

A Tale of Two Seniors

Ontario PsychoGeriatric
Association

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Objectives

- Review the two cases using a comprehensive geriatric approach
- Exchange ideas based on different approaches to assessment
- Understand system issues

Family Medicine Geriatric Training

- Medical school clerkship
 - 2 weeks (8 weeks of surgery)
 - Not mandatory in all schools
- Lots of older people in their training
- One month of Geriatric Medicine

Care of the Elderly Family Doctors

Hogan, Proceedings and Recommendations of the 2007 Banff Conference on the Future of Geriatrics in Canada

- 2 year residency after med school
- Care of the elderly certificate
 - 6 to 12 months extra training in geriatrics
 - **125** trained since 1990
 - 2006-7: **10** in training
- In contrast, ER certificates for family MD
 - **1005** trained since 1988
 - 2006-7: **90** in training

Geriatric psychiatry

Hogan 2007

- Not a specialty recognized by the Royal College
- About 200 members of Canadian Academy of Geriatric Psychiatry
 - Over 4000 psychiatrists in Canada
- 5 year training in psychiatry
 - 22 trained in last 3 years

Geriatricians

Hogan 2007

- Subspecialty of internal medicine
 - 3 year internal medicine residency
 - 2+ years geriatric medicine residency
- 211 in Canada
 - Estimates 500 required (CGS, BGS)
 - Most affiliated with medical schools
 - 3 new English speaking, 3 French speaking in 2007

Who do geriatricians see?

- Mainly people aged 65 or over with
 - geriatric conditions
 - multiple chronic medical diseases
 - at risk of institutionalization, stressed caregivers
- Patients
 - In hospital
 - In clinics or at home
 - Long-term care
- Occasionally younger patients with geriatric conditions

What do geriatricians do?

- Comprehensive Geriatric Assessment assesses
- *Requires 90 minutes*
- *Multidisciplinary approach is essential*

What else do geriatricians do?

- Program development and consulting
- Teaching
- Research
- Advocacy

Premises of Geriatrics

- Homeostenosis
 - Non-Oslerian approach to patient
 - Need to assess and maximize
 - Effects of aging
 - Medical Conditions
 - Psychiatric Conditions
 - Medication Effects
 - Social
 - Environmental
- Comprehensive Geriatric Assessment

Bob



- 84 years old and lives alone
- Eldest of 3; born and raised in TO
- University educated, engineer at large company, successful, traveled
- Joan was the “kin-keeper” and they used to ballroom dance, garden
- Wife Joan died suddenly of a heart attack, 2 years ago
- Daughter (out west) and a married son
- **Medically:** hypertension, osteoarthritis, hearing impairment, past hx of prostate cancer
- **Mental health:** not going out, memory not as sharp, drinking to pass the time and “ease the pain”, “*better off dead*”, losing some weight

Mary



- 75 years old, married and lives with husband John (81 years of age)
- Born in Newfoundland- youngest of 4
- Grade 10 education and worked in the family fishing business
- Married, together came to Ontario in the 60's, not able to have children
- Worked in manufacturing, enjoyed country music, playing cards, cooking, John loves old cars
- **Medically:** NIDDM, some problems with urine incontinence, arthritis
- **Mental health:** diagnosed with paranoid schizophrenia around 39 years of age, was hearing voices, delusions of persecution- managed well for a period of time; currently has increased memory problems, needs help with ADLs, actively psychotic, resisting medications, no official diagnosis related to cognitive changes
- High caregiver stress and elevated BP

Blood work

- Complete blood count (to rule out anemia)
- - Thyroid stimulating hormone (to rule out hypothyroidism)
- - Serum electrolytes (to rule out hyponatremia)
- - Serum calcium (to rule out hypercalcemia)
- - Serum fasting glucose (to rule out hyperglycemia)
- serum vitamin B12 level

What are we missing in the assessment?

- Corroborating history
- Functional assessment – not just I/D
 - How long?
 - Why?
 - leisure
- Physical exam

Medication Review

- 🔑 Need to physically look at pills with patient
- 🔑 Look at the bottles (date, number, instructions)
- 🔑 Corroborating Hx if needed (pill count, pharmacy)
- 🔑 ETOH

Geriatric History: Medication Review

- What are they taking (OTC, someone else's)?
- What aren't they taking?
- How are they taking (own system, dossette, who does it, for how long)?
- What time of day do they take it?

Management

- Any condition
 - What are non-pharmacologic interventions?
 - Pharmacologic interventions?

System Issues

- Time
- Environment
- Expertise
- Accessibility

Hearing Loss

- 3rd most prevalent condition among older adults
- Linked to social isolation, depression, confusion, “negative behaviour”, impaired performance on cognitive tests
- Older adult may underestimate impact
- Reluctant to ask for repetition

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Visual impairment

- Age related changes affect acuity in low level light and situations of glare, longer to recover from glare exposure
- Increased rate of cataract (acuity, glare), macular degeneration (central vision), glaucoma (peripheral vision)
- Strokes and dementia also affect vision

Diabetes

- Dx: fasting glucose > 7.0 on 2 separate occasions
- HbA1C – reflects control over last 3 months
- Cognition is worse with uncontrolled diabetes

Pain

- ↓ mobility
- isolation
- depression
- caregiver stress
- Hypertension (NSAID's)
- narcotics