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Focus

Detecting and monitoring risk in older people

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KEY POINTS

- Most older people visit their GP regularly, allowing opportunities for screening
- Effective management systems within the practice can help ensure older people receive the care they need
- Immunisation against influenza has been shown to be clinically and cost-effective in the New Zealand setting in preventing pneumonia, hospitalisation and death in older people
- A Green Prescription is a positive way to encourage older people to think about the benefits of a healthy lifestyle
- Risk factors for patients over the age of 75 should be identified and recorded
- The RNZCGP Care of Older People resource provides a framework and tools to identify possible deterioration and ensure the best possible outcomes for older people

Ageing or illness?

"Far too many GPs confuse ageing with illness per se. 'What do you expect at your age', is a mindset that prevents them adquately investigating what might well be a treatable illness. It also upsets older people very much. They depart from a consultation feeling hurt and put-down in an ageist way. Therefore it is important for all GPs to understand the characteristics of disease effects in old age."
Dr Margaret Guthrie, National President, Age Concern

The RNZCGP believes that detection and timeliness of response is important to ensure the best outcomes for older people. The RNZCGP Care of Older People resource,1 highlights and supports promotion of older people staying active: physically, mentally and socially. It provides information and a range of resources to assist those who care for patients over 75 years who are either at home or in institutional care.

Many patients and GPs mistakenly suppose that symptoms such as aches and pains or memory loss are manifestations of the ageing process and accept them as such. Many symptoms may be the result of potentially treatable diseases and deterioration in older people can be rapid, difficult or impossible to reverse.2 The Care of Older People resource provides a framework and tools to identify possible deterioration and ensure the best possible outcomes for older people.

There are some risk factors that, if identified and dealt with, can make a difference to the wellbeing of older patients.

1. Screening

Consider screening as a tool to monitor the potential for other risk. Older people are high users of health care and it is estimated up to 86 per cent of older people will visit their GP in any one year. This is a good opportunity to screen for specific items during the visit, to assess health status, changing social status and function.

Quality care for older people ensures their needs are identified, that effective management systems are in place, and they are supported to remain ndependent and healthy for as long as possible.

Recording information on a regular basis will assist to identify patterns of illness, changed circumstances, the need for further assessment or support, or the ability to maintain the current living situation. Accurate recording of specific information in the records of elderly patients identifies patterns over time and provides data that assists GPs to predict problems. Information obtained from patients can be used to plan their care and identify education issues over time.

Box 1: Positive ageing/positive living

- Develop strategic alliances with other providers who can offer support and information. Know what is available in the community for older people
- Provide education about the benefits of regular exercise – 30 mins a day including walking, gardening, vacuuming, swimming, line dancing, etc
- Provide education about healthy nutrition – regular balanced meals including fruit and vegetables – lessen salt and fat intake
- Provide advice on sleep – without the use of medication
- Identify services that can provide support after a major loss and/or referral to a grief

2. Management systems

counsellor or social worker
- Encourage maintenance of social engagement and community involvement

Effective management systems in the practice can help ensure older people receive the services they need. As anexample, all older people are considered to be at risk of complications arising from influenza. It is a significant cause of mortality and morbidity for older people with haemodynamically significant cardiac disease, chronic lung disease, diabetes, chronic renal disease or immunosuppression. Immunisation of older people has been shown to be clinically and cost-effective in the New Zealand setting in preventing pneumonia, hospitalisation and death3 (see Box 1).

Box 2: Identification and recording of risk factors in older patients over the age of 75

TOPIC: Consider are we doing what we should be doing?

GPS are in a good position to identify risk factors and plan better management of care, develop strategies to prevent potential problems, support older people to remain in their own homes and delay the need for institutional care. For example, the high rate of suicide among older people is often associated with undiagnosed illness or other circumstances to do with being recently widowed, living alone, socially isolated, a physical or depressive illness, alcoholism or mild dementia.
There are some risk factors that, if identified and dealt with, can improve and make a difference to the wellbeing of elderly patients. Although routine screening of all elderly people has been shown to be of questionable benefit, it is important to detect those "at risk" of deteriorating health status or multiple problems and medication. Much of the information relevant to older people and their level of risk is known to the doctor, but not always noted in the case records.
Recording information on a regular basis will assist to identify patterns of illness, changed circumstances, the need for further assessment or support or the ability to maintain the current living situation. An awareness of the risk factors assists with management and actions taken by the practice team.

PLAN: Indicator chosen from the information available: Identify the risk factors that affect the quality of life for older patients over the age of 75 years. Criteria to measure the indicator:

- living alone • concern regarding own health • no caring family nearby
- significant memory problems • dependent on others • significant hearing problems
- housebound • significant visual problems • no hot meals some days
- more than three medications • deterioration in health status • financial stress

What is the standard you want to achieve?
That all risk factors are recorded for their presence or absence for patients over the age of 75

Set your own goals

DATA: Collect data – Where do you go to find it? Who should be involved?

CHECK: What is the gap between data results and your own expectations? What are you doing well? What can you change?

ACT: Make changes – What changes can be made to improve patient care?

REVIEW:

- Repeat the review activity at a later date
- Were the goals for improvement achieved?

The RNZCGP suggests effective management of immunisation is:

- developing an effective, current, accurate and accessible age-sex register (ASR) and disease register
- using the ASR and disease register for recalling older people for immunisation
- identifying and recording immunisations as they occur
- providing information on influenza immunisation to patients so they understand why it is important to vaccinate against influenza.

BOX 3: OLDER PEOPLE – IDENTIFYING OVERALL RISK

THIS CHART MEASURES RISK OVER A 10-YEAR PERIOD AND PROVIDES A BASIS FOR ONGOIN

Risk factor score + Activities of Daily Living (ADL) deficit = overall risk

(THE HIGHER THE SCORE, THE GREATER THE RISK AND NEED FOR ATTENTION) SCORE ONE EACH ADL DEFICIT

RISK FACTOR	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
LIVES ALONE											
NO CARING FAMILY NEARB											
DEPENDENT ON OTHERS											
HOUSEBOUND											
NO HOT MEAL SOME DAYS											
DETERIORATION HEALTH S											
CONCERN RE OWN HEALTH											
SIGNIFICANT MEMORY PRO											
SIGNIFICANT HEARING PRO											
SIGNIFICANT VISUAL PROB											
MORE THAN 3 MEDICATION											
FINANCIAL STRESS											
Total Risk Factors											
ADL Deficits Patient cannot do on own											
SHOPPING											
LIGHT HOUSEWORK											
COOK LIGHT MEAL											
WASH ALL OVER											
DRESS SELF (ZIPS/BUTTON											
WALK 50 METRES											
HANDLE OWN MONEY											
Total ADL Deficit											
Overall Risk											

3. Managing healthy lifestyles

The Hillary Commission4 launched a Green Prescription pilot scheme to promote and increase physical activity and exercise. It has been supported by GPs as a positive way to encourage older people to think about the benefits of healthy lifestyles (see Box 1).

Improving quality of care

This section is based on information from the RNZCGP resource Care of Older People.5 The activity outlined provides a framework for practices to review the care of patients over the age of 75 years.

References

1. The Royal New Zealand College of General Practitioners. Care of Older People. Responding to the needs of older people. Wellington, NZ. RNZCGP; 2000.
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4. Hillary Commission for Recreation and Sport. Moving a nation: strategic plan for 1993-1998. Wellington:Hillary Commission;1993.