

“We Gotta Talk About Mom!": Pearls for Parents and Patients

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Objectives:

- Identify issues that commonly affect older adults (parents **and** patients!)
 - Driving
 - Hearing
 - Medication management
 - Finances
 - Home safety
- Educate ourselves and families about prevention and early detection of issues
- Review resources to help seniors stay independent and safe

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Geriatrics Tenant:

- “If you have seen one older person,
you have seen one older person”
 - Lots of variability in health and functional status
- **BUT!** Status can change in a hurry (acute medical condition) or can change slowly over time (dementia?)
- Seniors tend to lose IADLs in the reverse order they got them....
- Think of your last 84 year old that you saw in clinic...

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The Mom.



- Retired high school principal who moved to Park City UT ~20 years ago to be a ski bum
- At 84, she still works part-time at Deer Valley Resort

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The Mom.



- **Tried to kill my sister** by driving over the Guardsman Pass in the Wasatch Mountain range
- **At night!!**
 - Elevation 9100 feet
 - No cell service
 - Poor road in places

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Let's talk about driving

- More than 10,000 Americans turn 65 every day!
- Old age itself is not a risk factor for unsafe driving
 - Most older drivers are good drivers with few risky behaviors
- Driving is important for everyone's lifestyle
- No foreseeable legislation on older drivers



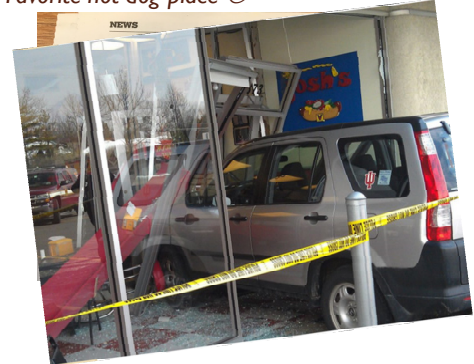
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You don't believe me??
My hair salon ☹️



7

You don't believe me??
Favorite hot dog place ☹️



8

You don't believe me??
My dry cleaners ☹️



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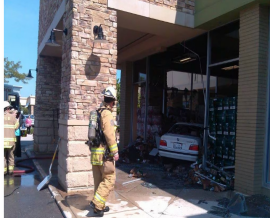
The "Binny's lady"
(Binny's is local liquor store chain)

HIGHLAND PARK
Woman, 84, crashes into Binny's: 'And I've never had a drink in my life'

By Gregory Foster
Special Interest | Published Aug 09, 2013 at 12:30 pm

Facebook Twitter LinkedIn

11 tweets



- The 84-year-old Northbrook woman who crashed into Binny's Beverage Depot in Highland Park on Thursday morning is home now and grateful no one was seriously hurt.
- Marty Anderson crashed her white BMW through a glass wall at the Binny's at 153 Skokie Valley Drive, at about 10 a.m.
- Her vehicle lodged between displays of Smirnoff vodka and Tanqueray gin, igniting a fire.
- After a Binny's employee helped pull her from the car, they were both taken to Highland Park Hospital for treatment of minor injuries and released.
- "It was horrible. The flames must have been five feet tall," Anderson said, softly chuckling. "And I don't drink. I've never had a drink in my life."

Chicago Tribune 8/9/2013

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Beware my hospital parking lot



At least this driver warns us....


11

Beware my hospital parking lot



• Good to know!!

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Just another day at Costco....

#NEAR THE Handicap Spot

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Ask your patents about driving:

- How much do you drive?
- Do you have any problems when you drive?
- Have you gotten any tickets in the past two years?
- Any near-misses or crashes in the past two years?
- Remember that neither self-report or report form families is completely reliable

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Physicians can influence their patients' decisions on driving..




- Most older drivers feel they should be the ones to decide on cessation
- Most agree that the physician should talk to them if need be
- Physicians can be the "bad guy" if needed
- <https://journalofethics.ama-assn.org/article/assessing-senior-patients-ability-drive-safely/2008-06>

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Families reluctant to tackle this...


- Usually they know...
- If parent stops driving, then what??
- They try to keep peace in the family



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The Million Dollar Question !

- To the adult children:
 - "Would you allow them to drive the grandchildren around?"



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Our job!

- Can they see?
- Can they move?
- Can they feel/move their feet?
- Watch them walk!
- Can they think?
 - Cognition: need to test "executive function"



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Testing Executive Function

- Clock drawing test
- Trails A and B
- Neuropsychological testing may be needed for high level issues

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CLOCK DRAWING TASK

INSTRUCTIONS:
In the space below, please draw the face of a clock and put the numbers in the correct positions.
Now, draw in the hands at ten minutes after eleven.

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Trails B test;

good test but don't try this at home...

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You know: Is this person safe to drive??

yes; re-evaluate periodically

NO!

INSURE

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Is this person safe to drive??

NO!

- Just tell them! Be firm. Explain why.
- Usually patient and/or their family will agree, although not always happily
- Occasionally, physician has to notify DMV to revoke driver's license
- P.S. NOT A PATIENT SATISFIER

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OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Medical Report For Conditions That May Impair Driving Safety

Please see guidelines of how to complete this form for Medical/Driver Conditions for completion of form.

SECTION I - To be completed by driver. (Please print or type.)

Name: Last First Middle Driver's License Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Sex: Male Female

Agreement/Release of Information

I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions outlined in this agreement will be grounds for the Secretary of State to deny or cancel my driving privileges. **THIS REPORT IS VALID FOR THREE MONTHS (90 DAYS).**

Signature of Individual: _____ Date of Signature: _____

SECTION II - MEDICAL HEALTH - To be completed by MD/DO and/or medical professional (M/D/O).

DATE OF COMPLETION OF MEDICAL HEALTH SECTION IS: _____

1. **Required:** In your professional opinion, is this individual **MEDICALLY AND MENTALLY FIT** to safely operate a motor vehicle? YES NO

2. **Conditions:** Yes or No required for each condition listed.

(A) Cardiovascular	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(B) Neurological	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(C) Musculoskeletal	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(D) Sensory	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(E) Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(F) Alcohol/Drug Abuse	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(G) Developmental	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(H) Mental	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)
(I) Other Condition(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>	(specify condition)

3. **(*) LIST ALL current medications and dosages (including medications prescribed by another physician), if medications are listed, a condition must be disclosed above (in question #2).**

(*) Does the patient have side effects from any medication(s) that would impair the driver's ability to safely operate a motor vehicle?
 YES Explain: _____ NO

(*) Is the driver compliant with medication and treatment regimen? YES NO Explain: _____

(*) No medications prescribed.


(Continued on back)

Printed by authority of the State of Illinois, May 2003 - 1 - DR-30-103-01

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Counseling the patient who is **No** longer safe to drive...

- Use the phrase “**driving retirement**”
 - This helps normalize the experience
 - More positive than “quitting” or “giving up”
- Make sure the family hears this as well




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No: Tips to Reinforce Driving Cessation

- If dementia, give the patient a prescription/ paper that says “Do Not Drive”; have the family tape this on the refrigerator to remind the patient
- Use economic arguments about the expense of owning a car; does a grandchild need a car?
- Involve the family in transportation arrangement, or to purchase cab vouchers
- Ride Share apps

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Is this person safe to drive??



- Refer to a Driver Rehabilitation Specialist
 - OT driving evaluation
 - Vision screen
 - Trails A and B test and others
 - Speed of visual scanning
- This OT portion is covered under Medicare
- There is a fee for the “behind the wheel” evaluation

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If you are **Not Sure...** about your patients' driving ability...

To refer to a Driver Rehabilitation Specialist:

- If you have an Ot who does drivers rehab, order OT order in EPIC “drivers evaluation”
- For others: ADED.net
 - Search by zip code
- If not available, have family drive with patient
- Driving schools offer senior classes

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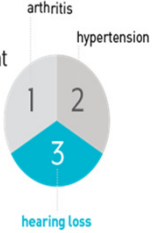
More parents: the Yiayia.



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More parents: The Yiayia.

Hearing loss is the **THIRD MOST** prevalent age-related disability following arthritis and hypertension suffered by adults 75+.



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HEARING LOSS FACTS

(We Bet You Didn't Know)

48 Million People In The US Have Hearing Loss >>> 

! People with hearing loss wait on an average 7 years before seeking help! **Get The Help You Need Sooner!**

! A 12-year study conducted by the neurology department at Johns Hopkins School of medicine found: **Untreated hearing loss increased the risk for dementia.**

That Means 2 Out Of 10 Adults! 

295 out of every 1,000 households have at least one hearing aid user

AS WE GET OLDER... There is an even higher chance of hearing loss!

% Of People With Loss (By Age)

ALL AGES	10%
AGE 60+	25%
AGE 70+	50%

Hearing Loss Can:

- Contribute To Sleep Disorders
- Triple Your Risk of Falling

Signs You Might Have Hearing Loss:

- Do You Have Difficulty Hearing In Noisy Places?
- Are You Turning The TV Up Louder?
- Are You Asking People To Repeat Themselves?

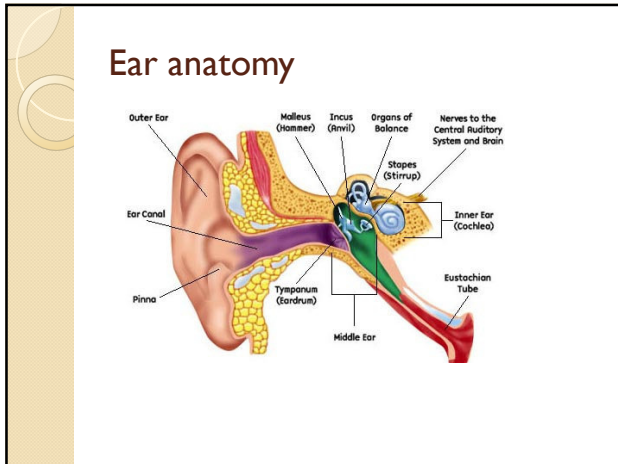
PLEASE DISTRIBUTE FREELY | www.advancedhearing.com

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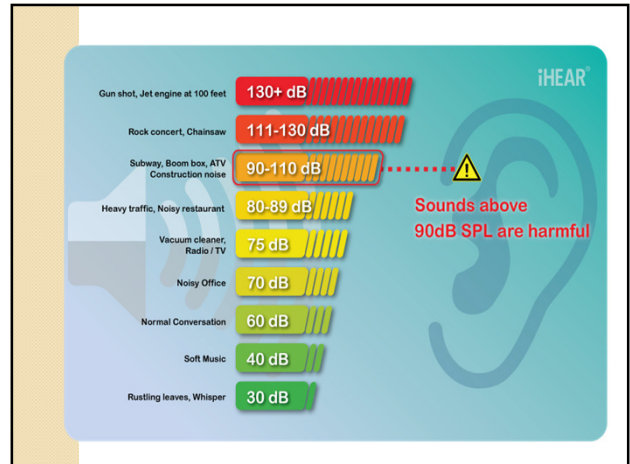
Hearing Impairments

- Risk factors
 - Long-term exposure to excessive noise
 - Impacted cerumen
 - Ototoxic medications
 - Tumors
 - Diseases affecting sensorineural hearing
 - Smoking
 - History of middle ear infections
 - Chemical exposure

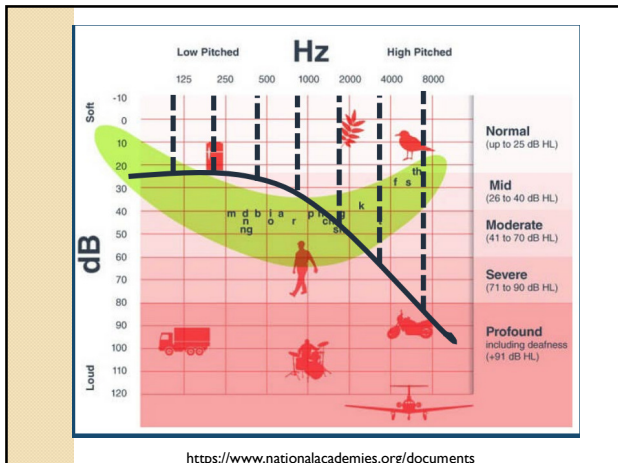
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Hearing Loss: Clarity not Volume

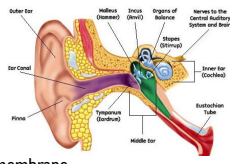
"You should go to the pharmacy before you get to your house."

<https://www.nationalacademies.org/documents>

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Hearing Impairments

- **Hearing Loss**
 - **Conductive**
 - Sounds are not transmitted to inner ear
 - **Potential causes**
 - Otitis externa
 - Impacted cerumen
 - Otitis media
 - Benign tumors
 - Carcinoma
 - Perforation of tympanic membrane
 - Foreign bodies
 - Otosclerosis



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Hearing Impairments

- **Hearing Loss (more common)**
 - **Sensorineural**
 - Cochlea and auditory nerve damage creates sound distortion
 - **Potential causes**
 - Presbycusis (old hearing)
 - a progressive bilateral symmetrical age-related sensorineural hearing loss
 - Excessive noise exposure
 - Meniere's disease (is a disorder of the inner ear that can affect hearing and balance to a varying degree)
 - Tumors
 - Infections


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So who cares???



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Memory Loss & Hearing Loss



Adults with hearing loss develop a significant impairment in their cognitive abilities, **3.2 years sooner** than those with normal hearing.


Those with hearing loss experience a **30% to 40%** greater decline in thinking abilities compared to their counterparts without hearing loss.

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- Adults with **mild loss** } **2x more likely** to develop dementia
- Adults with **moderate loss** } **3x more likely** to develop dementia
- Adults with **severe loss** } **5x more likely** to develop dementia

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Don't Panic. There are solutions!



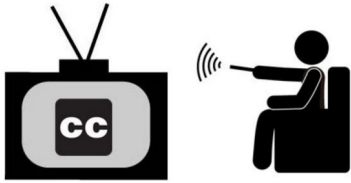
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Common Sense...

- Ask the listener what is the best way to communicate with him or her.
- Obtain the listener's attention before speaking.
- Eliminate background noise as much as possible.
- Be sure the listener can see the speaker's lips:
 - Speak face-to-face in the same room.
 - Do not obscure the lips with hands or other objects.
 - Make certain that light shines directly on the speaker's face, not from behind the speaker.
- Speak slowly and clearly, but avoid shouting.
- Speak toward the better ear, if applicable.
- Change phrasing if the listener does not understand at first.
- Spell words out, use gestures, or write them down.
- Have the listener repeat back what he or she heard.

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Turn on the CC!



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Personal Sound Amplifiers: "Pocket Talker"



Williams Sound Pocketalker Ultra Duo Sound Amplifier with Headphone & Earbud, Year Supply of Batteries & Liberty Microfiber Cloth

\$179.99 (11/15/24) / Count


Brand: Williams Sound
Material: Plastic
Item Weight: 3.5 Ounces
Control Type: Volume and Tone Wheels
Power Source: 4x Ear and Over Ear Options

About this item:

- **AMPLIFIED SOUNDS CLOSEST TO THE LISTENER WHILE**
- **REDUCES BACKGROUND NOISE.** The Pocketalker allows you to amplify the speech and voice most important to you. By placing the microphones close to the speaker's mouth, you can reduce distracting background noise. The Pocketalker helps you hear what you want to hear.

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Let's talk about Hearing Aids!



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Many kinds of hearing aids!



CIC **OTE** **ITC** **HS** **ITE** **RIC**

Completely-in-the-Canal (CIC) **Mini-Canal (MC)** **In-the-Canal (ITC)** **Half-Shell (HS)** **In-the-Ear (ITE)** **Behind-the-Ear (BTE)**

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MEDICARE

WHY DOESN'T IT COVER HEARING AIDS?



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If you need hearing aids...

- For veterans??
 - VA does great hearing aids
- Patients on a Medicare Advantage plan
 - Some cover/ subsidize hearing aids.
- Costco or Sam's Club!

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Finally... WEAR THEM!!

- They are not like glasses that work right out of box!
- Your family will thank you

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Is it worth it??

Research

JAMA Neurology | Original Investigation
Association of Hearing Aids and Cochlear Implants With Cognitive Decline and Dementia
 A Systematic Review and Meta-analysis

Brian Sheng Yee Yeo, MBBS, Harris Jun Jie Muhammad Daniel Song, MBBS, Emma Min Shuen Toh, MBBS, Li Shua Ng, MBBS, MMed, Cyrus Su Hai Ho, MBBS, MRCPsych, MSc, MSc, Roger Ho, MBBS, MD, DPM, MMed, Roshni Azad Merchant, MBChB, MRCP, Benjamin Kye Jyn Tan, MBBS(Hons), Woei Shyang Loh, MBBS

- Meta-analysis of 8 studies with >27,000 patients
- Follow-up of 2-25 years
- Found a **19% DECREASE** in long term cognitive impairment

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Research

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Way better than any Rx!!

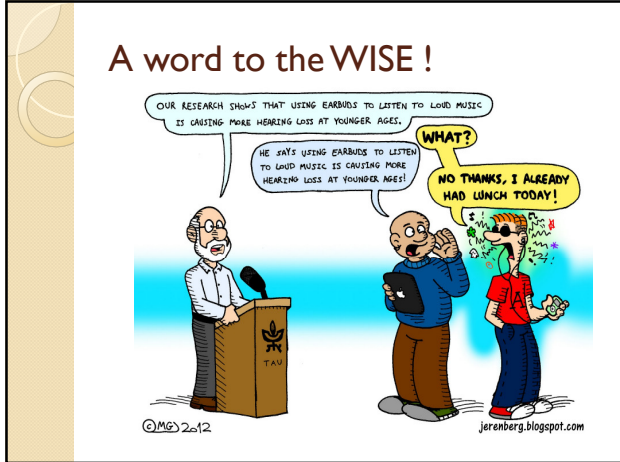
- Meta-analysis of 8 studies with >27,000 patients
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- Found a **19% decrease** in long term cognitive impairment

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Home safety

You can also find amplified, flashing, or vibrating versions of basic household items such as telephones, alarm clocks, and doorbells.

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RESOURCES

www.betterhearing.org
www.hearingloss.org
www.hearingmojo.com
<https://www.nidcd.nih.gov>

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**Yiayia gets hearing aids. Yay!!
But we have teenagers....**

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Next, the Dad.

- Retired civil engineer
- Long history of afib but refuses to take anticoagulation; "rat poison"

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This is NOT how an engineer (or anyone really) should take his meds....

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Please talk to your patients/ parents about HOW they take their meds!

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Improving Adherence

- Studies show ~70% compliance
 - Worse if BID,TID, etc
- If available, check EPIC med Dispense Record →

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Medication Dispense History (from 7/1/2023 to 1/4/2024)

Medication	Dispensed	Days Supply	Quantity
Aspirin	08/21/2023	28	28 Each
Atorvastatin Calcium			
ATORVASTATIN 40MG TAB	12/20/2023	28	28 Tab
ATORVASTATIN 40MG TAB	10/05/2023	28	28 Tab
ATORVASTATIN 40MG TAB	08/13/2023	28	28 Tab
ATORVASTATIN 40 mg tablet	08/21/2023	28	28 Each
buPROPion HCl			
BUPROPION HCl 300MG XL TAB	12/20/2023	28	28 Tab
BUPROPION HCl 300MG XL TAB	10/05/2023	28	28 Tab
BUPROPION HCl 300MG XL TAB	08/13/2023	28	28 Tab
bupropion HCl 300 mg XL tablet, extended release	08/21/2023	28	28 Each
Cholecalciferol			
cholecalciferol (vitamin D2) 25 mcg (1,000 units) capsule	08/21/2023	28	28 Each
Denosumab			
INJOLIA 60MG/ML INJ	12/12/2023	90	Quantity 1 mL
Exemestane			
EXEMESTANE 20MG TAB	12/20/2023	28	28 Tab
EXEMESTANE 20MG TAB	10/05/2023	28	28 Tab
EXEMESTANE 20MG TAB	08/13/2023	28	28 Tab
exemestane 20 mg tablet	08/21/2023	28	28 Each
Fluoxetine HCl			
FLUOXETIN HCl 20MG CAP	12/20/2023	28	28 Cap
FLUOXETIN HCl 20MG CAP	10/05/2023	28	28 Cap
FLUOXETIN HCl 20MG CAP	08/13/2023	28	28 Cap
fluoxetine 20 mg capsule	08/21/2023	28	28 Each
Levothyroxine Sodium			
LEVOTHYROXIN 75MGCS TAB	12/20/2023	28	20 Tab
LEVOTHYROXIN 75MGCS TAB	10/05/2023	28	20 Tab
LEVOTHYROXIN 75MGCS TAB	08/13/2023	20	20 Tab
levothyroxine 75 mcg tablet	08/21/2023	28	20 Each
Metoprolol Succinate			

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Aspirin	08/21/2023	28	28 Each
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bupropion HCl 300 mg XL tablet, extended release	08/21/2023	28	28 Each
Cholecalciferol			
cholecalciferol (vitamin D2) 25 mcg (1,000 units) capsule	08/21/2023	28	28 Each
Denosumab			
INJOLIA 60MG/ML INJ	12/12/2023	90	Quantity 1 mL
Exemestane			
EXEMESTANE 20MG TAB	12/20/2023	28	28 Tab
EXEMESTANE 20MG TAB	10/05/2023	28	28 Tab
EXEMESTANE 20MG TAB	08/13/2023	28	28 Tab
exemestane 20 mg tablet	08/21/2023	28	28 Each
Fluoxetine HCl			
FLUOXETIN HCl 20MG CAP	12/20/2023	28	28 Cap
FLUOXETIN HCl 20MG CAP	10/05/2023	28	28 Cap
FLUOXETIN HCl 20MG CAP	08/13/2023	28	28 Cap
fluoxetine 20 mg capsule	08/21/2023	28	28 Each
Levothyroxine Sodium			
LEVOTHYROXIN 75MGCS TAB	12/20/2023	28	20 Tab
LEVOTHYROXIN 75MGCS TAB	10/05/2023	28	20 Tab
LEVOTHYROXIN 75MGCS TAB	08/13/2023	20	20 Tab
levothyroxine 75 mcg tablet	08/21/2023	28	20 Each
Metoprolol Succinate			

Luckily I saw her early December


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Improving Adherence

- Studies show ~70% compliance
 - Worse if BID,TID, etc
- If available, check EPIC med Dispense Record
- Explain priority: Take BP meds >> vitamins
- Is cost an issue?
 - Amazon
 - Mark Cuban: costplusdrugs.com
 - GoodRx.com (great app)
 - NeedyMeds.org

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What happens when you ask your patients to bring in their meds...




#BrownBagTest

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Encourage pill box use!

- Use a pill box if they have more than a few pills
 - Even for vitamins
- Give 90day supply whenever possible
- Is there a delivery service?
- Encourage mail order
- New! Pre pack pharmacies
 - PillPack.com
 - Capsule.com



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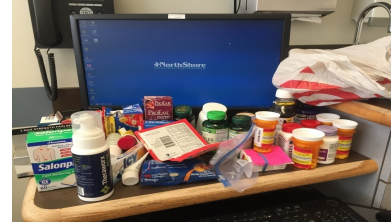
Encourage pill box use!

- Link meds to a part of your life
 - Toothbrushing
 - Meals
 - Bedtime
- Apps, Alexa alarms
- Friends and family can help



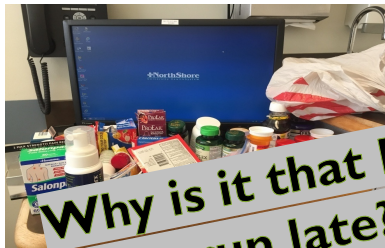
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Of course, always try to DEPRESCRIBE!



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Of course, always try to DEPRESCRIBE!



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The biggest issue; sleep!!



- Most of the OTC sleep remedies and combination and permutations of
 - Diphenhydramine
 - Doxylamine
 - ((Melatonin))
 - ((Valerian root))

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No Geriatrics lecture is complete without a Benadryl® (diphenhydramine) slide!
((Anticholinergic side effects))

- Can't see
- Can't pee
- Can't spit
- Can't s***



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Watch that zolpidem dose

- In 2013, the US Food and Drug Administration issued safety warnings that included lowering of the recommended dose of **zolpidem in women to 5 mg**
- Despite these warnings, any older adults continue with the higher dosages
- In addition, 41 percent of patients reported concurrent sustained use of one or more other central nervous system depressants (eg, opioids, benzodiazepines).
- That being said, it is VERY difficult to get folks off their zolpidem; at least try the lower dose
- <https://www.upToDate.com/contents/whats-new-in-geriatrics#H118580>


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Sleep hygiene; get ready for the eye roll...

- Make an EPIC dot phrase; that helps ☺
- Get up and go to bed at the same time
- Limits naps to one hour after lunch
- Get fresh air and sunlight
- Consider bright light therapy in AM
- No screens one hour before/in bed
- Consider “worry time” or journaling
- Keep bedroom dark and cool
- Cognitive Behavioral Therapy if you can get it!!!

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Recent Patients: Finances/ Internet Safety



- So many stories of getting finances tangled up; bills not paid or paid twice
- Older people getting phones/ internet hacked
- Social media issues...

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Finances/ Internet Safety

- Families tend to be on top of this
- Seniors are less comfortable paying bills on line
 - Personal bankers can be helpful
 - Older people are more vulnerable to scams
 - They have money
 - They can be alone
 - They are fearful of technology
 - Brain changes

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Annals of Internal Medicine

IDEAS AND OPINION

Age-Associated Financial Vulnerability: An Emerging Public Health Issue

Mink S. Luchs, MD, MPH, and S. Dale Hays, PhD

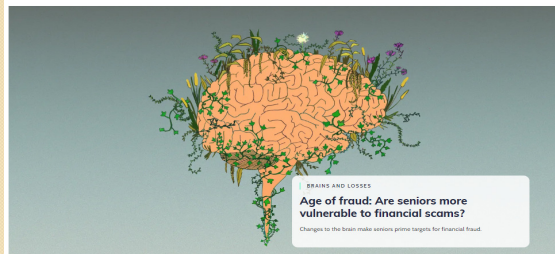
Domain Factor and Mechanism	Possible Factors Contributing to Age-Associated Financial Vulnerability
Cognitive/medical	<p>Executive dysfunction: Reduced ability to multitask, organize by time, and identify/compare future implications of current financial actions</p> <p>Arithmetic inability: to quickly calculate figures, mentally to verify numbers or to perform numeric calculations</p> <p>Frontal distribution: Reduced ability not to consent to financial courses of action with potentially negative consequences</p> <p>Aweing: May increase pressure to take bad financial risks or not pursue appropriate financial safeguards</p> <p>Reduced ability to discern trustworthy persons: Results in having less information by which to discern good financial opportunities from bad financial risks</p>
Medical and functional	<p>Serious progressive illness: Serious underlying medical illness unresponsive to traditional therapy may motivate patients to seek expensive and unproven treatments, creating susceptibility to fraud</p> <p>Impaired mobility: Reduced ability to withdraw themselves from an environment in which they are being pressured to make financial decisions</p> <p>Vision and hearing loss: Decreased likelihood that complex financial transactions and/or documents are fully comprehended before execution</p> <p>Polymedication: May contribute to delirium, directly influencing vulnerability; expense of medication may also lead to inadvisable risk taking</p>
Psychosocial	<p>Depression: Associated with executive dysfunction (7); shame and guilt may also preclude older persons from revealing their predicament to trusted friends and family who could educate them from exploited risks</p> <p>Social isolation: No beneficent person within the older person's social network to recognize, mitigate, or report financial exploitation</p> <p>Loneliness: Patients may engage potential exploiters as a mechanism of restoring social connections</p>
Environmental/social	<p>Wealth concentration: High concentration of wealth in older populations makes them targets of potential exploiters</p> <p>Information overload: Complex offering of products and services may paradoxically reduce sound decision making in the aging brain</p> <p>Sophisticated marketing: The aging brain may be more susceptible to increasing use of behavioral economics and cognitive neuroscience to sway consumers</p>

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- <https://www.marketplace.org/2019/05/16/brains-losses-protect-seniors-financial-scams-how-to-talk/>

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Marketplace.org




BRAINS AND LOSSES

Age of fraud: Are seniors more vulnerable to financial scams?


Changes to the brain make seniors prime targets for financial fraud.




Brains and Losses
If you're worried about scams, change your password



Brains and Losses
The top financial scams of 2018



Brains and Losses
Scammers target seniors—here's how to talk about it



Brains and Losses
Where to find more information on elder financial vulnerability

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Aging Well

- **“Live to 100: Secrets of the Blue Zones” on Netflix**
- Dan Buettner wrote *The Blue Zones* in 2008
 - People reach age 100 at rates 10 times general population
 - Okinawa, Costa Rica, Loma Linda (CA) and Sardinia
- Spend 200 minutes a day interacting with people (non-connected seniors have 7X higher risk of death)
- “Ikigai” = why I get up in the morning
- Plant based diet “plant slant”
- Move naturally (gardening, walking)
- Seniors expected to contribute; cooking, child care: “have a tribe”

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In summary: Aging Well

- Get up and move!
- Eat for your age
- Stay engaged
- Get good sleep
- Mind your meds

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Gigi Alice’s (age 102 here) secrets of living well; not in any particular order

- Black coffee
 - very hot
- White wine
 - very cold
- Loads of friends
- Crosswords
- **A really good HDL**

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Thank You!!

- Victoria Braund
- vbraund@northshore.org

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References: Driving

- Addressing the Complex Needs of an Aging Population, JAMA 9/1/23
- Don't Ruin My Life--Aging and Driving in the 21st Century, NEJM 2/21/19
- Clinicians Guide to Assessing and Counseling Older Drivers, JAGS, Jan2016

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References: Hearing

- jhucochlearcenter.org
- Dementia Prevention, Intervention, and Care, Lancet 2020
- A Geriatricians Guide to Hearing Loss, JAGS 2021

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References: Deprescribing

- Why Too Many Vitamins Feels Just About Right, JAMA 6/21/22
- Deprescribing.org
- Deprescribing is an Essential Part of Good Prescribing, Am Fam Physician 1/1/2019
- Uptodate.com

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References: Home Safety/ Finances

- aarp.org
- marketplace.org
- Falls in Older Adults, JAMA June 2019
- Assessing Financial Capacity in Patients with Alzheimer Disease, archneuro.com, June 2000
- Scam Awareness Related to Alz Dementia and MCI, Ann Int Med 2019

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What is Failure to Thrive ??

- Hard to define: unexplained physical or cognitive deterioration
- AKA the “dwindles”, functional decline, “getting older”
- Very common, esp. in the oldest-old
- How much is aging vs. disease??

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Causes of Failure to Thrive

- **Any** medical problem can cause these symptoms in the elderly
- Start with basic history & physical
- This lecture focuses on common but challenging causes of frailty
 - Dementia
 - Depression
 - Functional disability

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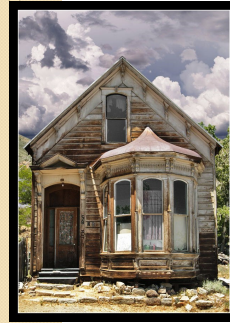
The Shifting Balance of Power; moving from family to caregiver

- Balance independence and safety
- Making decisions
 - Alone or together
 - Limit options
 - "Let's go look at these two assisted living places"
- Quietly take the lead...



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Live Alone, Caregiver, or Relocate?



- Risks versus security
- Family must weigh risks/benefits
- Finances??
- What are the options?

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Natural History of FTT/ Frailty

- If an etiology can be found, the prognosis related to that condition
- If no clear etiology, prognosis can be poor
 - See patient frequently
 - Update family
 - Consider palliative care, or eventually hospice

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Concept of Frailty

- Frailty is multifactorial
 - "precision gerontology"
 - Warning signs:
 - Multimorbidity (> 5 diseases), slow walking speed (< 1m/sec), inability to climb flight of stairs and/or walk one block, rise from chair 5 times with arms folded.
 - MEASURING GAIT SHOULD BE THE SIXTH VITAL SIGN!!
 - Check B12, vit D and TSH, orthostasis

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Thinking about the future


- Peggy: "taking me out feet first"
- Start the conversation BEFORE the need arises
- Encourage older adult to be involved in decisions
 - Alice moved to Chicago at age 99!

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Senior Housing Options:

- At Home with assistance:
 - Part-time or fulltime
 - Evaluate things like stairs
 - Family is "employer"; all private pay
- Assisted living
 - "If you've seen on ALF, you've seen one ALF"
 - Assistance with meds, ADLS
 - All private pay
 - Cannot have trach, GTs, more than stage one skin breakdown
- Memory Care
 - Like ALF, but with more focus on security, structure
 - All private pay
- Nursing Home
 - For total care, decubs, or ATC care
 - All private pay

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ALL ARE PRIVATE PAY!! CASH, CHECK, OR CHARGE!!