

Focus

Hot tips on managing the elderly

Dealing with dementia

- we can always provide good care if not a cure
- offer carer education through the Alzheimer's Foundation
- good diagnosis is part of good treatment

Polypharmacy in the elderly

- narrow your formulary and know the few drugs you use well
- "go low, go slow!" The geriatrician's mantra for prescribing
- frailty may be a good indicator of potential for drug metabolism problems
- be constantly pruning older people's drug regimens



Depression in the elderly

- vascular depression, due to ischaemic changes in the brain, is common in older people
 - this presents as a late onset depression
 - it is resistant to treatment
- antidepressants take much longer to work in the elderly
 - 40 per cent effective at four weeks

Hearing loss

- call the Hearing Association for all your problems, 09 524 9847 (outside Auckland check for local association)
- see a proper audiologist, not someone flogging a product!
- consider buying an assistive device for the medical centre, for your deaf patients to wear, when they come to see you (Dick Smith Electronics \$250)
- hearing aids are half the price (\$2000 not \$4000) if purchased through the hospital
- new hearing aids require a lot of follow-up and training to use successfully. Their success depends mostly upon the person's cognitive health
- loop systems dramatically improve people's hearing of TV and phone

Resuscitation in the elderly

- outcome depends on comorbidity and function – not age alone
- the evidence shows survival after CPR of only 0-2 per cent in nursing home residents who are functionally dependent and have more than two acute diseases (JAGS 1992, study of 180 nursing home resuscitation attempts)
- base your decision over CPR on its futility, rather than judgemental views on quality of life. Futility means no benefit is possible. Health professionals have no obligation to provide futile treatments
- if the patient is incompetent, discuss resuscitation issues with relatives

Preventing falls and responding to them

- 70 per cent effective at seven weeks
- wait 12 weeks before you say the drug hasn't worked!
- SSRI first line: check serum sodium as hyponatraemia is common, especially if also on a diuretic
- when starting an SSRI, make daily phone calls to encourage the patient: "Keep taking it. It will work!"

What help is available?

- make use of ACC funding where appropriate
- when claiming funding emphasise the disability not the medical conditions

- hip fractures in the over 65-year-olds have a 30 per cent mortality at one year
- risk factors: sedation and more than three drugs, the highest predictors
- hip protectors are of value

Dealing with difficult behaviour

- use a behavioural modification approach
- meet staff/family and engage their observations, ideas and commitment to reinforce good behaviour
- use rewards not punishment

Acute confusional states

The five leading causes of delirium are:

- fluid/electrolyte disturbance
- infection
- medication toxicity
- metabolic derangement
- sensory and environmental disturbance