❖ Dementia
- ❖ Diabetes
- Heart Disease
- ❖ Hip Fractures
- Incontinence
- Kidney Disease/Dialysis
- Osteoporosis
- ❖ Pain
- Pneumonia
- Stroke/Brain Injury
- Traumatic Brain Injury
- Vision Problems/Blindness

# Dementia

## When forgetting isn't normal

- Although memory lapses are usually minor, serious memory loss and confusion are not a normal part of aging. Memory loss along with big changes in personality and behavior may mean there is a problem. Signs of a syndrome called **dementia**— the most common form is **Alzheimer's disease** — include symptoms such as:
  - Asking the same questions over and over again
  - Forgetting how to use everyday objects or words
  - Becoming lost in familiar places
  - Being unable to follow directions
  - Neglecting personal safety, hygiene, and nutrition



# Fall Prevention

- Falls are a leading cause of injury among older adults
- Physical activity can go a long way toward fall prevention. With your doctor's OK, consider activities such as **walking, water workouts**. Such activities reduce the risk of falls by improving strength, balance, coordination and flexibility.



# Risks for falls

- Past history of a fall
- Lower extremity weakness
- age,
- Female gender
- Cognitive impairment
- Balance problems
- Sedative/narcotic drug use
- Arthritis
- History of stroke
- Blood pressure changes/dizziness
- Anemia.



# Fall Prevention

- Take a look around your home. Your living room, kitchen, bedroom, bathroom, hallways and stairways may be filled with hazards. To make your home safer:
- Remove boxes, newspapers, electrical cords and phone cords from walkways.
- Move coffee tables, magazine racks and plant stands from high-traffic areas.
- Secure loose rugs with double-faced tape, tacks or a slip-resistant backing — or remove loose rugs from your home.
- Repair loose, wooden floorboards and carpeting right away.
- Store clothing, dishes, food and other necessities within easy reach.
- Immediately clean spilled liquids, grease or food.
- Use nonslip mats in your bathtub or shower.



# Fall Prevention

- Keep your home **brightly lit** to avoid tripping on objects that are hard to see. Also:
- Place night lights in your bedroom, bathroom and hallways.
- Place a lamp within reach of your bed for middle-of-the-night needs.
- Make clear paths to light switches that aren't near room entrances. Consider trading traditional switches for glow-in-the-dark or illuminated switches.
- Turn on the lights before going up or down stairs.
- Store flashlights in easy-to-find places in case of power outages.



# Fall Prevention

- Your doctor might recommend using a cane or walker to keep you steady. Other **assistive devices** can help, too. For example:
- Hand rails for both sides of stairways
- Nonslip treads for bare-wood steps
- A raised toilet seat or one with armrests
- Grab bars for the shower or tub
- A sturdy plastic seat for the shower or tub — plus a hand-held shower nozzle for bathing while sitting down

# Driving-“Warning Signs”

Fatal crash rates increase starting at age 75 and increase significantly after age 80.

- You feel uncomfortable and nervous when you drive.
- You have dents and scrapes on the car from multiple run-ins with telephone poles, mailboxes, curbs, and other objects.
- You have trouble staying in your lane.
- Other drivers honk at you constantly.
- Cars and pedestrians seem to appear out of nowhere.
- You have an increased pattern of accidents or "near-misses."
- You frequently get lost — even in a familiar area.



# Financial

- Patients with advanced illness and their caregivers frequently experience profound financial and social strain.
- Family and friends provide most of the assistance to terminally ill patients, for a mean of 43 hours per week.
- Almost one-third of the families of seriously ill adults report loss of all or most of their savings due to the illness and need for care giving.



# Financial/Legal

- Medicare
- Medicaid
- MIP
- Individual Insurance
- Coping Without Insurance
- Living Will (LW)
- Durable Power of Healthcare Proxy



# Caregiver Stress

- CSS contract with HSP to provide: Respite Care, Counseling, Support Groups
- **Caregivers: Get colds and flu more easily, are more likely to have depression or anxiety, are at higher risk for heart disease**
- **Signs of burnout: sad, anxious, crying, moody, trouble sleeping, lack of energy, frequent headaches and stomach aches, alcohol and substance abuse.**
- **Take care of yourself: Find community care giving resources for your loved one, ask for and accept help, stay in touch with family/friends, find time for physical activity, establish a regular routine, look to faith based groups, attend support group, get enough sleep and rest, eat healthy and take one day at a time.**

Grandparents raising grandchildren-avg age 55-64



# Ethical

## -End of Life Issues-

- DNR orders- patient expresses wishes against resuscitation, physician must write order. Can be used in hospital or home (terminal illness).
- Hospitalization at the end of life.
- Use of intensive treatments at the end of life.
- Enrollment in hospice.
- Likelihood of dying in the preferred place.



# Last Days/Hours of Life

- Patients in the last days/hours of life often have unrelieved physical suffering, as well as significant emotional, spiritual, and social distress. Recognizing that a person is entering the dying or terminal phase of their illness is critical to appropriate care planning, with a shift to comfort care
- Recognizing that a patient is dying before his or her last week of life is associated with fewer deaths in the hospital and more deaths in a preferred place. Patients enrolled in hospice programs are also less likely to die in the hospital.



# Death in the ICU/Hospital

- Palliative care can be delivered to patients who are dying in the intensive care unit (ICU). Efforts have been increasing to improve symptom management and provide dignity-conserving care for actively dying patients in the ICU.
- Common symptoms of which are dyspnea, nausea, delirium, anxiety, and noisy respiratory secretions



# Resources On Guam

1. 4 Home Care Agencies on Guam
  - Utilizes team approach: social workers, doctors, nurses, nutritionists, bereavement counseling
  - (**Medical Equipment & Supplies-Care & Use**)-
2. National Family Caregivers Support Services Program via HSP Home Care
3. Adult Protective Services-Elder Abuse
4. Caring Angels-Private company
5. Meals on Wheels-division of Public Health's Department of Senior Citizens-see online site



## Resources on Guam (cont)

### 6. Catholic Social Services-(635-1423)

-eligibility: 60 years old & needs help with 2 ADL

-services: Case Management (nutrition, transport);Home bound services-nursing asst's will come to home 1-2 X per week.

transport to dialysis, doctor's appts.

-Adult Day Care Centers-mentally alert and Alz. and Dementia patients.



# On Line Resources

<http://www.caregiving.org/pdf/resources/resourcesforcaregivers07.pdf>

<http://www.aging-parents-and-elder-care.com/>

<https://www.womenshealth.gov/>



**QUESTIONS??????????**

Thank you