Gerontological Nurse Certification Review Course

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Gerontological Nursing Certification Review

- Provide overview of content to expect on the ANCC Gerontology Certification Exam
- Provide strategies for success in preparing for and taking the ANCC Gerontology Certification Exam

This review is an excellent tool to review your knowledge
You will need further preparation!

Some advice for planning and taking the test:
- Plan ahead: study plan
- Set expectations
- Know facts about the exam (tune out the gossip!)
- Also prepare your self mentally and physically
- Control testing anxiety

https://www.nursingworld.org/our-certifications/gerontological-nurse/
https://consultgeri.org/
Gerontological Nursing Practice

- 1950: First textbook on geriatric nursing
- 1962: ANA forms conference group on Geriatric Nursing Division
- 1973: ANA defines Standards of Practice for Geriatric Nursing
- 1974: ANA offers certification in Geriatric Nursing
- 1976: ANA renames "Geriatric Division" to Division of Gerontological Nursing Practice, publishes Standards for Gerontological Nursing Practice
- 1980: Geriatric Nursing magazine published
- 1989: ANA exam for gerontological clinical nurse specialist
- 2001: ANA revises Scope and Standards for Gerontological Nursing
- 2016: AACN updates Adult-Gerontological competencies for Primary Care and Acute Care NPs
- 2018: Projected update to ANA Gerontological Nursing: Scope and Standards of Practice

Older Adult Demographics

Population Overview

- 65 and above
  - Over 47 million people: 14.9% of the total population in 2015
  - Projected to be 28% by 2030
  - 22% of this population non-white in 2015
- 85 and above
  - Over 6 million people
  - Projected to be over 14 million in 2040
- Centenarians (100+)
  - 76,000 +
  - 0.2% of the 65 + population

Source: A Profile of Older Americans 2016 https://www.acl.gov/aging-and-disability/data-research/profile-older-americans

Some Demographic Concerns

- Life Expectancy
- Under Represented Groups
- Gender Differences
- Health Status
- Geographic Distribution
- Financial Issues
- Healthcare Usage
Models of Care

- Living Arrangements
  - Assisted Living Facilities
- Shared Housing
- Community Settings
  - Program for All Inclusive Care (PACE)
  - Naturally Occurring Retirement Communities (NORC)
- Hospital Settings
  - Geriatric Resource Nurse
  - Acute Care for Elderly
  - Geriatric Emergency Departments
- Nursing Homes
  - Levels of Care
  - Funding

Nursing Home: OBRA 1987
Omnibus Budget Reconciliation Act

- Revised federal standards for nursing home care
- Set a minimum standard of care and established rights for nursing home residents
  - Ombudsman
- Emphasis on quality of life and quality of care
  - Functional Status
- Set up Medicare Prospective Payment System (PPS)
- Mandates use of Minimum Data Set (MDS)
  - Interdisciplinary

Health Insurance for Older Americans

- Medicaid
  - Income based
  - Covers primary, hospital, and nursing home care
- Medicare
  - Age based
  - Parts A, B, C, D
- Long Term Care Insurance
  - Insurance policy through private companies
Basic Theories and Frameworks

- Erikson’s Psychosocial Theory of Development
  - Middle Age: Generativity vs. Self-absorption
  - Older Adult: Integrity vs. Despair
- Maslow’s Hierarchy of Needs
  - Innate internal hierarchy of needs
- Lewin’s Theory of Change
  - Unfreeze, Moving, Refreeze
- The Nursing Process
  - Assessment, Diagnosis, Plan, Implementation, Evaluation

Theories of Aging

- Biological Theories
  - Error Theory
  - Wear and Tear Theory
  - Endocrine Theory
  - Immunological Theory
  - Programmed Theory
- Sociological Theories
  - Disengagement Theory
  - Activity Theory
  - Continuity Theory
- Psychological Theories
  - Peck’s Expansion of Erikson’s Theory

Age Related Changes

- Vision
- Taste
- Smell
- Hearing
- Oral Cavity
- Hair
- Skin
- Neurological System
- Musculoskeletal System
- Cardiovascular System
- Respiratory System
- Peripheral Vascular System
- Gastrointestinal System
- Genitourinary System
- Hematopoetic Function
- Endocrine System
- Reproductive System
An older person experiencing an infection maybe less likely than a younger person to present with:

1) fever, leukocytosis
2) confusion, weakness
3) new onset of incontinence
4) signs and symptoms of infection do not change with age

Health Promotion Interventions

• Levels of Prevention
  • Primary: preventing illness or problem
    • Exercise, smoking cessation, alcohol consumption reduction, immunizations
  • Secondary: early detection of problem
    • Screening
  • Tertiary: interventions to prevent late complications
    • Diabetes education, cardiac rehab post-MI

Preventative Health Screenings and Immunizations

• Annual Physical Exam
• Medicare Wellness Exam
• Colon Cancer Screening
• Women’s Health
• Men’s Health
• Immunization Recommendations
  • Influenza: Yearly
  • Pneumonia: Once after 65 years, revaccinate after 65 years if immunocompromised
  • Tetanus, Diphtheria, Pertussis Tdap: Once
  • Herpes Zoster once after age 60
  • Hepatitis A, B and/or meningococcal: as assessed
Safety Interventions

- Falls
- Hypothermia
- Living Alone
- Driving
- Firearms

Falls

Considered a “Geriatric Syndrome”

Multiple Risk Factors: A complex interplay

- Intrinsic
  - Older age, history of falls, gait impairment, balance disorders, orthostatic or postural hypotension, depression, muscle weakness, chronic conditions such as dementia, arthritis, Parkinson’s Disease. What else?
- Extrinsic/Environmental
  - Polypharmacy, loose carpets, use of adaptive devices such as cane and wheelchairs, inadequate lighting and footwear, use of physical restraints etc.
Geriatric Assessment

- Overview
- Geriatric Assessment Tools
  - SPICES
  - Cognitive Assessment
    - Mini-Mental State Examination (MMSE)
    - Montreal Cognitive Assessment (MOCA)
  - Physical Assessment
    - Katz ADL
  - Fall Risk Assessment
    - Hendrich II Fall Risk Model
    - Morse Fall Scale
  - Medication Use Assessment
    - American Geriatric Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
    - Revised Incontinence Movement Scale (RIMS)
  - Pain Assessment
    - Pain Assessment in Advanced Dementia Scale (PAINAD)

SPICES

- Developed by Dr. Terry Fulmer
- Targeted assessment
- Addresses common syndromes
- Can be used across settings

Medication Management

- Rule of thumb: Start Low and Go Slow
- Polypharmacy
  - Risk Factors for Adverse Drug Events in Older Adults
    - Age >85 years
    - Low body weight
    - >5 concurrent chronic illnesses
    - Impaired renal function
    - Having a prior adverse drug event
    - Cognitive Impairment
A 77 year old woman is taking a medication with strong anticholinergic side effects. She is likely to experience which of the following symptoms?

1) Polyuria and polyphagia
2) Confusion and constipation
3) Hypoglycemia and hypotension
4) Urticaria and difficulty sleeping

Ten Medications Older Adults Should Avoid Or Use With Caution

Caution: Nonsteroidal Anti-Inflammatory Drugs (NSAIDS)
Avoid: Regular, long-term use of NSAIDS
Caution: Digoxin
Avoid: Certain Diabetic Medications (glyburide, chlorpropamide)
Avoid: Muscle Relaxants (cyclobenzaprine)
Avoid: Certain Medications used for Anxiety and/or Insomnia (diazepam, alprazolam, zolpidem)
Avoid: Certain Anticholinergic Drugs (amitriptyline, imipramine)
Avoid: Meperidine
Avoid: Certain OTC products (diphenhydramine and chlorpheniramine)
Avoid: OTC sleep products (trazodone and diphenhydramine)
Avoid: Antipsychotics (unless treating psychosis)
Avoid: Estrogen Pills and Patches


Nutrition, Hydration, Electrolyte Issues

• Nutritional Screening
  • Mini Nutritional Assessment (MNA)
  • Need to take culture into consideration
• Physiological Changes Affecting Nutrition
  • Declining sensory function
  • Declining GI function
  • Oral Health changes
• Failure to Thrive
  • Older adults who are losing weight
  • Usually multifactorial
Fluid Imbalances

• Hypovolemia/Dehydration
  Clinical Findings: Dry mucus membranes, sudden weight loss, orthostatic hypotension
  • Predisposing factors: disease states, infections, cognitive status, environment, functional ability, decreased thirst sensation
  • Prevention: Encourage fluids, provide teaching regarding adequate intake, monitor labs, monitor urinary output
  • Hypervolemia
  Clinical Findings: Sudden weight gain, edema, tachycardia, tachypnea, crackles in lungs

Electrolytes

• Sodium
• Potassium
• Calcium
• Phosphorus
• Magnesium

Acid-Base Imbalance
Metabolic Acidosis; Diabetes, Kidney Disease
Metabolic Alkalosis; Vomiting, Diuretics
Respiratory Acidosis; Chronic Lung Disease
Respiratory Alkalosis; Anxiety
A 66 year old woman takes an oral magnesium antacid regularly. Due to older adults’ renal absorption, health teaching is necessary regarding the potential for:

1) Hypokalemia
2) Hypomagnesemia
3) Hypermagnesemia
4) Hypermagnesemia

Mental Health Issues in Older Adults

- Cognitive Function
- Mood Disorders
- Suicide
- Psychotic Disorders
- Stress and Anxiety
- Alcohol and Substance Misuse

Dementia versus Delirium

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Dementia</th>
<th>Delirium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>Gradual</td>
<td>Sudden</td>
</tr>
<tr>
<td>Development</td>
<td>Slow, progressive over years</td>
<td>Rapid, changes over hours</td>
</tr>
<tr>
<td>Attention</td>
<td>Can focus on task</td>
<td>Noticeably impaired, easily distracted</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Alert and stable</td>
<td>Impaired and fluctuating</td>
</tr>
<tr>
<td>Speech</td>
<td>Confused but consistent</td>
<td>Incoherent</td>
</tr>
<tr>
<td>Course</td>
<td>Progressive, irreversible</td>
<td>Reversible if all causes treated</td>
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Alzheimer’s disease is more common in:

1) People with genetic predisposition
2) Patient’s with Down syndrome
3) Patient’s older than 80
4) All of the above

Case Study

Mrs. S is a 78 yo woman (living independently) with diabetes mellitus, arthritis and cataracts, who presents with unstable angina. She is treated with intravenous nitroglycerine, morphine, lorazepam, and ranitidine. A bladder catheter is placed.

Day 2: Cardiac catheterization with angioplasty for continued angina. In evening, pt develops delirium, managed with restraints, lorazepam and haloperidol.

Day 3: Pt develops urinary tract infection with fever and increased confusion. Bladder catheter discontinued; pt incontinent. Sacral skin breakdown noted.

Day 9: Pt remains incontinent, with large sacral pressure ulcer, and unable to walk or care for herself. Social Work consult for long term placement in SNF.

Drugs, drugs, drugs, dehydration
Emotion, encephalopathy, environmental change
Low oxygen, low hearing/seeing
Infection, intracerebral event or metastasis
Retention (urine or stool)
Intake changes (malnutrition, dehydration), Immobility
Uremia, under treated pain
Metabolic disease

STEP 1: TREAT CAUSE

Management
Depression in Older Adults

- Most common mental health disorder
- Mild to severe forms
- Symptoms
  - Depressed mood
  - Associated psychological symptoms
  - Somatic manifestations
  - Suicidal thoughts or attempts
  - Psychotic symptoms

Geriatric Depression Scale (short form)

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
6. Do you feel that most people are better off than you are? YES / NO
7. Do you think it is wonderful to be alive now? YES / NO
8. Do you feel pretty worthless the way you are now? YES / NO
9. Do you feel full of energy? YES / NO
10. Do you feel that your situation is hopeless? YES / NO

Management of Depression in Older Adults

For all levels of depression, develop an individualized plan integrating the following nursing interventions:

- Institute safety precautions for suicide risk as per institutional
- Remove or control etiologic agents:
- Monitor and promote nutrition, elimination, sleep/rest patterns, physical comfort (especially pain control),
- Enhance physical function
- Enhance familial/social/spiritual support
- Maximize autonomy/personal control/self-efficacy

http://www.guideline.gov/content.aspx?id=43922
A treatment option for depression that blocks the reabsorption of serotonin is:

1) Amitriptyline
2) Sertraline
3) Haloperidol
4) Temazepam

Suicide

- Suicide is an important problem among older adults. Suicide rates are particularly high among older men, with men ages 85 and older having the highest rate of any group in the country.

- Risk factors
  - Depression and other mental health problems
  - Substance use problems (including prescription medications)
  - Physical illness, disability, and pain
  - Social isolation

- Protective factors
- Care for mental and physical health problems
- Social connectedness
- Skills in coping and adapting to change

Common Disease Presentation in Older Adults

- Cardiovascular Problems
- Respiratory Problems
- Gastrointestinal Problems
- Hematological Problems
- Metabolic Problems
- Urinary Problems
- Neurological Problems
- Musculoskeletal Problems
- Immunological Problems
- Integument Problems
- Sensory Problems
Mrs. Davis presented to the clinic in December of 2015 with some concerns about osteoporosis. She was becoming more stooped and had already lost 1" in height over the last few years. She was 20 years postmenopausal and had never taken hormone replacement therapy. She subsequently received a DEXA scan at that time and was placed on Fosamax 10 mg daily. Over the next year, this seemed to be working well for her and she did not experience any side effects from the medication. In the fall of 2016, she sustained a fracture to her 4th metacarpal on her left hand that she suffered during a fall. She received another DEXA scan in late 2016 with no change. She seemed fairly stable and was only seen yearly after that time. During a repeat exam in 2017, DEXA scores continued to show progression and she was subsequently referred to an endocrinologist to eliminate secondary causes. After a thorough work-up, no cause was found for her worsening osteoporosis. Thyroid studies were normal as well as serum phosphorus, PTH and urine calcium.

Case Study: Mrs. Davis

Family and Social History: Mother died at age 40 (CA); Father died at age 57 (CAD); Brother w/ CAD, age 79; Twin sister with osteoporosis and depression. Patient is very active; she walks 1-2 miles/day. She stopped smoking 30 years ago, has an occasional drink. She also drinks a cup of coffee a day. She reports diarrhea and gas with dairy products so avoids them.

Case Study: Mrs. Davis

History/Medications

1) Osteoporosis
2) Mild hyperlipidemia
3) Mild hypertension
4) Coronary artery disease
5) Tendonitis of R. shoulder

1) Simvastatin 20 mg daily
2) ASA 81 mg daily
3) Furosemide 10 mg daily
4) Alendronate 10 mg daily
5) Calcium + Vit. D 600 mg daily
6) Vit. E, Vit. C, Mg
Case Study: Mrs. Davis

Plan of Care

- What concerns you re: Mrs. Davis?
- How can we plan care to address risks associated with worsening osteoporosis?
- What do we need to teach her?

Case Study: Mrs. Davis

6 months later

- Six months later, Mrs. Davis slipped on ice while out walking and fell, fracturing her left hip. She is admitted to the hospital through the emergency room and is taken to surgery for repair after a medical evaluation found her a good candidate for surgery. ORIF with hemiarthroplasty of the L proximal femur is successfully completed.

Post-op orders include:

- Lactated Ringers at 100 mL/hr
- Morphine 50 mg IV every 4 hours as needed for pain
- IV famotidine 20 mg every 12 hours due to GI distress postop
- Cefazolin 1 g, q 8h, X 3 doses.

She has quite a bit of hip and back pain in the immediate post-op period, leading to maximum doses of morphine, becomes restless and confused with hallucinations, particularly in the evening. Evaluation by her medical MD leads to discontinuing IM morphine, replaced with hydrocodone/acetaminophen 5 mg/325 mg, 1 or 2 tabs every 4 to 6 hours as needed for pain. Her IV famotidine is converted to the oral route and she is started on risperidone 3 mg daily for confusion and hallucinations. Her aspirin and furosemide are restarted on the second day.
Mrs. D finally starts on PT on day 3 of the admission but complains of dizziness and lightheadedness, almost resulting in a fall. She is found to be hypotensive so her diuretic therapy for hypertension is discontinued. On day 4 of her admission, she is making progress in PT but is complaining of constipation. Review of her intake/output shows that she has not had a bowel movement since surgery; evaluation of her medications shows that she has an order for docusate 100 mg. daily, which was started on day 3 when she began taking oral medications.

How can the following items be best managed:

- Pain
- Constipation
- Hypotension
- Reduced functional mobility
- Assistance required for self-care
- Nutrition
- Plan for discharge

Diabetes in Older Adults

- Treatment needs to be individualized to provide reasonable glycemic control while avoiding hypoglycemia.
- Special concerns for frail elders with diabetes:
  - Avoid restricted diets/weight loss, hypoglycemia
  - Impaired liver and renal function due to aging and disease results in decreased gluconeogenesis.
  - Reduced renal clearance of hypoglycemic drugs such as sulfonylureas (e.g., glyburide, gliclazide) and insulin.
  - Hypoglycemia can lead to poor balance and increase the risk of falls.
Hypoglycemia in Older Adults

- Although hypoglycemia in older people (>75 years) with diabetes is common, its recognition can sometimes be difficult making diagnosis in this age group uncertain.

- More neurological symptoms (dizziness, visual change, confusion) vs. more traditional autonomic symptoms

New Onset Urinary Incontinence

- **Stress Incontinence**: Weakened external sphincter/pelvic floor, increased intra-abdominal pressure
  - Small urine loss during sneezing, laughing, exercise
- **Urge Incontinence**: Detrusor instability, internal sphincter weakness
- **Overflow Incontinence**: Bladder muscles overextended and have poor tone, overflow of retained urine
  - "Dribbling" or constant losses of small amounts of urine
- **Functional Incontinence**: Physical or psychological factors impair ability to get to the toilet
PSA testing is an example of which type of prevention?

1) Primary
2) Secondary
3) Tertiary
4) Preventative

Glaucoma

- Affects more than 2.7 million Americans age 40 and older.
- Black Americans age 40 and older are at the highest risk of developing the disease.
- Leading cause of blindness in African Americans and Hispanics.
- 2nd leading cause of permanent blindness in US.
  (National Eye Institute 2010; National Institute of Health, 2012)

- Group of disorders characterized by:
  - ↑ IOP (increased intraocular pressure)
  - Progressive or functional damage to eye
  - IOP regulated by formation & elimination of aqueous humor
  - Peripheral visual field loss

Cataracts

- Affects more than 22 million Americans.
- The leading cause of blindness in the world.
- By age 80, more than half of all Americans either have a cataract or have had cataract surgery.
  (National Eye Institute 2012; National Institute of Health, 2011)

- Progressive opacity or clouding of the lens.
- Size, site, and density of clouding vary among individuals.
  - May be different in individual’s two eyes.

- Risk factors include:
  - Increased age; smoking; alcohol use; diabetes; hyperlipidemia; eye trauma; exposure to the sun and UVB rays; long-term corticosteroid medications; Caucasian.
Hearing Loss
• Approximately one in three people between the ages of 65 and 74 has hearing loss and nearly half of those older than 75 have difficulty hearing.
• Presbycusis
  • Age-related hearing loss
  • Permanent
  • Affects both ears equally
  • Greater loss for high-pitched sounds
  • More common and severe for men
  • Worsens with age
• On average, hearing aid users wait over 10 years after diagnosis before using a hearing aid.
  (National Institute on Deafness and Other Communication Disorders, 2016)

Stroke Warning Signs
• Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
• Sudden confusion, trouble speaking or understanding
• Sudden trouble seeing in one or both eyes
• Sudden trouble walking, dizziness, loss of balance or coordination
• Sudden, severe headache with no known cause
• Loss of balance or coordination

Stroke
• Ischemic stroke (Brain attack)
  • Symptoms produced by reduced blood flow
  • Causes are embolism, infarction and thrombosis (more common)
  • Atrial Fibrillation most frequent cause
• Hemorrhagic stroke
  • Bleeding into the parenchyma
  • May be followed by clots
  • Causes are HTN, ruptured cerebral aneurysm or arterio-venous malformation (AVM)
Stroke Care

Communication and Aphasia
- Decrease environmental stimuli
- Treat patient as an adult
- Present one thought or idea at a time
- Keep it simple
- Do not rush person
- Do not pretend to understand
- Do not push if person is tired or upset as aphasia worsens with fatigue and anxiety

Epilepsy/Seizure Disorder

- Seizures happen when clusters of nerve cells in the brain signal abnormally, which may briefly alter a person’s consciousness, movements or actions.
- Epilepsy is the third most common neurological disorder in the U.S. after Alzheimer’s disease and stroke.
- More than 570,000 adults age 65 and above have the condition

Parkinson’s Disease

- Early signs & symptoms include:
  - Loss of flexibility
  - Aching
  - Fatigue
- Often mistaken for signs of aging
- Four Cardinal Symptoms:
  - Resting Tremor – usually first symptom that prompts seeking medical attention
  - Bradykinesia – slowness of movement
  - Rigidity – cogwheel rigidity with passive movement
  - Postural Instability – disturbed balance and leaning forward
Parkinson’s Disease Assessment

- Other signs & symptoms include:
  - Neuropsych: depression, dementia, personality changes, psychosis, hallucinations
  - Autonomic dysfunction: orthostatic hypotension, diaphoresis, drooling, weight loss, constipation, urinary symptoms
  - Neuromuscular: camptocormia, festination, gait freezing, hyphonia, monotonic speech, festinating speech, dysphagia, hypomimia, micrographia, akathisia
  - Sleep disturbances: vivid dreams, insomnia, daytime drowsiness

- Diagnosis
  - Medical history and clinical features
  - No disease-specific biological marker
  - Positive response to antiparkinsonian drugs

Common Cardiovascular Problems

- Hypertension
- Heart Failure
- Atrial Fibrillation
- Aortic Stenosis

Older adults tend to have increased blood pressure due to:

1) Decreased oral intake
2) Increased cardiac output
3) Increased blood flow
4) Decreased vascular compliance
Hypertension

- The American College of Cardiology (ACC)/American Heart Association (AHA) 2011 expert consensus document on hypertension in the elderly recommends that the blood pressure be reduced to less than 140/90 mmHg in adults aged 60-79 years and the systolic blood pressure to 140 to 145 mmHg if tolerated in adults aged 80 years and older.

A 77 year old man has recently been diagnosed with early heart failure. He will most likely be prescribed which medication?
1) Digoxin
2) ACE inhibitor
3) Calcium channel blocker
4) Beta Blocker
Heart Failure Management

- MAWDS
  - Medications
  - Activity
  - Weight
  - Diet
  - Symptoms
  - Follow-up Appointment

- Psychological changes
- Exercise-saving behaviors
- Relaxation techniques
- Support groups (as needed)
- Social services referral as needed
- CHF toolkit

Heart Failure Management

- Fluid restrictions not commonly prescribed
- Sodium restriction
  - 1.5 gm sodium diet (AHA, 2010)
- Daily weights
  - Same time each day, wearing same type of clothing
  - Weight gain of 3 lbs. (1.4 kg) over 2 days or a 3 to 5 lbs. (2.3 kg) gain over a week should be reported to health care provider
- Teach patients how to read food labels

Atrial Fibrillation

- Prevalence increases with age
- The most common arrhythmia in patients older than 65 years

- The goals in the treatment and management of AF are, first, to prevent thromboembolic episodes, mainly strokes, which leads to a considerable reduction in mortality, and second, to improve the quality of life, by reducing the symptoms and hospitalizations.
Aortic Stenosis

- Aortic stenosis is a condition in which the aortic valve fails to open fully because of a thickening of the valve leaflets.
- Often attributable to aging
- Symptoms
  - Increasing fatigue and low energy level
  - Chest discomfort
  - Heart murmur
  - Shortness of breath
  - Lightheadedness or dizziness
  - Fainting

An 81 year old man has an HDL of 75. Your teaching instructions for him would include to:

1) Decrease his intake of eggs and whole-milk products
2) Decrease the amount of glucose in his diet
3) Take cholinesterase inhibitors as prescribed
4) Keep up the good work!

Health Changes and Vulnerability in the Older Adult

- Palliative Care
- Hospice Care
- Advanced Directives
- Grief
- Sexuality
- Sleep
- Cultural, Ethnic, and Religious Diversity
- Elder Mistreatment
- Chronic Illnesses
Palliative Care

• Palliative care means patient-and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.


Hospice

• A model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

  - https://www.nhpco.org/about/hospice-care

Differences between Hospice & Palliative Care

Hospice

• Regulated by CMS and is limited to care that occurs in the last six months of life
• Medicare Hospice Benefit is provided by Medicare hospice certified agency
• Hospice is usually delivered wherever the patient calls "home"

Palliative care

• Palliative care can be offered at anytime in the disease trajectory, and, should be part of care at the time of a serious diagnosis
• Palliative care services can be paid for by philanthropy, fee-for-service, or hospital support. Reimbursement is low.
• Palliative care can occur in any clinical setting
Hospice

Under the Medicare Hospice Benefit patient’s sign off their Medicare Part A—they chose to receive hospice care rather than disease-modifying treatments.

Hospice care focuses on caring not curing.

Advanced Directives

- Durable Power of Attorney for Health Care in NY Health Care Proxy
- Living Will
- Combined directives (5 wishes)
- Physician (or Medical) Orders for Life Sustaining Treatment (POLST/MOLST)

Elder Mistreatment

Signs that raise a red flag

- Has trouble sleeping
- Seems depressed or confused
- Loses weight for no reason
- Displays signs of trauma, like rocking back and forth
- Acts agitated or violent
- Becomes withdrawn
- Stops taking part in activities the person enjoys
- Has unexplained bruises, burns, or scars
- Looks messy, with unwashed hair or dirty clothes
- Develops pressure injury or other preventable conditions
Sexual Health

- Sexual health screening should be performed at every encounter
  - Many healthcare providers do not ask older patients about sexual activity
    - 38% of older men and 22% of older women reported discussing sex life with their providers
    - They also do not test them for HIV
      - Older adults over age 50 at risk for HIV were 80% less likely to be tested for HIV as at-risk adults 20 to 30 years of age
  - PLISSIT Model

Sleep

- Patterns may change with aging
- Need for adequate sleep remains the same
- Sleep Latency
- Insomnia
- Avoid sleeping medications
- Encourage sleep hygiene and healthy exercise as able