



GERIATRIC PEARLS:

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WHAT IS A PEARL?

- Clinical pearls are best defined as small bits of free standing, clinically relevant information based on experience or observation. They are part of the vast domain of experience-based medicine, and can be helpful in dealing with clinical problems for which controlled data do not exist.
- <https://www.researchgate.net/publication/23288526>

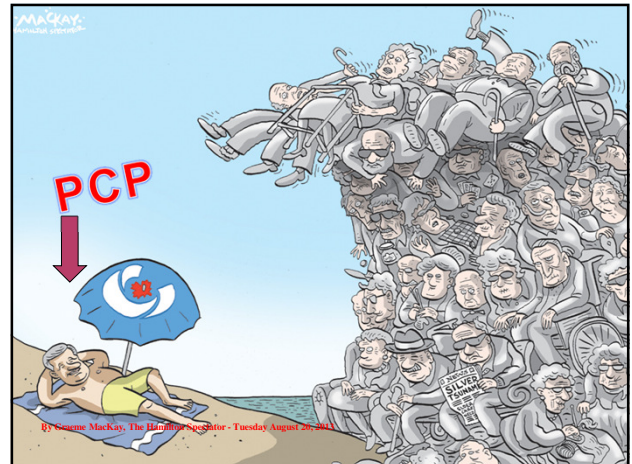
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PEARL #1:

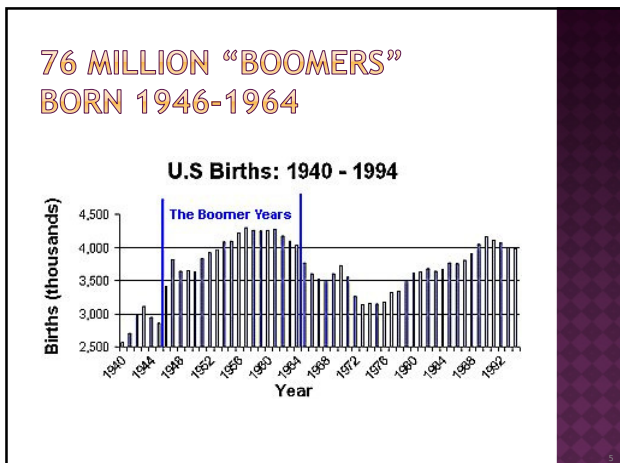
The “Silver Tsunami” is here!

So... everyone is a GERIATRICIAN

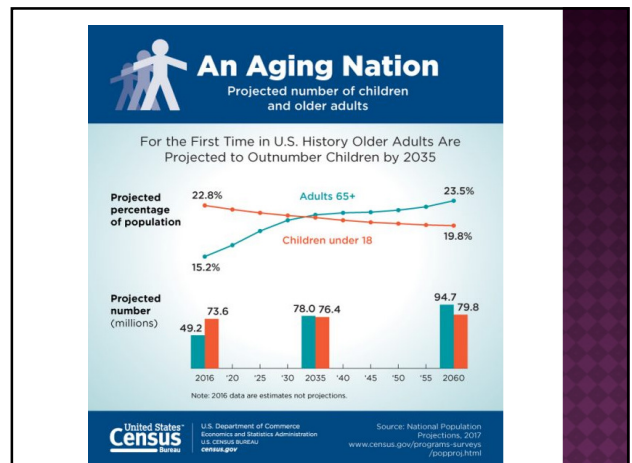
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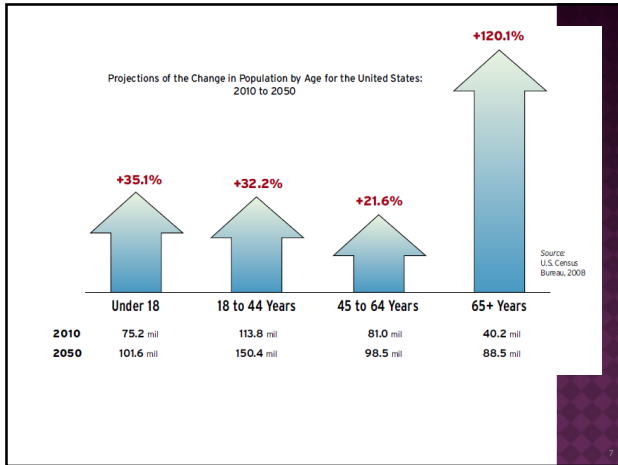
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PEARL 2#: DOC, HOW LONG DOES SHE HAVE?

- Prognosis determines
 - Aggressiveness of CV risk factor control
 - Consideration of life decisions
 - Travel
 - Housing
 - Finances

check out eprognosis.com

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EPROGNOSIS.COM HOW LONG DO I HAVE???

RESULTS
SCREENING FOR BREAST OR COLONRECTAL CANCER IS MORE LIKELY TO HELP THIS PERSON THAN TO HARM THEM. THIS SCREENING WOULD GENERALLY BE RECOMMENDED.

LEARN MORE: 100 people will experience harm in this scenario. 1 will experience benefit from breast or colorectal cancer screening. 100 people will experience harm in this scenario.

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PEARL #2: WHAT SHOULD I FOCUS ON? EPROGNOSIS.ORG

Interventions:

- Intensive Blood Pressure Control* (Generally recommended)
- Statins for Primary Prevention* (Generally not recommended)
- Intensive Glycemic Control* (Generally recommended)
- Biphosphonates for Osteoporosis* (Generally recommended)
- Colorectal Cancer Screening* (Generally recommended)
- Mammography* (Generally recommended)
- Mammography after breast cancer* (Generally recommended)

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PEARL #3: DO I NEED MAMMOGRAM? EPROGNOSIS.ORG

Below are the causes of death among women age 85 or older who die in the next 5 years

Cause of Death	Number of Women
Heart Disease	310
Other	265
Cancer not breast	95
Stroke	80
Dementia	50
Chronic Lung Disease	30
Infection	20
Accidents	20
Kidney Disease	20
Blood Pressure	20
Sugar	20
High Blood Pressure	20
Breast Cancer	20

Many more women age 85 and older die of heart disease than breast cancer.

https://eprognosis.ucsf.edu/decision_aids/Mammography_85.pdf

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DOC, DO I NEED A MAMMOGRAM?

What else happens to 1,000 women age 85 or older who CONTINUE to or DO NOT have mammograms over 5 years?

Women your age who CONTINUE to have mammograms:

- 3 are diagnosed with a pre-cancer
- 17 are diagnosed with a small breast cancer
- 2 are diagnosed with a breast cancer that has spread outside the breast
- 979 are not diagnosed with breast cancer

Women your age who DO NOT have mammograms:

- 0 are diagnosed with pre-cancer
- 9 are diagnosed with a small breast cancer
- 3 are diagnosed with a breast cancer that has spread outside the breast
- 988 are not diagnosed with breast cancer

Summary: - Women who have mammograms are more likely to be diagnosed with small breast cancers. - Some of these breast cancers would never have caused problems but these women get treatment. - One more woman out of 1,000 who does not have a mammogram is diagnosed with breast cancer that has spread outside the breast.

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MAYBE YOU SHOULD GET THAT MAMMOGRAM!

- David Reuben, chief of geriatrics at UCLA's medical school, says he just saw a patient like that. "She was 86 years old, and I told her that in her state of health, we need to be thinking about the next 15 years. She has a good chance of living over 100."
- Reuben ordered a mammogram - a test not routinely recommended for women that age, who are very unlikely to die of breast cancer before they die of something else.

<https://blog.aarp.org/bulletin-today/eprognosis-life-expectancy-website-older-patients>

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PEARL #4: DOC, WHAT SHOULD MY BLOOD PRESSURE BE?

Mark A. Supiano. Circulation. New Guidelines and SPRINT Results. Volume: 140, Issue: 12, Pages: 976-978, DOI: (10.1161/CIRCULATIONAHA.119.037872)

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PEARL #: DOC, WHAT SHOULD MY BLOOD PRESSURE BE?

- Ugh, so many studies....
- SPRINT is not real life
 - They had special SPRINT BP machines
 - It took 10" to check
 - "Parking raises your BP"
 - White coat hypertension is a thing!
- TargetBP.org
 - Great infographics
- Validate BP.org
 - To help patients choose a good BP machine

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CHECK OUT TARGETBP.ORG

TARGET:BP

BP Improvement | Self-Measured BP | Best Practices | Events | Tools & Downloads

Home / BP Improvement program / BP Positioning Tool

BP POSITIONING TOOL

Resolve all 6 issues to unlock resources by clicking on the red circles below.

Skip challenge, view positioning resources

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CHECKING BP IS SO COMPLICATED!

TARGET:BP | AMA

- USE CORRECT CUFF SIZE: Cuff too small adds 10 mmHg
- PUT CUFF ON BARE ARM: Cuff over clothing adds 3-5 mmHg
- SUPPORT ARM AT HEART LEVEL: Unsupported arm adds 10 mmHg
- KEEP LEGS UNCROSSED: Crossing legs adds 4 mmHg
- DO NOT TALK OR MOVE: Talking or moving adds 10 mmHg
- DO NOT HAVE A CONVERSATION: Talking or moving adds 10 mmHg
- DO IT AGAIN FIRST: Full bladder adds 10 mmHg

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The current positioning errors can result in inaccurate blood pressure measure ment. Higher measured values of how improper positioning can potentially impact blood pressure readings.

Sources:
 1. Findings of a Recommendations for Blood Pressure Measurement of Humans. Blood Pressure Measurement in Humans. Part 1: Blood Pressure Measurement in Humans. Circulation. 2010;121:501-514.
 2. Howler. J. The importance of accurate blood pressure measurement. The Hypertension Specialist. 2008;1(1):1-3.

This 7 tip infographic to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original infographic content can be found at www.targetbp.org/ama-jhu-journal-hypertension-blood-pressure-resources.

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BP LOWERING NOT ESSENTIAL FOR EVERYONE

OPTIMISE

Is it safe to deprescribe blood pressure lowering medications in older adults? Results from the OPTIMISE trial

Summary: This trial suggests that antihypertensive medication reduction can be achieved without substantial change in blood pressure control in some older, frail patients with hypertension.

Population: Patients aged 80+ taking 2 or more antihypertensive with self-reported frailty, blood pressure <150 mmHg

Comparison: 569 (48.5%) vs 515 (51.5%)

Findings: 87.7% vs 86.4% (Number of events: 1287 vs 1282)

Primary outcomes: 48.5% vs 51.5% (Number of events: 1287 vs 1282)

Secondary outcomes: 130.8 vs 133.7 (Number of events: 2.6 vs 1.8)

NIHR National Institute for Health Research

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PEARL #4: DOC, WHAT SHOULD MY BLOOD PRESSURE BE?








- ◉ SPRINT published 2015
- ◉ ACC/AHA recommended BP goal of 130 in 2017
- ◉ SPRINT MIND published 2019
- ◉ OPTIMISE study from UK JAMA 2020

- ◉ Think how would an adverse event affect THIS pt?
 - syncope, AKI, low BP

- ◉ Treat intensively for pts with 10-15 years life expectancy

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PEARL #5: MANAGING CONSTIPATION

Bristol stool chart	
	Type 1 Separate hard lumps, like nuts (hard to pass)
	Type 2 Sausage-shaped, but lumpy
	Type 3 Sausage-shaped, but with cracks on surface
	Type 4 Sausage or snake like, smooth and soft
	Type 5 Soft blobs with clear-cut edges (easy to pass)
	Type 6 Fluffy pieces with ragged edges, mushy
	Type 7 Watery, no solid pieces (entirely liquid)

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TREATMENT OF CONSTIPATION:

- ◉ Lifestyle Modifications
 - Scheduled Voids, Increased Water Intake, Fiber Diet
 - Prunes are magic; have every day!!
- ◉ Osmotic Laxative (Miralax®)
 - EVERY DAY if on opioids
- ◉ Stimulant laxative (senna)
 - Colace® is wimpy
- ◉ Dulcolax® suppository
- ◉ Tap water enema
- ◉ Evaluate for need for disimpaction

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PEARL #6: FALLS!

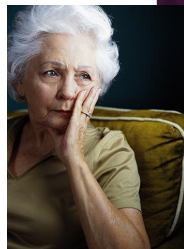
- ◉ One third of seniors fall every year
- ◉ Half are “frequent fallers”
- ◉ Risk of falls increases each decade



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WHY ARE FALLS A BIG DEAL???

- ◉ 1% of falls → hip fractures
- ◉ 6% of falls → any fractures
- ◉ Soft tissue injuries
- ◉ Fear of falling



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- ◉ In 2015, estimated cost of falls > \$50 billion

<https://www.cdc.gov/homeandcommunityprevention/about/ey/falls/fallcost.html>



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EVALUATION OF A FALL

- Check blood pressure
 - *Lying, standing, standing at 3"*
- Medication review—always
- Vision, hearing referrals
- Check feet
- Check gait, **in the hall!**

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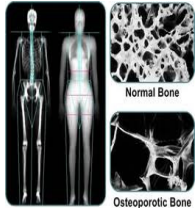
ASSISTIVE DEVICES

- MUST. USE.
- Period.



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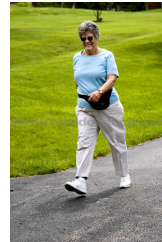
PEARL #7: OSTEOPOROSIS SOME FALLS WILL JUST HAPPEN..



- Osteoporosis can increase the risk of fractures
- Screen men and women
 - Esp if history of fracture
 - Esp if dementia/ Parkinsons
- Screening can direct osteoporosis therapy

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FOR ALL PATIENTS WITH OSTEOPOROSIS: NON-PHARMACOLOGICAL TREATMENTS



- Weight bearing exercises
 - Walking
 - Calisthenics
- Tai Chi
 - This helps prevent falls too!
- Vitamin D supplementation
 - Hard to get in the diet
 - Aim for level ~40-50

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RECOMMEND AN EMERGENCY RESPONSE SYSTEM..

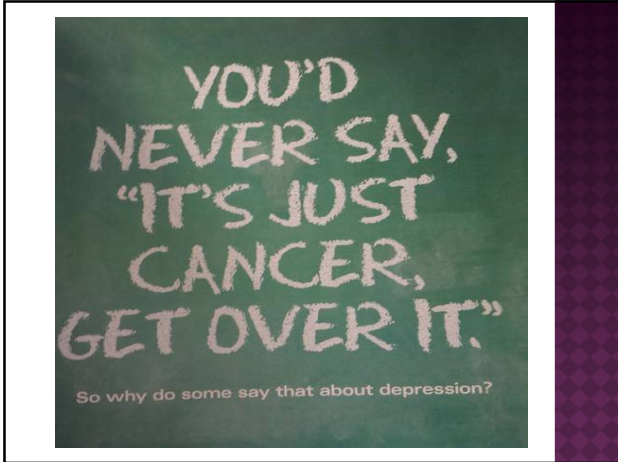
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PEARL #8: I'M SO DEPRESSED

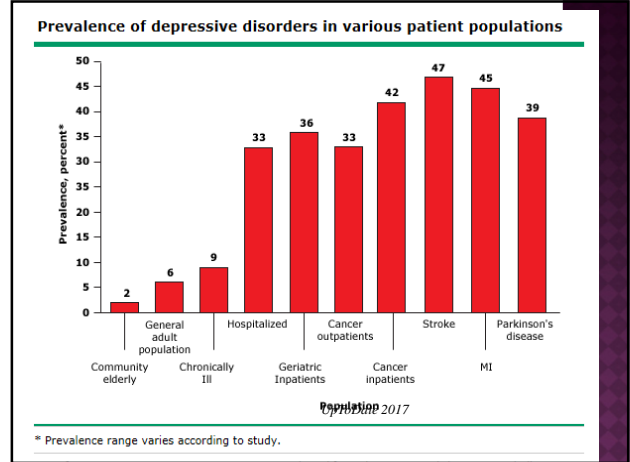


- Widely misunderstood; patients, families, and providers think old, sick people are *supposed* to be depressed
- Under-diagnosed
- Undertreated
- An opportunity to improve someone's quality of life

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IMPACT OF DEPRESSION: COSTS

Vincent van Gogh's 1890 painting

- More office visits
- More ED visits
- More meds
 - Rx and OTC
- Longer hospital stays
- Overall higher healthcare costs

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A WORD ON SUICIDE:

White men over 85 have the highest rate of completed suicides! Risk factors:

- Medically ill
- Impending NH placement
- Chronic pain
- Social isolation
- Family history of suicide
- Previous attempt

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DIAGNOSING DEPRESSION

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MAJOR DEPRESSIVE DISORDER

- More intense than being blue
- Lasts for an extended time
- Causes dysfunction
- DSM IV criteria for Major Depressive Disorder
 - Must have 1 of these 2
 - Depressed mood
 - Loss of interest
 - Plus these other symptoms to equal 5 total
 - Sleep, energy, appetite, worthlessness, concentration, suicidal ideation, helpless, hopeless, guilt,

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LATE LIFE DEPRESSION

- Depression higher in women, medically ill, or long term care residents
- **Rarely** presents with sadness
- Usually presents with poor appetite, sleep, energy level, concentration
- Patients are irritable, argumentative, indecisive

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WHAT ME? DEPRESSED?

- Seniors will deny “depression”
 - “I’ll just deal with it”
 - “I’m not crazy”
- Better to focus on symptoms and their impact on function



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WHAT YOU MIGHT HEAR ...

- “I can’t focus”
- “She’s not interested in her usual activities”
- “My energy is low”
- “My short-term memory is shot”
- “I lost my car in the parking lot”
- “My husband’s “selective attention” is worse. He doesn’t listen to me.”

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Short Patient Health Questionnaire (PHQ-2)

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
Feeling down, depressed, or hopeless	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
Total point score:	

Score interpretation^[1]:

PHQ-2 score	Probability of major depressive disorder (percent)	Probability of any depressive disorder (percent)
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9

Reference:
1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284.
PHQ-2 reproduced with the permission of Pfizer, Inc.

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PHQ-9 depression questionnaire

Name: _____ Date: _____

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
Total _____ =	—	+	++	+++

PHQ-9 score ≥10: Likely major depression

Depression score ranges:

5 to 9: mild
10 to 14: moderate
15 to 19: moderately severe
20: severe

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
_____	—	—	—	—

PHQ-9 Patient Health Questionnaire.
Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute.

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DIFFERENTIAL DIAGNOSIS AND WORKUP OF DEPRESSION

- Get a good history
 - Round up all the symptoms
 - Good pain assessment
 - Geri depression tool (PHQ-9, etc)
- Talk to the PCP about previous history, treatment
- Review old records
- Ask about alcohol
- Of course, assess the family and home situation

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HOW IS DEPRESSION DIFFERENT IN THE ELDERLY?

- Less verbalization of emotion or guilt
- Minimization of depressed mood
- Preoccupation with somatic symptoms
- Cognitive impairment
 - Dementia vs. depression is a good reason for neuropsych testing
- Persistent hopelessness

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DIFFERENTIAL DIAGNOSIS & WORKUP OF DEPRESSION

- **Medications!**
 - See next slide....
- **Medical conditions**
 - Thyroid, B12, diabetes, etc
 - Early dementia or Parkinson's
 - Infections (UTI?)
 - Chronic pain or other untreated symptoms
 - Pancreatic cancer...

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DIFFERENTIAL DIAGNOSIS AND WORKUP OF DEPRESSION

- **Physical Exam**
 - weight, height, cleanliness and grooming
- **Labs: almost always normal!**
 - CBC, Chem15, TSH, B12, UA are the basics
 - consider ESR, HIV, RPR, tox screen, chest x-ray in appropriate clinical situations
- **Neuroimaging (CT or MRI)???** —almost always normal

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ARE MEDICATIONS CONTRIBUTING?

- Pain medications
- High blood pressure medications
 - *Rare nowadays*
- Hormones
 - estrogen, progesterone, prednisone
- Cardiac medications
 - digitalis, propranolol
- Alcohol
- Herbals, supplements

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MANAGEMENT OF DEPRESSION

- Optimal treatment is combined psychotherapy and medication therapy
- However psychotherapy (by SW, PhD, or MD) is often difficult to access and poorly reimbursed
- Consider community resources, such as Adult Day Care, volunteers, pastoral care

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"It's for my depression. Go get your own."

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THE CASE OF GEORGE, A 78 YEAR OLD MAN

- He comes in frequently about dizziness, sore muscles, constipation, sleep issues
- His daughter reports more irritability and anger over the last year
- His wife died two years ago
- He moved in with his daughter 3 months ago after a fall



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THE CASE OF EVA, AN 80 YEAR OLD

- History of CHF, DM, OA
- Poor sleep, some weight loss from poor appetite
- “Pain all over”
- No longer able to get out to grocery or errands
- Is she depressed?



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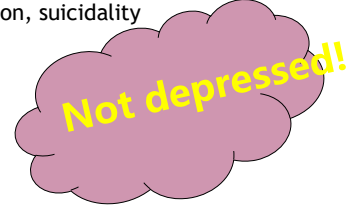
EVA

- She denies depressed mood or lack of pleasure in things
- Endorses trouble with sleep, appetite, energy
- No issues with loss of interest, guilt, concentration, suicidality

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EVA

- She denies depressed mood or lack of pleasure in things
- Endorses trouble with sleep, appetite, energy
- No issues with loss of interest, guilt, concentration, suicidality



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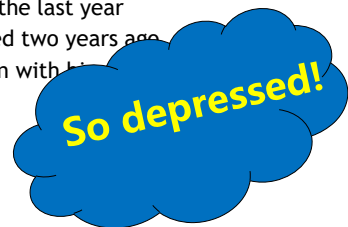
GRIEF VS. DEPRESSION

	Grief	Depression
Definition	Feelings that results from a particular loss	Feelings that have no specific basis
Symptoms and signs	Sleep and appetite disturbances, poor concentration, social withdrawal	Sleep and appetite disturbances,, poor concentration, social withdrawal AND Hopelessness, guilt, anhedonia
Other factors	Still can enjoy things Comes in waves Able to look forward	Enjoys very little Constant No hope for future

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THE CASE OF GEORGE, A 78 YEAR OLD MAN

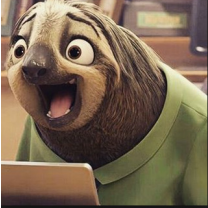
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PEARL #9:

The key is to LAUGH!



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ENJOY YOUR OLDER PATIENTS!

They are amazing people with wonderful stories



- How did you meet your spouse?
- What kind of work did you do?
- What do you do for fun?

<https://photos.state.gov/libraries>

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LOOK OUT 2030...

When the oldest Baby Boomers hit 85!...



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RESOURCES

<https://agefully.me/#/home>
from [Center for Aging Research and Education](#) at UW Madison

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