

1.

Geriatrics

Geriatrics – 2005
Tufts University Dental School

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2.

Years of Life Expectancy at Birth

Years of Life Expectancy at Birth

Year	Male	Female
1900	46.3	78.3
1990	71.8	78.8
2020	75.7	82.3
2050	79.7	85.6

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3. Aging

Years of Life Expectancy at Birth

Year	Male	Female
1900	46.3	78.3
1990	71.8	78.8
2020	75.7	82.3
2050	79.7	85.6

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4. Frequency Of Common Chronic Conditions

Frequency Of Common Chronic Conditions In Middle Aged And Older Persons In The Us

Chronic Conditions	Age 45-64	Age 65+
Arthritis	25%	53%
Hypertension	24%	42%
Hearing Impairment	14%	40%
Heart Condition	12%	40%
Visual Impairment	5.5%	23%
Diabetes	5.7%	8.3%

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5.

Geriatric Care



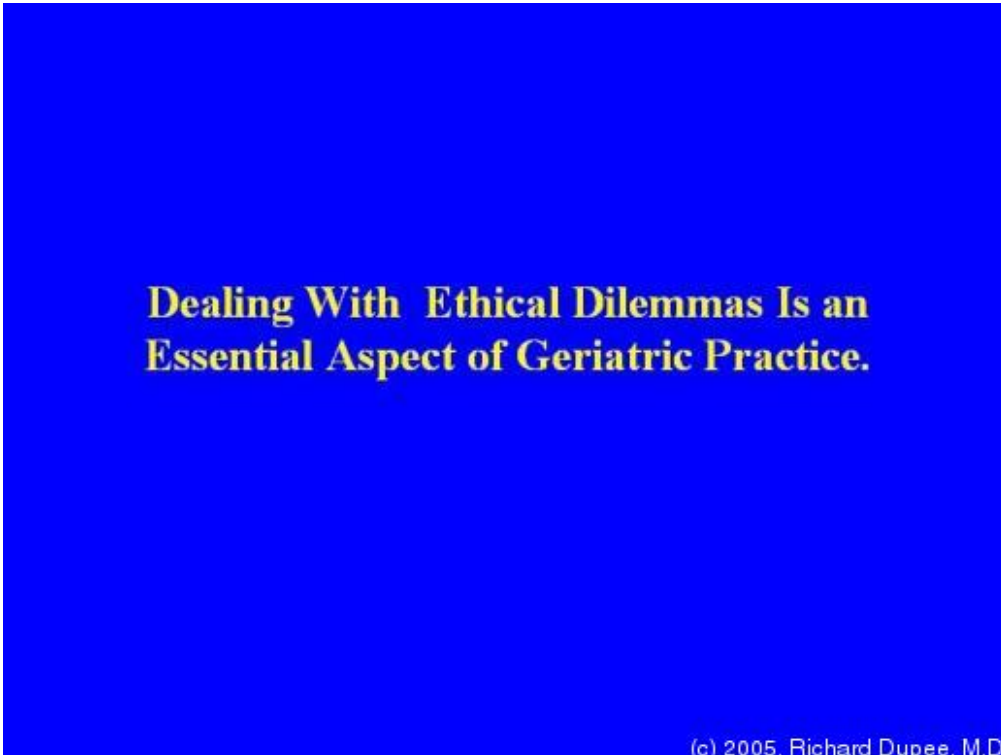
Geriatric Care

- Is commonly multidisciplinary
- Frequently focuses on family and care givers

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6.

Dealing with Ethical Dilemmas



Dealing With Ethical Dilemmas Is an Essential Aspect of Geriatric Practice.

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7. Common Ethical Issues In Geriatrics

Common Ethical Issues In Geriatrics

- Allocate scarce resources
- Preserve autonomy
- Enhance quality of life
- Determine decision-making capacity
- Utilize surrogate decision makers
- Decide on intensity of treatment

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8. Ageism

“Ageism, the system of destructive false beliefs about the elderly, is pervasive in our society.”

- Specific ageist assumptions:
 - They can't hear
 - They can't remember
 - They can't think for themselves
 - They are depressed and unproductive

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9. The Changing Face of Your Waiting Room

The Changing Face of Your Waiting Room

- 12.8 % of the US population is 65 years or older
 - 47 % report arthritis
 - 43 % report hypertension
 - 31% report heart disease
 - 10 % report vision impairment

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10. Dementia

Dementia

- 4 million people over age 65 now have Alzheimer's
- By year 2040, 14 million will suffer from this dreaded disease

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11. Basic Principles of Working with Older Adults

Basic Principles of Working With Older Adults

- Older adult patients are a diverse group:
 - Are responsive to treatment
 - May require input of multiple disciplines
 - May require comprehensive assessment
 - May require case management services

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12. Basic Principles of Working with Older Adults (cont'd)

Basic Principles of Working With Older Adults (cont' d)

- Family members are critical to optimal care
- Geriatrics knowledge is helpful for the primary care provider
- Older adult patients can learn new information
- Older adult patients can function as teachers
- Knowledge of the patient's life history is valuable

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13. Older Adult Patient's Expectations

What the Older Adult Patient Expects From a Primary Care Provider

- Respect
- Explanation is clear, and in layman's language
- Help in maintaining a good quality of life

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14. Recognizing the Patient's Healthcare Agenda

Recognizing the Patient's Healthcare Agenda

- Your patient's greatest fears:
 - Loss of autonomy
 - Loss of physical function
 - Loss of mental function
 - Abandonment by family members

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15. Communications Challenges You May Face



Communications Challenges You May Face

- Hearing impairment
- Visual impairment
- Cognitive impairment

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16. Establishing Good Communication



Establishing Good Communication

- Introduce yourself clearly
- Indicate immediate interest
- Determine and use preferred form of address
- Address patient directly and at eye level

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17. Establishing Good Communication (cont'd)



**Establishing Good Communications
(cont'd)**

- Maintain unhurried pace
- Use simple language and diagrams
- Ask 1 question at a time
- Encourage questions at all times

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18. Communicating with Hearing-Impairment Patients



**Communicating With Hearing -
Impairment Patients**

- Use an amplification device
- Speak clearly and face the patient
- Use nonverbal communication
- Speak slowly and in a low tone
- Reinforce speech with diagrams and written material

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19. Communicating with Visually Impaired Patients

Communicating With Visually Impaired Patients

- Ensure well-lit, glare-free examination rooms
- Avoid loud noises and unexpected movement
- Use large type and clear handwriting
- Use large pictures, tapes, and specially configured pillboxes

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20. Communicating with Cognitively Impaired Patients

Communicating With Cognitively Impaired Patients

- Orient the patient
- Use simple, direct wording and sentences
- Ask yes/no or simple multiple choice questions
- Provide instructions in writing
- Encourage family participation in visits
- Follow up the visit with a phone call

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21. The Importance of Caregivers

The Importance of Caregivers

- Caregivers are essential to the care of the older adult patient. They:
 - Provide daily personal, health, and supportive care
 - Give vital information to the primary care provider
 - Effect the treatment the primary care provider recommends

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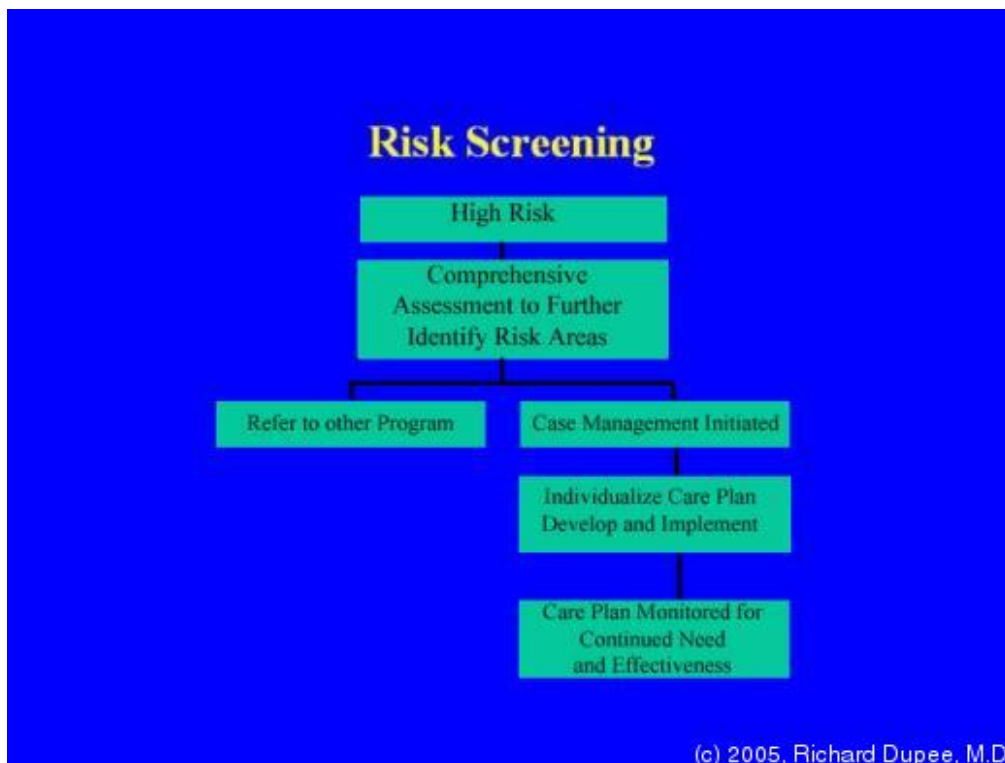
22. The High Risk Older Adult Patient

The High Risk Older Adult Patient

- Medically complex and frail > 75 years of age
- Limited self-care capabilities
- Inadequate social support systems
- At risk for poor outcomes
- At risk for over utilization or inappropriate utilization of services

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23. Risk Screening



24. Assessment of the Elderly Patient



25.

Physical Health Assessment

Physical Health Assessment

- Identify medical issues and prioritize them
- Evaluate for disease common to aging
- Identify gait disturbances and risk for falling
- Malnutrition
- Urinary/fecal incontinence
- Explore positive / negative lifestyle practices

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26.

Mental Health Assessment

Mental Health Assessment

- Depression
- Dementia
- Delirium

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27.

Mental Health Assessment (cont'd)

Mental Health Assessment (cont'd)

- Depression in the older adult patient:
 - Incidence > 26 %
 - Most treatable psychiatric disorder in older adults
 - Often confused with dementia

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28.

Functional Assessment

Functional Assessment.

**The measurement of a patient's ability to
complete functional tasks and fulfill social roles**

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29.

Small Changes in Function

Small Changes in Function Can Make Big Differences in the Quality of Life for Patients.

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30.

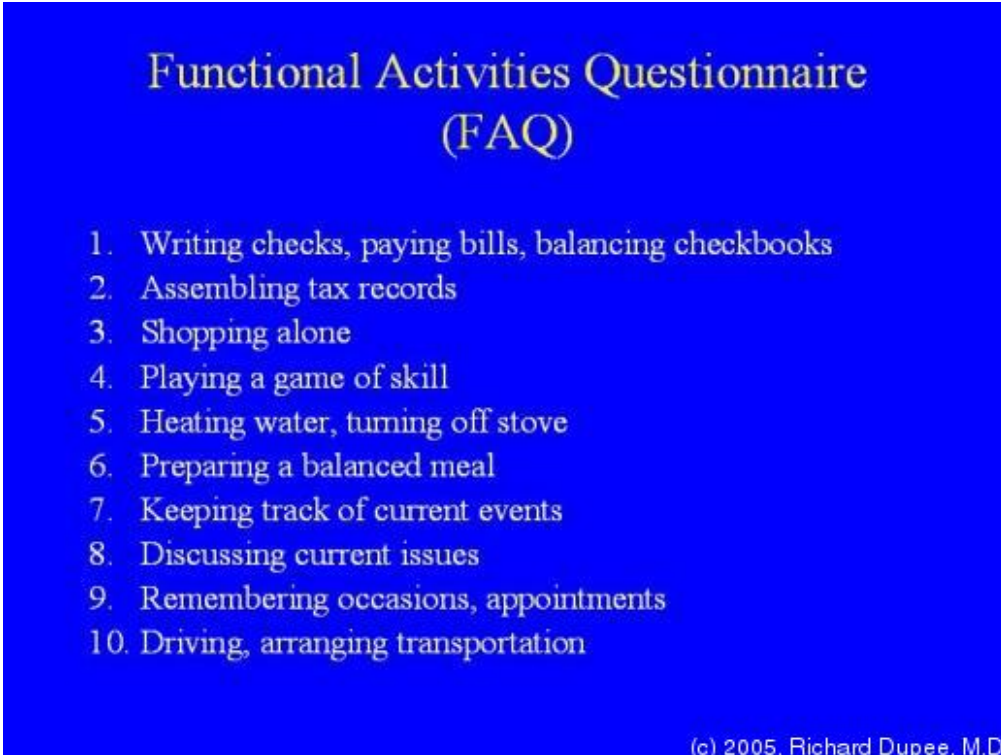
Functional Health Assessment

Functional Health Assessment

- Katz index of independence in activities of daily living (ADL's)
 - Ability to bathe, dress, toilet, transfer, remain continent, and eat without assistance
- Instrumental Activities of Daily Living (IADL's)
 - Ability to use telephone, travel, shop, prepare meals, do housework, take medication, and handle finances

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31. Functional Activities Questionnaire (FAQ)

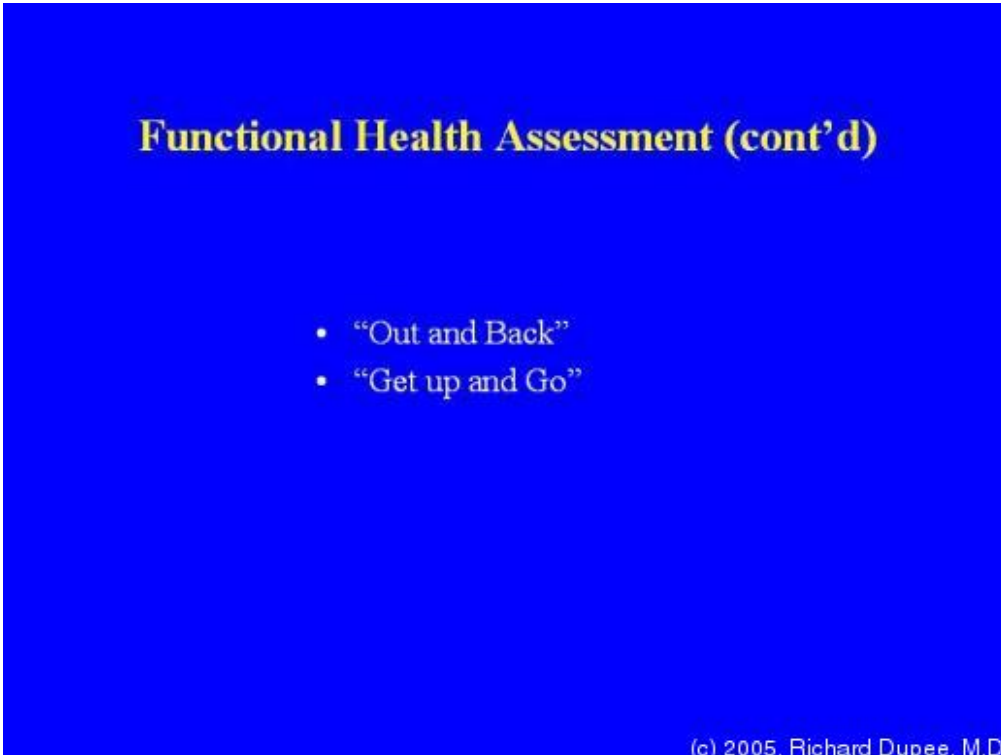


**Functional Activities Questionnaire
(FAQ)**

1. Writing checks, paying bills, balancing checkbooks
2. Assembling tax records
3. Shopping alone
4. Playing a game of skill
5. Heating water, turning off stove
6. Preparing a balanced meal
7. Keeping track of current events
8. Discussing current issues
9. Remembering occasions, appointments
10. Driving, arranging transportation

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32. Functional Health Assessment (cont'd)



Functional Health Assessment (cont'd)

- “Out and Back”
- “Get up and Go”

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33.

Social Health Assessment



Social Health Assessment

- Identify support systems
- Determine ability to comply with medication instructions
- Identify cases of abuse and neglect

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34.

Social Health Assessment (cont'd)



Social Health Assessment (cont'd)

- When to suspect elder abuse:
 - Delay in seeking treatment for injuries
 - Improbable explanations for injuries
 - Repeated injuries
 - Signs of physical neglect
 - Changes in behavior when caregiver present
 - Substance abuse by caregiver
 - History of family violence
 - Insufficient funds for basic care needs

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35.

Social Health Assessment (cont'd)

Social Health Assessment (cont'd)

- Identify cases of substance/alcohol abuse
- Explore advance care directives
- Discuss end-of-life choices

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36.

Polypharmacy

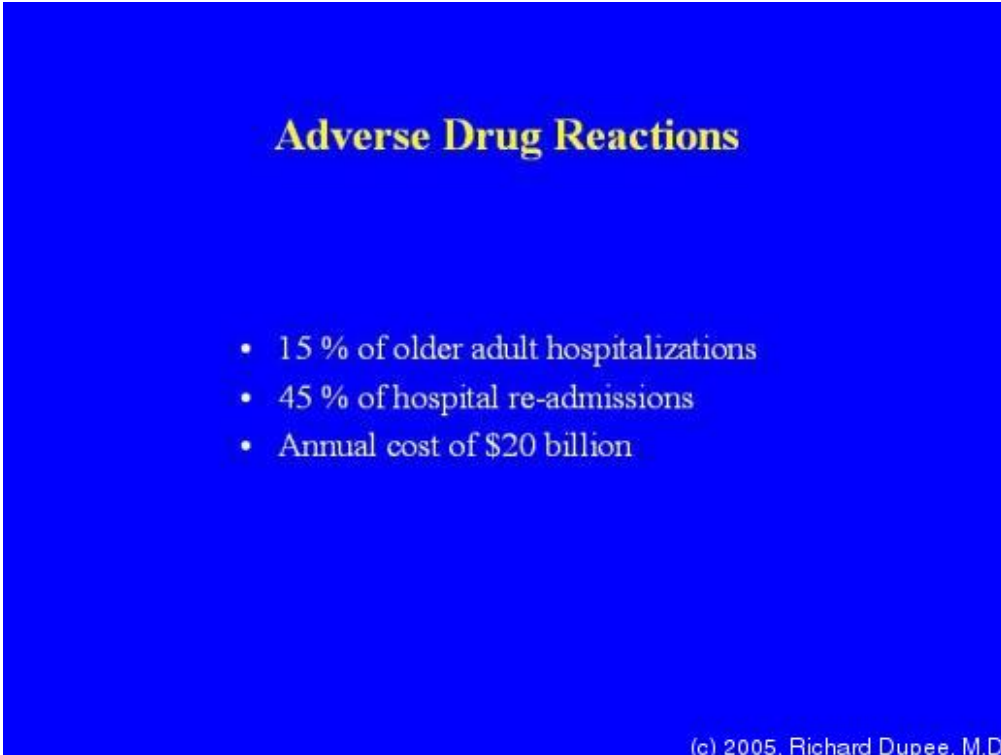
Polypharmacy

- Older adults use > 25 % of all prescriptions
- Average 4.5 prescriptions per older adult

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37.

Adverse Drug Reactions



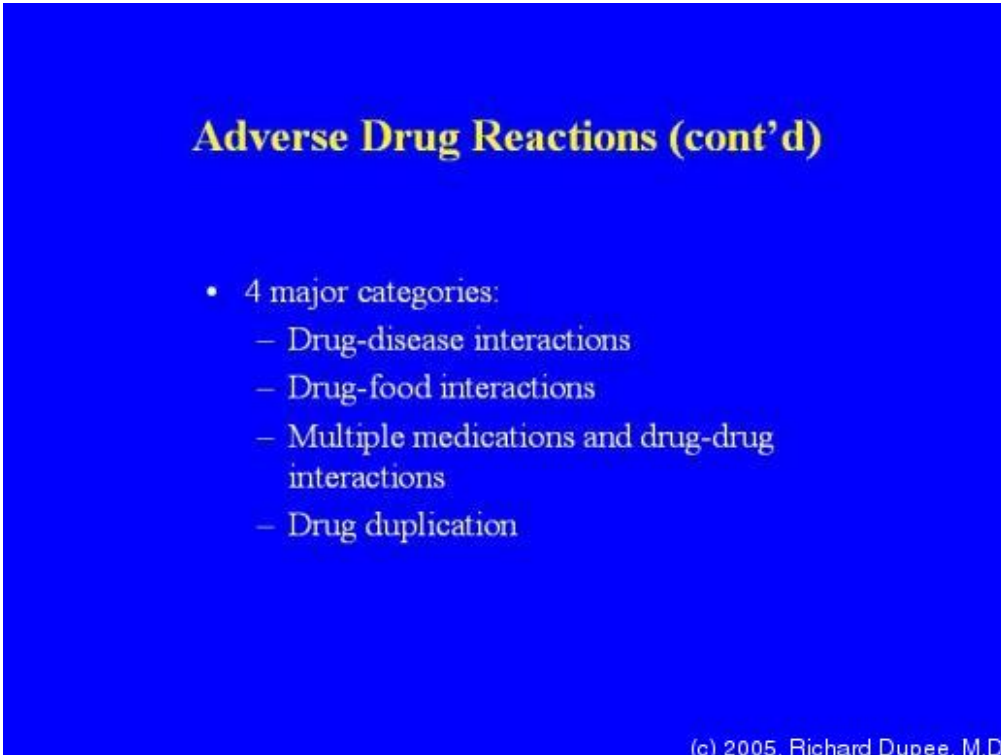
Adverse Drug Reactions

- 15 % of older adult hospitalizations
- 45 % of hospital re-admissions
- Annual cost of \$20 billion

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38.

Adverse Drug Reactions (cont'd)



Adverse Drug Reactions (cont'd)

- 4 major categories:
 - Drug-disease interactions
 - Drug-food interactions
 - Multiple medications and drug-drug interactions
 - Drug duplication

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39.

Compliance

Compliance

- Billions of dollars are spent on hypertension drugs in the US
- Yet, only 25% of patients being treated with antihypertensives are controlled at or below 149/90

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40.

Iatrogenic Illness

Iatrogenic Illness

- Adverse drug reactions/interactions
- Complications of hospitalization
 - Delirium
 - Falls
 - Immobility
 - Impaired functional status
 - Complications of unnecessary diagnostic and therapeutic procedures

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41. Iatrogenic (unnecessary) Illness

Iatrogenic (unnecessary) illness

- Communication
- Time+/-Availability
- Reimbursement
- Overutilization-Emergency Room/Hospital
- Hospital discharge

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42. When Further Evaluation is Needed

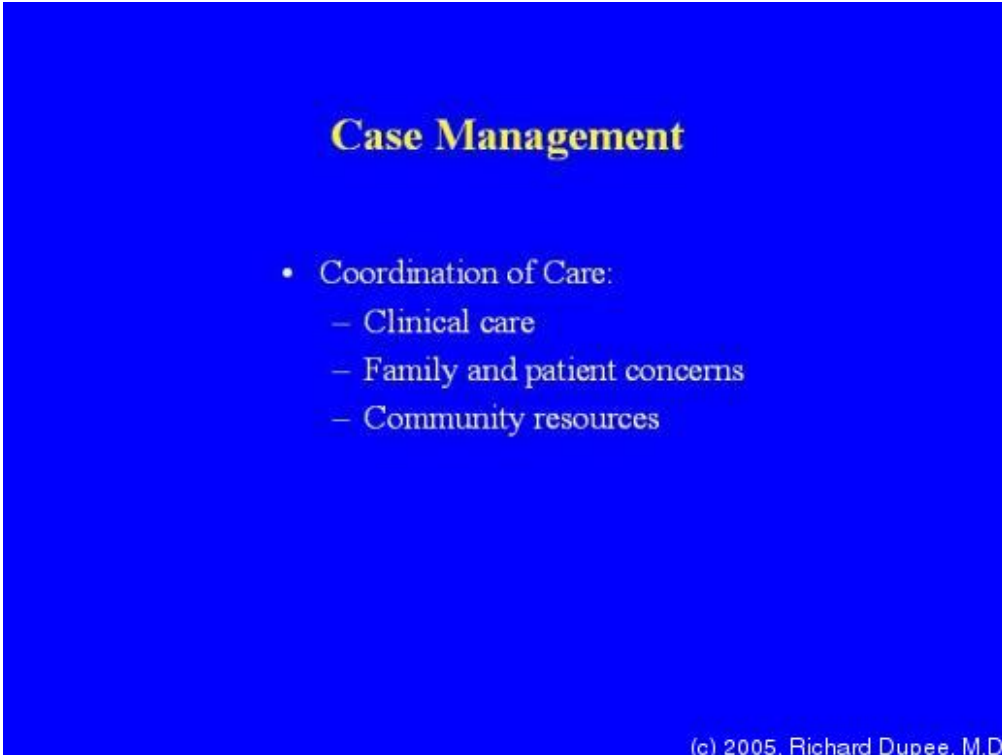
When Further Evaluation is Needed

- Screening process reveals high-risk status
- Indication of polypharmacy
- Decline in cognitive functioning
- Rapid decline in health status
- Increased utilization of hospitals, emergency department visits, and specialty care office visits

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43.

Case Management



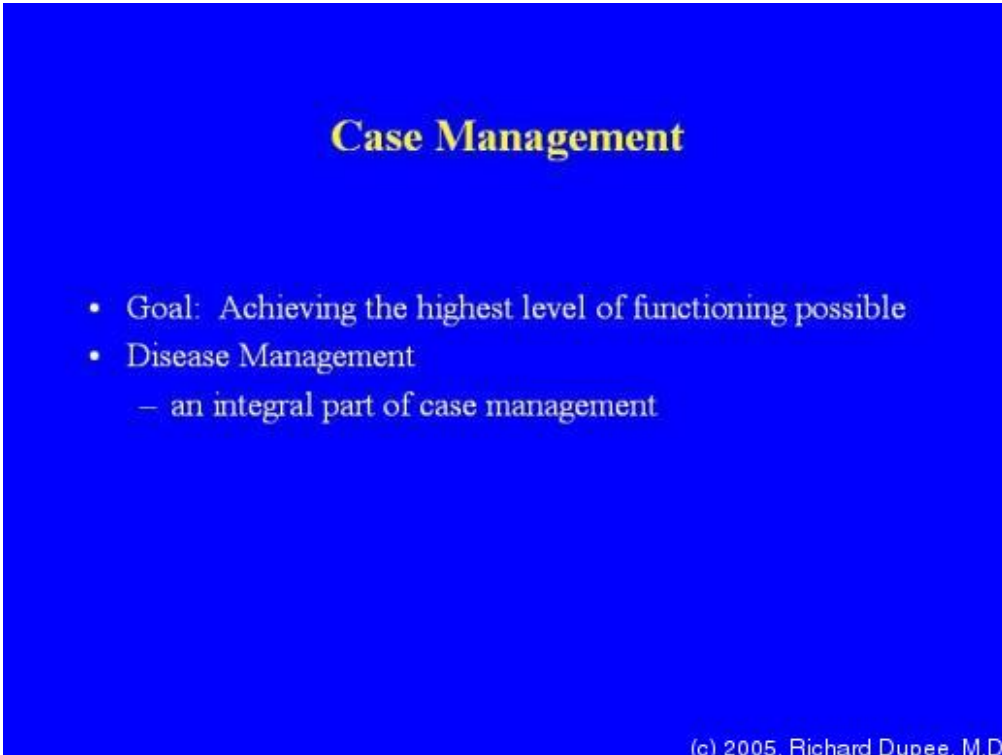
Case Management

- Coordination of Care:
 - Clinical care
 - Family and patient concerns
 - Community resources

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44.

Case Management



Case Management

- Goal: Achieving the highest level of functioning possible
- Disease Management
 - an integral part of case management

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45. Why Geriatric Care Management?

Why Geriatric Care Management?

- In a capitated or risk environment, reducing excess and preventable utilization is key to improving care and financial success
- Effective geriatric care management can contribute to effective medical and utilization management for the frail older adult, particularly with regard to management of the classic geriatric syndromes

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46. Recommended Clinical Preventative Services

Recommended Clinical Preventative Services

Screening	Counseling	Immunizations
History	Diet & Exercise	Influenza
Physical Exam	Substance Use	Pneumonia
Laboratory Diagnostic Procedures	Injury Prevention	Tetanus-Diphtheria
	Dental Health	
	Other Primary Preventative Means	

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