Preparing Your Patients to Transition to their Golden Years

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Disclosure

- Nothing to disclose other than Dr. Munzing has moved in to his Golden Years

Goals and Objectives

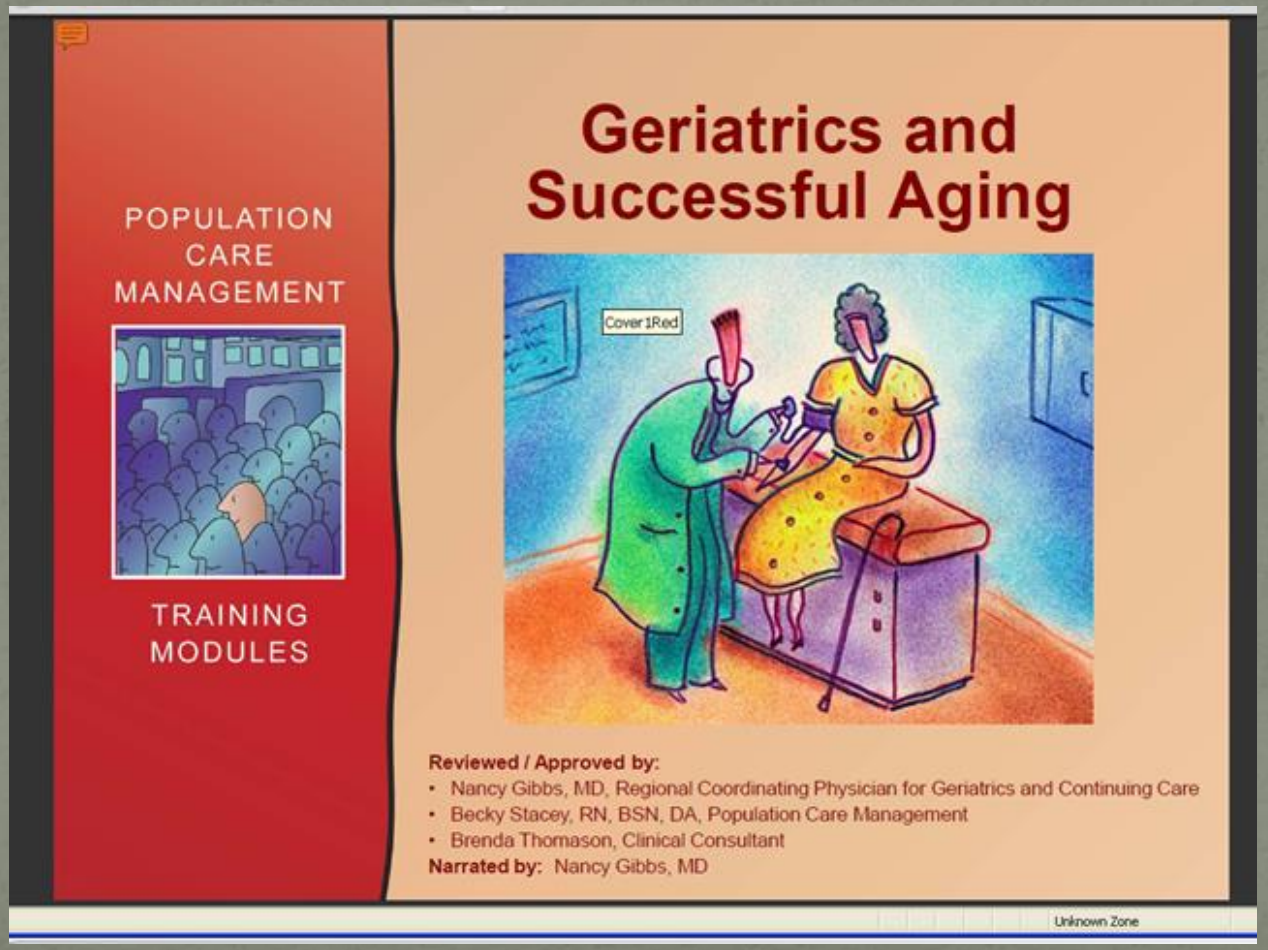
Attendees will learn to:

- Improve the wellness of older patients seen
- Address preventive measures for older patients
- Provide appropriate medication management for patients 65 years old and over
- Improve communication strategies in discussing advance directives with patients

Medicare Wellness visit - Issues Explored

- Diet and exercise
- Sense of well-being or depression
- Calcium and Vitamin D needs
- Smoking and alcohol use
- Abilities to handle your daily activities
- Fall risk
- Cancer screening
- Immunizations
- Needed laboratory testing
- Advanced directives
- Many other areas of your health

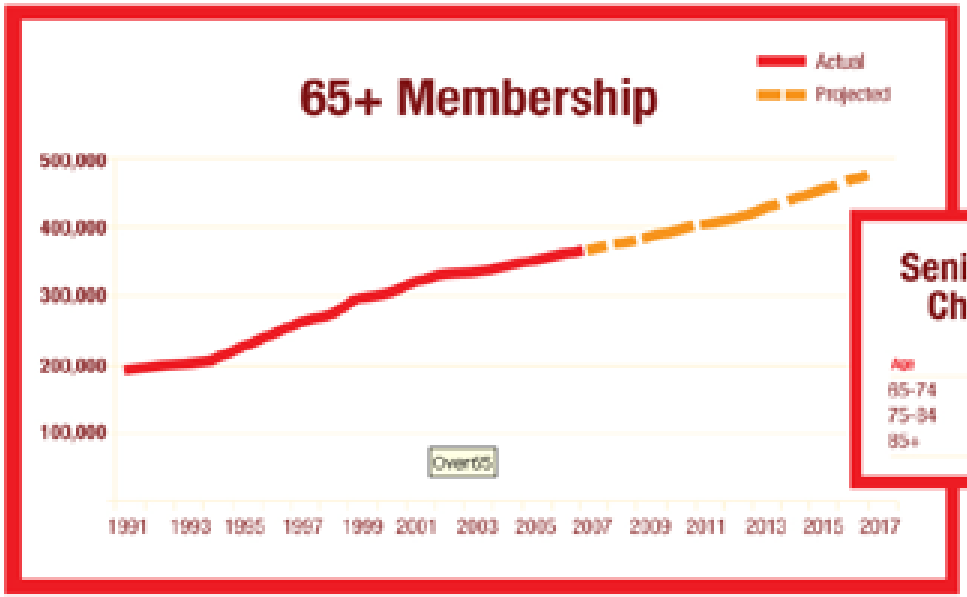
Information for our Support Staff



Rapid Membership Increase

AGING

Senior membership is increasing dramatically.



Senior Membership Changes by Age

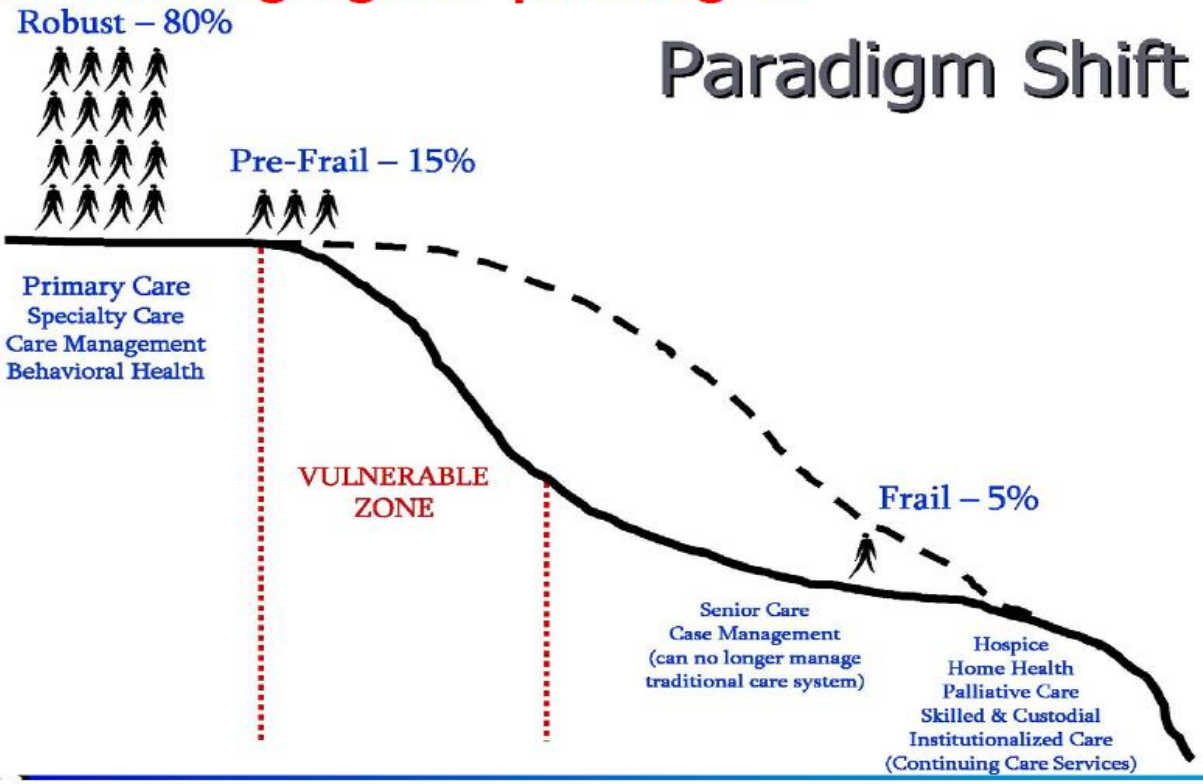
Age	2006	2019 (Est.)	Percent Increase
65-74	216,000	302,000	40%
75-84	108,000	122,000	13%
85+	31,000	38,000	23%

Sources: 2004 Raw Base-fixed Year-End Actual and 2005-2019 Southern California Raw Year-End Membership Forecast for years 2004+ updated from page 6, Integrating Geriatric Medicine into Care.ppt., 2003, Nancy Gibbs, MD, Regional Elder Care Coordinator

GERIATRICS.vF Apr. 1.2007.ppt

AGING

We're changing our paradigm.



Medicare Basics

- Part A
  - Inpatient
  - SNF
  - Some home health
- Part B
  - Physician services
  - Outpatient hospital services
  - Some home health DME
- Part C
  - Medicare Advantage
- Part D
  - Voluntary Drug Benefit

Medicare Part A (2023): Patient Payments [approximate]

- Hospital Deductibles
  - $1,600 for hospital days 1 – 60 (deductible)
  - $0 per day co-insurance – days 61 – 90
  - $400 per day co-insurance – days 91 and beyond
- Skilled Nursing Facility
  - $0 for days 1 – 20 (qualifying admission)
  - $176 per day co-insurance – days 21 – 100
  - No coverage - >100 days

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GERIATRIC CARE

The Six Ds: A Guide to Better Geriatric Care

- ***D****o It* - activity and exercise, can prevent frailness
- ***D****ecision-making* - advanced care planning
- ***D****epression* - screening and treatment
- ***D****ementia* - screening (clock drawing screen) and follow-up
- ***D****ense / healthy bones* - osteoporosis screening and treatment and fall prevention
- ***D****rug safety* - adverse event avoidance and adherence

Predictors of Successful Aging

Listing of Predictors???

Predictors of Successful Aging

- Physical activity
- Social engagement
- Positive mental attitude
- Social/Group connections

Immunizations

- Prevnar [pneumococcal pneumonia]
- Flu Vaccine
- TDAP
- Shingles vaccine
- COVID

Cancer Screening

- Colorectal Cancer Screening (to age 75) – avg risk
  [Ages 76 to 85 individual decision]
- Mammography – avg risk –
  every 2 years after age 55
- Cervical Cancer Screening (ages 25 to 65;
  stop at age 65 if prior
  10 years normal)

- ACS

Nutrition Evaluation

- Malnutrition evaluation
- Vitamin D
- Calcium

Exercise

- Aerobic
- Resistance
- Core
- Balance

Focus On Function

- Activities of Daily Living “Basic ADL’s”
- Instrumental Activities of Daily Living – “Higher Function IADL’s”

Which of the Following is not one of the Basic ADL's?

A. Transferring
B. Dressing
C. Grooming
D. Food Preparation
E. Toileting

Which of the Following is not one of the Basic ADL's?

A. Transferring
B. Dressing
C. Grooming
D. ⇨ Food Preparation
E. Toileting

Functional Assessment

SUCCESSFUL AGING/FRAILTY PREVENTION

Definitions

Normal aging – progressive, predictable, and inevitable changes independent of disease (gray hair, menopause).

Usual aging – associated with increased susceptibility to certain diseases (heart disease).

Successful aging – extrinsic factors play a positive role in the aging process.

Background

Initial aging research focused on separating pathologic changes from those attributable to aging per se. Successful aging recognizes the powerful effects of lifestyle on the aging process: diet, physical activity, socialization, and psychological well being.

Predictors of Successful Aging

- Physical activity
- Social engagement
- Positive mental attitude
- Social/Group connections

Recommendations

Mental Activity: Daily card games, board games, cross-words, word finds, Sudoku, computer games, etc.

Physical Activity: Goal of 150-minute cardio exercise/week (walking, biking, swimming, yoga, tai chi, etc.).

Social Activity: Getting together with others outside the home environment several times per week. Good activities include book clubs, volunteering, senior centers, church groups, etc.

FUNCTIONAL ASSESSMENT

Background

Functional decline (disability) is the final common pathway of all diseases. Functional assessment can prompt further diagnostic evaluation, inform treatment plans, and provide prognostic information.

Screening

Routinely inquire about function and the need for assistance with common activities. Start with the IADLs. If they are intact, this generally equals high functioning.

Instrumental ADLs

- Taking Medications*
- Managing Money*
- Using the telephone
- Shopping
- Food Preparation
- Housekeeping
- Laundry
- Transportation

Basic ADLs

- Transfers
- Toileting
- Bathing
- Grooming
- Dressing
- Feeding

* key IADLs

Recommendations/TX

If there is significant change from prior function, further assessment is needed for evaluation of reversibility. Assess for appropriate caregiver resources.

KP AWV Pocket Guide

Falls in the Elderly

Risk Factors for Falling Include Which of the Following?

- Use of muscle relaxants
- Prior Falls
- Visual Impairment
- Hypotension
- Hearing Impairment

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- ⇨ **Hypotension**
- ⇨ **Hearing Impairment**

Falls in the Elderly

- Frequency
  - 33% elderly fall annually
  - 50% - repeat fallers
  - Associated – SDH, hip fractures
- Risk Factors
  - Prior falls
  - Arthritis
  - Muscle weakness
  - Gait deficits
  - Medication Issues
  - Vision and Hearing Deficits
  - Many other causes

KP AWV Pocket Guide

Fall Risk – Screening Tool
Tug (Timed up and Go) Test

- Rise out of a chair – walk 10 feet, return and sit back down
  - <14 seconds (low risk for falls)
  - 14 – 20 seconds (high fall risk)
  - > 20 seconds (very high fall risk)

KP AWV Pocket Guide

Fall Evaluation (after a fall)

- History
- Medication review
- Orthostatic BP
- Vision
- Examine lower limb joints
- Neurological
- Cardiovascular systems

Fall Risk Management

1. Treat underlying conditions (e.g., arthritis); order cane/walker as appropriate.
2. Recommend vitamin D 1000 IU per day and/or check vitamin D 25 hydroxy level.
3. Consider referral to Physical Therapy for gait and balance training.
4. Patient education: Preventing Falls or video
5. Consider referral to Geriatric clinic, if available.

KP AWV Pocket Guide

Urinary Incontinence

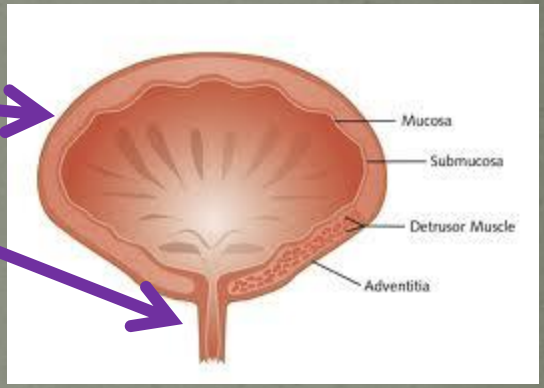
Urinary Incontinence

Types of UI and Specific Tx Recommendations

TYPE	Definition	TX Options
Stress	Loss of urine w/cough/sneeze/ increase in intraabdominal pressure	Kegels/vaginal estrogen/ pessary/bladder suspension surgery
Urge	Strong urge to urinate with loss of urine prior to making it to the toilet	Proactive/timed toileting, vaginal estrogen, biofeedback, bladder relaxants
Overflow	Leakage caused by obstruction	If prostate related consider alpha blockers /finasteride/surgical correction of obstruction, cath-eterization if appropriate
Neurologic	Patient with underlying neuro-logic condition, with elevated PVR	Catheterization (intermittent vs. indwelling) and/or surgical cor-rection of underlying problem
Functional	Patient gets sensation to urinate and cannot make it to toilet on time; not uncommon with any disorder slowing gait	Proactive/timed toileting, bed-side commode, incontinence undergarments

Incontinence

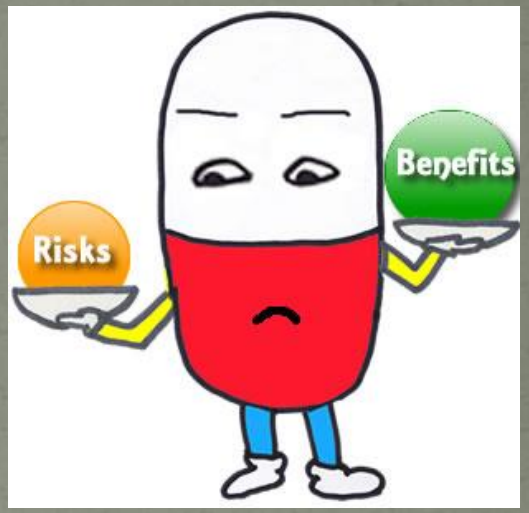
- To urinate
  - Parasympathetic (+)
  - Alpha (-) – to relax sphincter
- Retention
  - Parasympathetic (-)
  - Alpha (+) – to tighten sphincter
- Antihistamines – anticholinergic effects



Medications / Pharmacy Issues

Pharmacology Issues

- Adverse Drug Effects
  - Drug specific
  - Nonspecific
    - Falls / hip fractures
    - Delirium
    - Cognitive decline
    - Constipation
    - Weight loss
    - Functional decline or immobility



Adverse Drug Effects - Incidence

- Hospitalizations for Adverse Drug Effects: one-third due to warfarin, hypoglycemic medications, digoxin
- 4% of ADE admissions due to medications that are on the “drugs to avoid”
- SNF – 33% higher dollars spent on the ADE’s than on the medications used

The Most Common Cause of Adverse Drug Effects in the Elderly?

A. Drug metabolism reduction
B. Poor medication compliance
C. Decreased renal or liver clearance
D. Number of medications prescribed

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Risk Factors

- Potential drug interactions
  - 6% on 2 medications
  - 50% on 5 medications
  - ~100% on 8 medications
- 6 or more chronic diseases
- 12 or more medication dosages daily
- Prior adverse drug event
- Age 85+
- Low BMI
- Creatinine GFR <50

Drugs to Avoid (BEERs criteria or STOPP criteria)

- Muscle relaxants
- Tricyclic antidepressants
- Long-acting benzodiazepines
- Sedating antihistamines
- NSAIDS
- Estrogen
- Digoxin for diastolic dysfunction
- Anticholinergic agents
- Others

Polypharmacy and The Elderly

- Bradycardia – digoxin, verapamil, proprandolol
- Digoxin and theophylline – may cause nausea and food tasting bad
- Verapamil increased digoxin levels 50% - 75%
- GERD – may be result of NSAIDS, ASA, theophylline
- Constipation – verapamil, clonidine, tricyclic antidepressants
- Fluid retention – propranolol, NSAID's, verapamil

Medications – Cognitive Impairment

- Antiemetics
- Anticholinergics
- Muscle relaxants
- Digoxin
- Clonidine
- Benzodiazepines
- Many others

Case Discussion

- Mrs. Jackson is an 82-year-old female, generally good health. C/o fatigue, headache, intermittent dyspnea – not related to exertion, vague abdominal pain, but appetite is “fair”, no weight change. Sleep – “fair”. Mild anxious feeling during the day. Husband died of CAD 18 months ago.
- Exam- normal – mild DJD knees
- Saw 2 other physicians – extensive work-up - negative

What do you do next?

A. Order EGD
B. Order cardiac echocardiogram
C. Order multiple labs (Chem 30)
D. Screen for depression
E. Prescribe buspirone for anxiety during the daytime

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Depression vs Dementia

- Concentration
  - Patient comes for an appointment alone worried about poor memory
    - Depression
  - Patient is brought in by family or friend who is worried about the patient's memory
    - Dementia

Normal Aging May be Associated with which Symptom?

A. Short-term memory loss
B. Vocabulary reduction
C. Difficulty remembering names
D. Difficulty with calculations
E. Clock drawing difficulties

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Cognition Changes in "Normal" Aging

- Reduction in "explicit memory" – such as the ability to recall a specific number, name, location, etc. on demand
- Slowing in the rate information can be received and processed

Case Discussion

75-year-old man with mild dementia, 2 days post-op for elective bilateral replacement. He reports thinking he was moved to another room (but wasn't) and thought he saw someone looking in his hospital window (4th floor window).

He is picking at the sheets but can't describe what he is picking at.

The most likely cause of the confusion is:

A. Advanced dementia
B. Early dementia
C. Depression
D. Delirium
E. Mild cognitive impairment

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A. Advanced dementia
B. Early dementia
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D. ⇨ **Delirium**
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Delirium

- Acute – disturbance of cognition
  - Inattention
  - Problems with focusing, sustaining attention
- Rapid onset (hours to days)
- Fluctuation
- Visual or tactile delusions common
- Auditory hallucinations rare

Delirium Causes

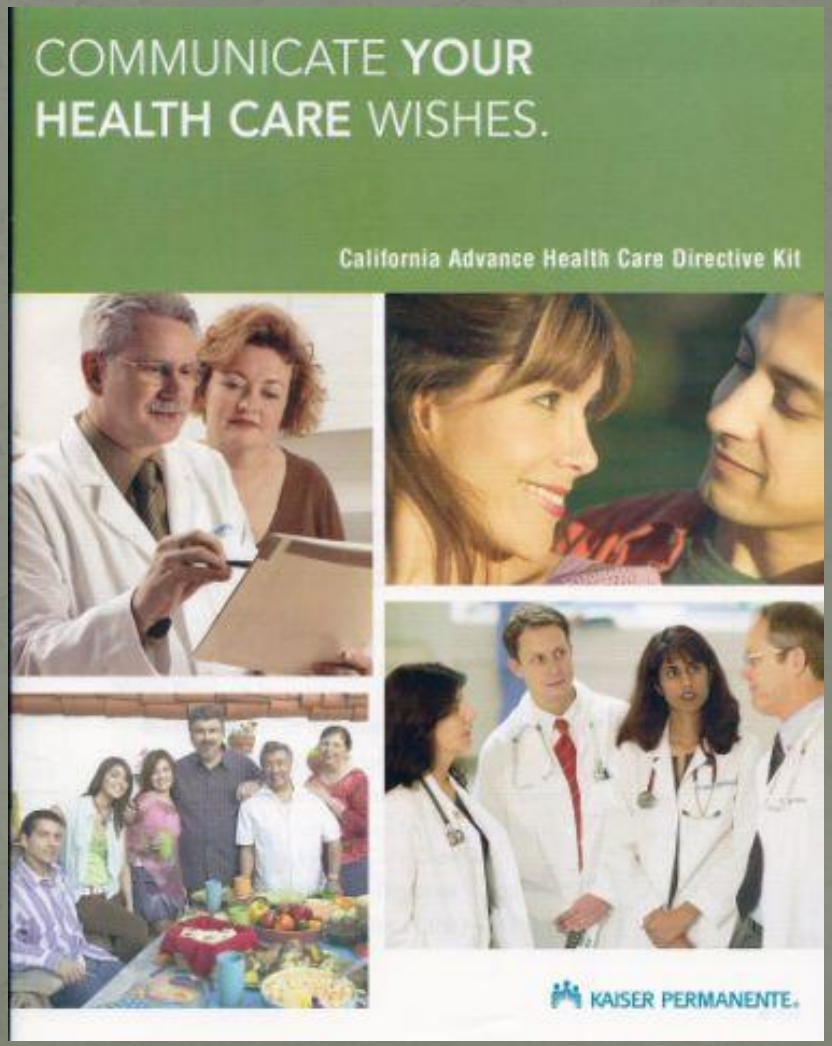
- D Drugs
- E Electrolytes
- L Lack of drugs, liver disease
- I Infection
- R Reduced sensory input
- I Intracranial
- U URI, fecal impaction
- M Myocardial / Metabolic / Pulmonary

Mild Cognitive Impairment

- Patient complain of memory impairment
- Objective memory loss (age and education adjusted)
- General cognitive function preserved
- Intact activities of daily living
- Risk of developing dementia high (16% annually)

Advance-Care Planning

- Advance Directives
- POLST Form



What Is Advance Care Planning?

- Decisions around preference or value-sensitive treatment choices
- Navigating options around whether to live longer or live better
- What does the patient want from treatment?
- Which interventions will best help reach that goal?

What Is The Physician Orders for Life-Sustaining Treatment (POLST)?

- Allows healthcare professionals to know and respect the treatment goals of seriously ill patients
- Health care providers are legally obligated to follow the POLST
- Complementary to an Advance directive
- Should be reviewed when treatment preferences or health condition changes

Advance Directive vs. POLST

Advance Directive	POLST
For every adult	For the seriously ill
Requires decisions about myriad of **future** treatments	Decision among presented options for **current** condition
Value statement of preferences	Checklist of preferred treatment options
Does not require physician involvement	Requires physician signature
Requires interpretation	Actionable medical order

Fagerlin & Schneider. Enough: The Failure of the Living Will. Hastings Center Report 2004;34:30-42.

Top 10 Scams Targeting Seniors

- Health Care / Medicare / Health Insurance Fraud
  - Pose as representative – obtains personal information
  - Makeshift mobile clinics – bill Medicare and keep $
- Counterfeit Prescription Drugs
  - Internet – fake medications, may cause harm, $ loss
- Funeral and Cemetery Scams
  - Attend funerals – take advantage of widow/widower
  - Disreputable funeral homes – add needless costs

National Council on Aging

Housing Options

- Own home
- Live with children or others
- In-home caregiver
- Adult day care
- Assisted Living
- Board and Care
- Skilled Nursing Facility
- Custodial Care

Driving

- Driver's License
- Driving Skills
  - Reflexes and response time
  - Judgment
  - Technical ability
  - Daytime vs nighttime
  - Local vs distant
  - Streets vs freeway
- Reporting to DMV
  - Physician
  - Family or friend

Transportation Alternatives

- Family
- Friends
- Taxi
- Senior vans
- Bus

Caretaker Issues

- Family
  - Spouse
  - Children
  - Cultural Issues
- Paid Caretakers
  - Registries
  - Private

Legal Issues

- Durable Power of Attorney
- Wills
- Trusts