Practice Management: Relating To and Understanding Your Geriatric Patients

Patient Population

Age of Patient	Pedorthics	Orthotics	Prosthetics
Pediatric (0-18)	10%	37%	11%
Adult (19-65)	45%	36%	52%
Geriatric (over 65)	45%	27%	37%

ABC Practice Analysis of Certified Pedorthists, 2017

ABC Practice Analysis of Certified Practitioners in the Disciplines of Orthotics and Prosthetics, 2015

Geriatric Population

- Patients over the age of 65 are the fastest growing segment of the population
- More than 30 million people (>12.5% of the population)
- Increased life spans due to advances in medicine, science, and healthy lifestyles. Promotion of physical activity and exercise has resulted in these individuals being stronger and healthier than previous generations.
- Increased activity and increased lifespan both contribute to the development of extensive lower extremity problems, including degeneration of bone and joints. Ligaments, tendons, and muscles are more easily damaged or injured, and the lower extremity, foot, and ankle have been specially affected.
- Currently more than 20% of all surgical admissions in the United States are geriatric patients.

  - Lee DK, Mulder GD. Foot and Ankle Surgery: Considerations for the Geriatric Patient. J Am Board Fam Med May-June 2009vol. 22 no. 3 316-324

Why 65?

- Otto von Bismarck
- German chancellor 1862-1890
- Germany was first country to adopt old-age social insurance program in 1889.
- Original age was 70. Lowered to 65 in 1916.
- FDR modeled our SS program after German model
- Actuarial studies suggested that starting the pensions at age 65 would allow for a system that could easily be sustained with moderate payroll taxes.

Unfair Senior Stereotypes

- Seniors are:
  - Crabby
  - Rude – No filter
  - Demanding
  - Entitled – The younger generations owe them…
  - Cheap – What about my Senior Citizen discount?!?
  - Impatient
  - Disrespectful of others' time

Why?

- Unique stressors
- Cognitive aging
- Changing sociology

Understanding Cognitive Aging and Old-Age Vulnerabilities

Cognitive Aging

- For most Americans, “staying sharp” is a very high priority as they age.
- Declines in memory and decision-making abilities trigger fears of dementia and Alzheimer’s.
- However, cognitive aging is a natural process.
  - Cognition = memory, decision-making, processing speed, wisdom and learning ability.

Cognitive Aging

- CA is not a disease; it is a process
- Changes are different for everyone
- Wisdom and experience increase with age
- Speed of processing, decision-making and memory can decrease
- CA can affect daily tasks like paying bills, driving, following a recipe, etc.
- CA can also impact ability to live independently, pursue favorite interests and activities, maintain sense of identity
- Individuals and families need to be aware of potential for financial fraud and abuse, impaired driving skills, and poor consumer decision-making.

Cognitive Aging

Cognitive Aging	Alzheimer's Disease
Part of aging	Chronic neurodegenerative disease
Neuron number remains stable but neuronal function may decline	Extensive neuron loss
Occurs in 100% of older population, but extent and nature of changes vary widely	Affects approximately 10% of older Americans
Changes are variable and gradual	Declines are often severe and progressive

Cognitive Health

- Scientifically supported steps that everyone can take to maintain cognitive health:
  1. Be physically active
  2. Reduce and manage cardiovascular risk factors (hypertension, diabetes, smoking)
  3. Regularly discuss and review health conditions and medications that might influence cognitive health with physician

Cognitive Health

- Also recommended:
  - Be socially and intellectually engaged and continually seek opportunities to learn
  - Get adequate sleep and receive treatment for sleep disorders
  - Take steps to avoid the risks of cognitive changes due to delirium if hospitalized

Changing Sociology of Aging in US

- Longer, healthier lives have made it possible for us to become and be old in new ways
- Old age now extends several decades
- Comprised of early and late phases often referred to as the vastly different “third” and “fourth” stages of life.
- Third age can now span several decades and can be a time of opportunity and activity as most are in good health and have resources but no childcare or work responsibilities.
- The advantages of the third age can dissolve quickly as health and resources change
- Fourth age, in contrast, is defined by the three “Ds”: Decrepitude, Disease and Death. Individuals can expect major encounters with chronic illness followed quickly by death.

Sociology of Aging

- Longevity bring an important paradox: Humans now live longer than ever before and aspire to live even longer. Yet the quest is also to ensure that the quality of lives is commensurate with the quantity of years.

Sociology of Aging

- The shifting “boxes” of education, work and leisure.
- The traditional boundaries of these boxes are eroding.
  - The early part of adult life is now often an extension of education. Individuals are delaying entry into workforce (and accumulating debt) and thereby putting off saving for retirement potentially reducing the resources in old age.
  - Rapid technological changes have forced middle-aged and older working adults back to school. Much of this expense is out-of-pocket as assistance is reserved for full-time, degree-seeking students.
  - Stable work with traditional benefits has become uncertain.
  - Older Americans are working longer and are often unaware of when and how to transition into retirement and may lack the resources to do so.

Sociology of Aging

- Despite these undeniable changes, the three-box structure is reinforced by policies that regulate education, work and retirement and penalize those whose lives depart from it whether by choice or out of necessity.

Sociology of Aging

- Given the current divorce rate (50%), grandparents are more frequently called upon for support – financial, childcare, emotional – than ever before.
- These relationships can become strained and tenuous in situations where it is assumed that they are always available and may be activated as needed.

Sociology of Aging

- The days of a discrete transition from full-time work to full-time retirement are gone.
- There is great variability in both the age and pace at which it occurs.
- A rapidly changing and economically vulnerable world has made retirement uncertain for many and impossible for some.
- The decision to retire is often not an individual decision but tied to the needs of a spouse or other family members.

Sociology of Aging

- For decades, one's identity has been closely tied to his or her career and their children. Children grow up and leave. People retire. What's left? What is my purpose now?

Anger and the Elderly

- Both age and illness can often intensify personality traits
  - A person who was always a little irritable may now be downright cantankerous
  - A person who used to be impatient is now demanding and impossible to please
  - Someone who often found fault in others now seems hypercritical and even mean to others
  - People who were somewhat intolerant of people different from themselves are now blatantly bigoted
- Rudeness, a tendency to interrupt, neediness and manipulation all tend to become more pronounced as someone ages.

Anger and the Elderly

- Some older people simply become less sensitive to others as they age; especially someone who has been living alone.
- Older people may not be aware of, or buy into, today's social norms. Bigotry, intolerance and ethnic slurs that were quite common in their day are no longer tolerated. But often they seem to neither know nor care.
- Seniors also frequently find themselves living in a world they no longer recognize or understand and this can seem quite scary. This isolation is magnified as the older person's peers pass away.

Anger and the Elderly

- When older folks struggle to deal with their own diminished capacities, physical deterioration and the indignities this brings about, they often express their own fear, embarrassment and discomfort as hostility.
- They may resent having to use a cane or be helped into a chair or when using the bathroom.
- These feelings can be exacerbated by the fact that the world (even their own families) no longer care about how productive they may have been in the past.
- Forgetfulness, losing things and the inability to understand and use new technologies can be extremely frustrating (and frightening) to an older person. This fear and frustration is often expressed as hostility.

Anger and the Elderly

- It is also often the case that an elderly person will become more upset and hostile when their increasing inability to live on their own becomes unavoidably apparent.
- Fears:
  - Losing their independence
  - Losing their home
  - The prospect of moving into assisted living or a SNF
- In the face of the loss of control they fear, some will try to prove their independence by making decisions (often financial) that are not well thought out, very questionable or beyond their means.

Anger and the Elderly

- Sometimes, this hostility is not projected outward but internalized or is exhibited as passivity, disinterest, withdrawal or depression.
- Much in the preceding few slides can be considered going into a kind of self-protective “survival mode”.
- Unfortunately, those trying to help the older person are often the target.

The Neurology of Grumpiness

- It has been suggested that old people's insulting remarks aren't necessarily meant to be insulting, rather they are a result of a lack of censorship.
- William von Hippel, University of Queensland
  - Brain – especially frontal lobe – atrophies with age. Frontal lobe atrophy impairs "executive functioning".
  - Executive functioning includes skills like future planning and self-control over thoughts and behavior.
  - Von Hippel found that older people who make inappropriate social remarks were those with diminished cognitive capacity. (Stroop test, etc.)
  - Another uninhibited behavior associated with poor executive functioning is "off –target verbosity".

CA Summary

- Lack of purpose or direction in life.
- Failing physical health
- Cognitive aging Vs. dementia
- Facing loss of, or have lost, independence
- Financial uncertainty
  - Savings, investments or income inadequate
- Especially vulnerable to exploitation
- Facing reality that they may be in, or approaching, the final phase of life

Relating to and Helping Senior Patients

First and Foremost

- Don’t take it personally
- In the face of an aggressive or hostile older person who is unrelentingly demanding, nasty, critical or intolerant, this may be difficult.
- It is not much different than being the target of a child that lashes out when afraid, hurt or upset.
- Keeping the source in perspective can make all the difference.

Respect

- How Social Workers Show Respect for Elderly Clients. Sung K, Dunkle RE. *J Gerontol Soc Work.* 2009 April;52(3):250-260
- Seven forms of respect conveyed
    1. Linguistic respect
    2. Care respect
    3. Acquiescent respect
    4. Salutatory respect
    5. Presentational respect
    6. Spatial respect
    7. Consultative respect

Respect

- In social work, respect for client precedes all forms of care and service.
- With respect, service providers can demonstrate a positive attitude toward their clients, treat them with propriety, and serve them as dignified persons.
- One study (Gibbard 1990) showed that respect was often more important to the client than what the therapist did to help solve their problems.
- It is most important throughout all phases but is especially important to interactions among newcomers and strangers.

Respect

- Linguistic respect
  - Using proper and respectful language in addressing the client
  - Words connoting age and status (Mr, Mrs, Miss, Dr) are particularly important
  - Communicating on the appropriate level
- Care respect
  - Being kind and considerate to the client
  - Having attention to and concern for the patient

Respect

- Acquiescent respect
  - Listening to a client's opinions and suggestions
  - Following rules and proceedings mutually agreed upon
  - Honoring the client's ideas, beliefs and values
  - Involve client is goal-setting
  - However, this does not require blindly agreeing with them

Respect

- Salutatory respect
  - Properly greeting the client
  - Exhibiting the proper body language of respect
- Presentational respect
  - Exhibiting polite and courteous manners to the client
  - Wearing appropriate dress clothes when meeting with the client
- Spatial respect
  - Furnishing client with comfortable seating or adequate room for a wheelchair
  - Securing a comfortable atmosphere for client

Respect

- Consultative respect
  - Seeking out the client's opinion or suggestion
  - Consulting over procedures for services

- As you can imagine, many of these things also elicit reciprocal respect.

How to Handle Grumpy Older Patients

- **Empathize.** Unless the patient is deliberately screwing with you, he or she believes that their unreasonable request is, in fact, reasonable. Understanding where they're coming from is a necessary first step. Probe.
- **Lift the Veil.** Once you understand their point of view, you need to help them understand yours. Explain *why* something isn't covered or *why* the orthotics cost what they do.

How to Handle Grumpy Older Patients

- **Ask Why.** What problem has led to this request or behavior, and how else might you help them resolve it?
- **Explore Alternatives.** Once you've learned as much about the problem, start looking for solutions that will work for both of you.
- **Weigh the Consequences.** What are the consequences of saying no and losing a client compared with giving in? If what they want is flat-out impossible, you have no choice. But, it is often more nuanced – you could say yes and cut out your profit margin entirely, or pull an all-nighter, or something else you really wouldn't like.

How to Handle Grumpy Older Patients

- **Consider a One-Time Deal.** If you really don't want to lose the customer, and you can't find an alternative that is good for both of you, then consider taking the hit-just one time. Tell them you can provide special consideration in view of your history together. Emphasize that this is a one-time-only concession that won't be repeated and stick to it if they ask again. Otherwise, they will never believe that no means no. There are risks to this approach. You may merely be delaying the inevitable if the customer leaves anyway the next time the same situation arises. An even bigger risk is that your other customers may hear about it and ask for similar concessions. But sometimes this is the best among bad choices.

How to Handle Grumpy Older Patients

- **Apologize.** If you just can't say yes to the unreasonable demand, then make sure to apologize. After all, you are genuinely regretful that you can't make them happy. And an apology can go a long way toward preserving a relationship.
- **Say Thank You.** Even if your patient is being unreasonable and is leaving for bad reasons, you have a history together. Honor that history and preserve your connection by thanking the patient. Besides being a good thing to do, it's a smart thing to do. Knowing you're still on good terms may bring that patient running (limping) back to you if whatever they're leaving for doesn't work out

One last note…

- Mistakes to avoid when managing older employees:
  - Don’t assume you (or they) just can’t relate. It may take effort but you can forge a personal connection that will help you understand them better – how they learn and communicate, what motivates them, what matters most to them – and make you a more effective leader.
  - Don’t assume you know more than all of your subordinates and don’t refuse to learn from them.
  - Don’t assume that older employees need more or less training than everyone else.
  - Don’t assume that they don’t respect you because you are younger. You earn respect by doing your job and doing it well.

The End