

GERIATRIC CARE-

Is it possible ?

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Harvard Medical School

What is the Problem?

- Life expectancy

What is the Problem?

- Demographics

What is the Problem?

- Morbidity & mortality are “pushed to the extremes of life
- Diseases have been “made chronic”

What is the Problem?

- The Healthcare System is designed to deal with acute medical conditions, not chronic disease states

What is the Problem?

- Geriatric Patients are different:
 1. Heterogeneity
 2. Homeostenosis
 3. Co-morbidities

What is the Problem?

- Geriatric Patients are different:
 4. Disease presentation
 5. Types of diseases
 6. Medical care rendered to the older patient

What is the Problem?

The Medical care in elderly patients focuses on *Function rather than on Disease*

What is the Problem?

CARE* rather than *CURE and
caregiver support

Geriatric Education

- Not as good in medical schools as it should be
 - as of 2001 42.3% of graduating medical students rated the training in geriatrics to be inadequate

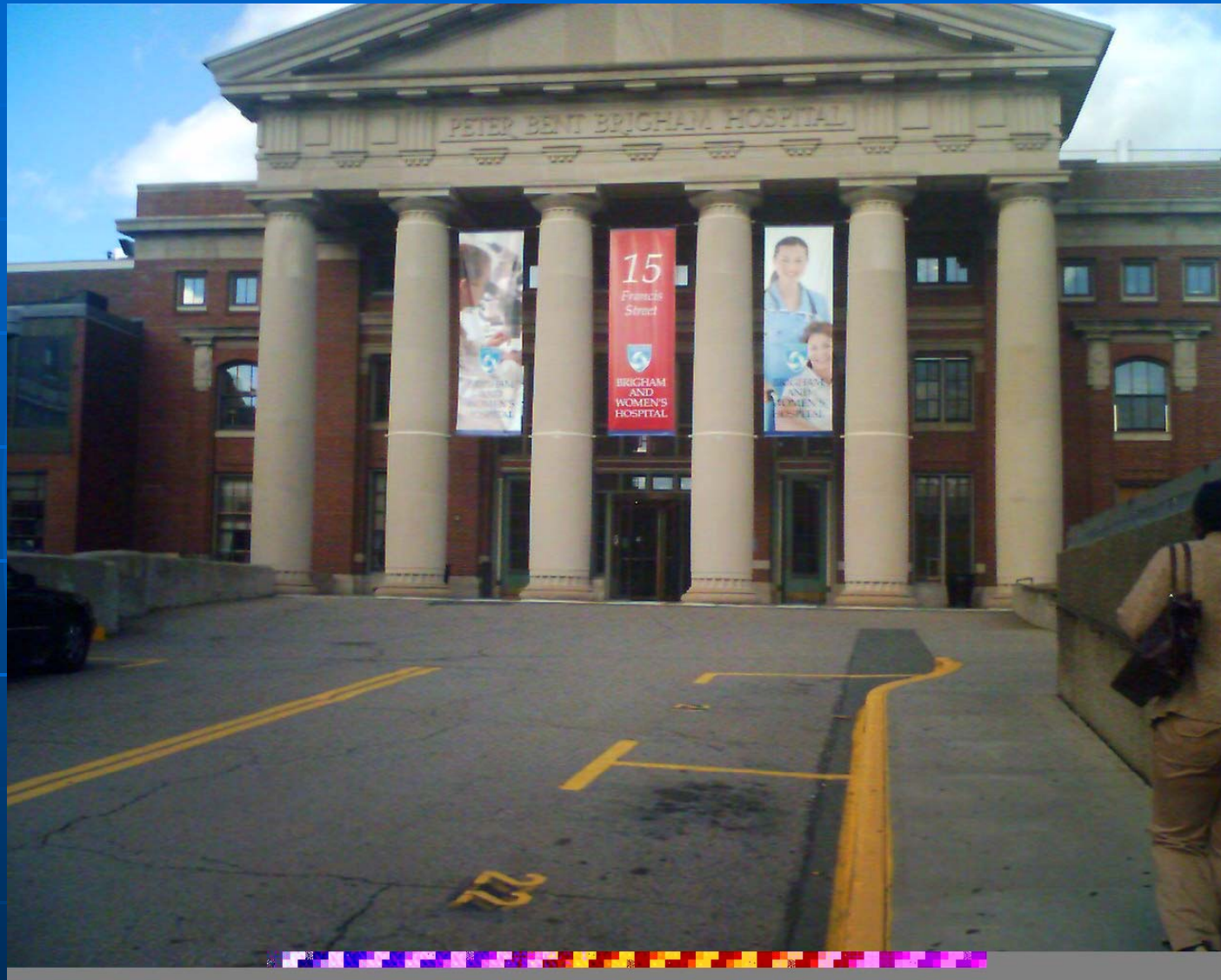
www.adgapstudy.uc.edu/PDF/ADGAPFULLReport.pdf



Geriatric Education

- Not sufficiently stressed in residency programs at this point in time
 - 71% of programs required 13-36 half days/3 years
 - 29% required 12 half days or less

Warshaw et al. A national survey on the current status of general internal medicine residency education in geriatric medicine. *J Gen Intern Med* 2003 Sep; 18(9):679-84



Geriatric Education

- Still not a very often chosen specialty
 - 2001-02 53% of fellowship programs had two or fewer first year fellows
 - 36 programs (119) reported no US medical school graduate first year fellow

Warshaw et al. Geriatric medicine fellowship programs: J Am Geriatr Soc. 2003 Jul;51(7):1023-30

Summary

1. Not sufficient knowledge of geriatric care
2. Not sufficient numbers of geriatricians
3. Current healthcare system does not support the needs of appropriate geriatric care

What should we do?

I. Target the following sites of medical care:

1. Hospitals
2. Rehabilitation care
3. Primary care physicians

What should we do?

II. Implement changes in these settings which are:

1. timely
2. low cost

What should we do?

- HOSPITAL

- Make it “elder-friendly”

- identify “geriatric patients on admission
- develop specific protocols to avoid/minimize *IATROGENESIS*

What should we do?

■ HOSPITAL

- medication review
- bowel/bladder
- nutrition
- skin
- mobility

Geriatric Pocket Card

Insomnia:

1. Determine cause (pain, environmental, meds) and alleviate issue when possible.
2. Suggested sleeping medications
 - a. Trazadone 12.5 mg
 - b. Zolpidem 5 mg
3. NEVER use benadryl or other anticholinergic medications

Anorexia:

1. Select the least restrictive diet that is reasonable.
2. Make sure patients have their dentures.
3. Have help available at mealtimes. Many elders want to eat but cannot manage their tray independently.
4. Nutritional supplements between meals.
5. Review medications and evaluate for constipation as these are common causes of anorexia in elders.

Falls:

1. Perform a physical exam including VS, neuro exam, and evaluation for visible trauma.
2. If the patient hit their head and is on warfarin, get a noncontrasted head CT to evaluate for a bleed.
3. Review meds and DC those that may contribute to falls.
4. Make sure the patient is on fall precautions.
5. AVOID restraints. They do not decrease falls.

Nausea/Vomiting:

1. There are many possible causes, but it is especially important to consider medications and fecal impaction.
2. Initiate IV fluids when nausea/vomiting starts as the elderly quickly become dehydrated.
3. Most antiemetics can have serious risks in the elderly. Anzemet is the safest but has a risk for long QTc intervals.

Geriatric Pocket Card

Constipation:

1. There are many possible causes but especially consider medications, fecal impaction, and immobility.
2. Patients with constipation must have a rectal exam.
3. If the rectal vault is empty, consider a KUB to evaluate for high impaction.
4. A step wise approach to constipation is often helpful:
 - a. Stool softener and stimulant laxative- Colace and bisacody
 - b. Osmotic laxative- Lactulose or sorbitol
 - c. Saline laxative- Milk of Magnesia

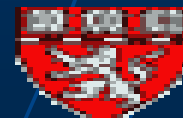
Pain:

1. New pain or worsening of chronic pain requires a history and physical.
2. Pain medication should be increased in strength until good pain control is achieved.
 - a. Acetaminophen 650 mg QID
 - b. Tramadol 25 mg BID
 - c. Opioids
3. AVOID meperidine, propoxyphen, methadone, and pentazocine.
4. Never start an elderly patient on a pain regimen without also starting a bowel regimen.
5. Pain medication should be given on a scheduled basis with frequent reassessment and dose titration as needed.



Created by Angela Botts MD

Division of Aging



What should we do?

- PRIMARY CARE PHYSICIANS
- Improve geriatric knowledge
 - Boston Partnership for Older Adults

What should we do?

■ PRIMARY CARE PHYSICIANS

- Follow-up visit guidelines:
 - incl. Specialist visits
 - medication changes
 - functional/cognitive changes

What should we do?

- PRIMARY CARE PHYSICIANS

- Continued Med. Education
- Referral base

What should we do?

- REHABILITATION CENTERS
- Better geriatric care
 - Communication
 - avoid *IATROGENSIS*
 - post-care for delirious patients
 - referral base

What should we do?

- COMMUNITY
- Consumer education
 - Winter --- Falls
 - Spring --- Dementia
 - Summer --- Hydration
 - Fall --- Medications

GERIATRIC POCKET CARD

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Primary Care for Older Adults

A Functional Approach

Expanded Social HX

TEST	FREQUENCY	COMMENT & F/U OPTIONS	ICD9 CODES
Blood Pressure	Every Visit	>139/89	
Pain	Every Visit	Do you have pain?	
Height	Yearly	Osteoporosis _____	733.0
Weight	Yearly	Obesity or weight loss _____	278.00/278.01/783.21
HPI	Every Visit	Self report of health, functional status and quality of life	
Medication Review	Every Visit	Eliminate unnecessary drugs including herbs	
MS: Gait/Balance	Yearly	Please stand (not using your arms). Walk 10 feet and return to chair in 10 seconds.	

Education	Once	# years education	
Work	Yearly	Do you do any paid or volunteer work?	
Children	Yearly	Do you have any children? Do they live nearby? Help you?	
Supports	Yearly	Who else is around to support you?	
Smoking	Yearly	Do you smoke? What and how often?	
Alcohol/drugs	Yearly	Are you/anyone concerned about your use of alcohol or drugs? _____	303.90/304.90
Abuse	Yearly	Is anyone hurting you physically, emotionally, financially? _____	995.80
Driving	Yearly	Do you drive? Have you had any accidents?	
Housing	Yearly	Do you live alone? Is your house in need of repair?	
Finances	Yearly	Can you afford your medications and other monthly expenses?	
Caregiving	Yearly	Do you provide care for someone else? Do you need care?	
Health Care Proxy	Yearly	Who would make decisions for you if you're unable to do so?	
Advanced Directives	Yearly		

Expanded ROS (think function)

Skin	Yearly	Do you have any itching, rashes or lesions?	
HEENT: Hearing Screening	Yearly	Do you have trouble hearing my voice? Hearing in a conversation? _____	389.9
Vision Screening	Yearly	Can you see the clock on the wall? See numbers on the phone? _____	369.9
Nutrition	Yearly	Do you eat at least two meals a day? _____	783.21/783.7
Dentition	Yearly	Do you have mouth pain? Trouble chewing? Trouble swallowing? _____	523.9
GI: Constipation, Incontinence	Yearly	Do you have trouble moving your bowels? Leak? Soil underwear? _____	564.0
GU: Urinary Incontinence	Yearly	Do you lose urine? Have accidents? Leak? Wear pads? _____	783.3
MS: Falls (Gait Instability)	Yearly	Have you fallen recently? Do you use assistive devices? _____	781.2
Physical Activity	Yearly	What is your activity level? Do you feel fit?	
Neuro: Memory	Yearly	Have you or your family noticed problems with your memory? _____	290.0/438.0
*Psych: Depression	Yearly	Do you ever feel sad, blue, down in the dumps, depressed? _____	311.0
Sleep	Every Visit	Do you have trouble sleeping? _____	780.52
EXT: Podiatry	Yearly	Do you have foot problems?	
Sexual Activity	Yearly	Are you sexually active? If yes, do you practice safe sex? Do you have sex with men, women or both?	

Vaccines

Flu	Yearly	Have you had a flu shot this year? _____	V04.81
Pneumonia	65+: one time <65: repeat	Were you ever vaccinated for pneumonia? When? _____	V03.82
Tetanus	Every 10 Years	When was the last time you had a tetanus shot?	

Lab/Other Tests

PSA	Controversial	For prostate cancer. _____	V76.44
Stool Blood Test	Controversial		
Cholesterol	Every 5 Years	If normal. More frequently in high risk patients (CAD, DM, Stroke)	
*Fasting Blood Sugar	Yearly	For diabetes. _____	V77.1
Thyroid Test (TSH)	Yearly	If normal.	
25-OH Vitamin D	Every 2 years	Vitamin D deficiency. Replete if level < 25.	
HIV Testing	As Needed	If high risk due to sex and/or drugs.	
EKG	At first visit	Baseline for future comparison.	
*PAP Test	Every 3 years	Consider stopping after age 65 if low risk (single partner or sexually inactive, good prior screening, no hx abnormal Pap smear).	
*Vision Exam	Yearly	For glaucoma, macular degeneration, cataracts.	
Colonoscopy	Every 10 Years	For colon cancer.	
*Bone Density Exam	At Least Once	For osteoporosis.	
*Mammogram	Every 1-2 Years	To age 70 and continued in women >70 who have reasonable life expectancy.	
Oral/Dental Exam	Yearly	For endocarditis, heart disease, diabetes, stroke, oral cancer screening.	



- ◆ For any non-medical issues which arise, contact **Boston ElderINFO 617-292-6211**, info@elderinfo.org, www.elderinfo.org.
- ◆ The term frequency indicates how often a particular test or question should be used with a patient.
- ◆ The tests and questions are prompts, which may uncover undiagnosed conditions.
- ◆ The ICD9 codes are provided to allow the diagnosis to be a billable service under Medicare.

Boston ElderINFO is a telephone helpline for Seniors, Caregivers and Health Professionals. BEI provides information on: Home Care, Housing, Government Benefits, Medications, Day Care, Shopping, Meals, Transportation, Health Insurance, Gay/Lesbian resources and many more services. BEI offers FREE Consultation, FREE Referrals, FREE Eldercare guide and FREE Bilingual Services.

Boston ElderINFO (BEI) helps elders as well as their families, caregivers and professionals to understand and to access all services that can assist an elder in continuing to live safely and independently. BEI is a program of the ElderCare Alliance which is a not-for-profit collaboration of the three Boston Home Care Agencies: Boston Senior Home Care, Central Boston Elder Services and Ethos.

The Boston Partnership for Older Adults includes over 175 organizations and individuals. We work with community-based organizations that serve older adults to improve systemic infrastructure and service coordination.

The BPOA's Health Committee promotes a standard of quality geriatric care that is easily integrated into the daily practice of non-geriatrician primary care practitioners. The Health Committee is comprised of geriatricians, practice managers, nurses, social workers and other human service professionals from major medical institutions, including Boston Medical Center, Massachusetts General Hospital, Beth Israel Deaconess Medical Center, and Brigham and Women's Hospital, as well as from community health centers, private practice, and a number of community-based social service agencies.

For Community Resources contact:

Boston ElderINFO 617-292-6211, info@elderinfo.org, www.elderinfo.org.