ANTICIPATORY GUIDANCE: OLDER ADULT

NGR 5638 Health Promotion
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Anticipatory Guidance Presentation

Health Promotion
- Mental Health; Functional Limitations; Physical Activity

Health Protection
- Falls Prevention; Prevention of Elder Abuse, and, Exploitation

Disease Prevention
- USPSTF Recommendations; Management of Chronic Conditions; Life Expectancy; Vaccinations

Anticipatory Guidance
- Mental & Physical Health / Decline; USPSTF; Advance Directive Planning; Telehealth & Healthcare Literacy
Older Adult Population

- Age 65 and older

- Between 2015 and 2050 – World’s population over 60 years will nearly double from 12% to 22%

- By 2020 – Number of people 60 years and older will be greater than number younger than 5 years

- 2050 – 80% of older people will live in low- and middle-income countries

- All countries face the challenge of safeguarding social and health care systems of this demographic shift

(World Health Organization [WHO], 2016c)
Anticipatory Guidance

Goals

1. Health Promotion
2. Health Protection
3. Disease Prevention
Wellness Office Visits:

- 60% of older adults must manage 2 or more chronic conditions at the same time.
- Chronic illness can:
  - Impair quality of life
  - Increase hospitalizations
  - Contribute to patient mortality
- Regular wellness visits and improvements in access to primary care are important in chronic illness management
- Early diagnosis and effective management can:
  - Improve patient prognosis
  - Extend life

(Department of Health and Human Services, 2014)
Mental Health – According to the World Health Organization (WHO), more than 20% of adults age 60 and older suffer from mental or neurological disorder.

- Risk factors influencing older adults’ mental health include: loss of independence (decrease in physical ability), drop in socioeconomic status (retirement), bereavement (loss of loved one), and chronic disease.

- Early identification and treatment of mental, neurological and substance use disorders in older adults is key in ensuring optimal management (psychosocial and medication interventions are recommended).

- Promoting mental health in older adults largely involves strategies to guarantee that basic needs are met (security [i.e. safe housing], freedom, social support, physical activity etc.).

(WHO, 2016b)
Healthy People 2020 Objective: “Reduce the proportion of older adults who have moderate to severe functional limitations”.

(Department of Health and Human Services, 2014)

According to Colon-Emeric et al., greater disability than anticipated is found in those with multiple health conditions present (this is due to a lack of ability to compensate for one problem because of the presence of other competing problems).

(2013)

Older adults who are physically active have higher levels of functional health, lower risk of falling, and have decreased risk of moderate/severe functional and role limitations.

(WHO, 2016c)
Primary health care providers should integrate mental health assessments utilizing a standardized evidence-based evaluation tool into each office visit, beginning with the initial wellness visit.

Information obtained during the evaluation should be documented into the electronic medical record (EMR) to provide a baseline for future comparison by all health care providers.

(CDC, 2013)
The older adult exhibiting mental health changes such as depression, memory loss, or diminished cognitive function should be referred for appropriate testing, therapy, and counseling based on clinical findings.

Consider inclusion of family members or care givers in referrals to provide support for the patient.

(Edelman, C. L., Kudzma, E. C., & Mandle, C. L., 2014)
Health Promotion

**Physical Activity** – World Health Organization (WHO) has specific recommendations for older adults with goals to improve cardiorespiratory and muscular fitness, bone and functional health, and reduce the risk for non-communicable disease, depression, and cognitive decline.

1. Perform either 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous activity each week.

2. Aerobic activity should last at least 10 minutes.

(WHO, 2016c)
Physical Activity - continued

3. Individuals with poor mobility should perform balance-enhancing, falls-preventing exercises at least 3 times per week.

4. Muscle strengthening activities should be done at least 2 times per week.

5. If unable to perform recommended amounts of activity due to health condition, they should be as physically active as possible within their individual ability.

(WHO, 2016c)
Sensory Changes:
United States Preventive Services Task Force (USPSTF) has identified sensory changes and cognitive impairment as important considerations to the health and well-being of senior citizens and thereby developed the following screening recommendations.

Impaired Visual Acuity in Older Adults: Screening
Hearing Loss in Older Adults: Screening
Cognitive Impairment in Older Adults: Screening

While these recommendations have only garnered an "I" or inconclusive rating, research links each of these issues to safety concerns in the senior population.

(United States Preventive Services Task Force, 2016)
Impairment in cognition, vision and hearing present a documented risk to the health of older adults with direct links to:

- Falls
- Automobile Accidents
- Household Accidents
- Dysphagia including choking and aspiration

Elderly individuals with cognitive and sensory impairments are noted to have an increased mortality rate.

(Mitoku, Masaki, Ogata, Okamoto, 2016)
Falls are Serious and Costly
- One out of five falls causes a serious injury such as broken bones or a head injury.
- 2.8 million older people are treated in emergency departments for fall related injuries.
- Over 800,000 patients are hospitalized annually due to a fall injury, most often because of a head injury or hip fracture.
- At least 300,000 older people are hospitalized annually for hip fractures.
- More than 95% of hip fractures are caused by falling, usually by falling sideways.
- Falls are the most common cause of traumatic brain injuries (TBI).
- Direct medical costs for fall injuries are $31 billion annually.

(CDC, 2015)
Health Protection - Falls

STEADI Interventions: Start preventing falls with these 3 steps:
Screen for fall risk using these 3 questions:
1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?

REVIEW
Review and manage medications linked to falls.

RECOMMEND
Recommend vitamin D for improved bone, muscle, and nerve health.

(CDC, 2016d)
Primary health care providers should assess for osteoporosis, vision and hearing loss, and cognitive decline and provide resources to patients and their support systems to cope with functional limitations affecting their ability to perform activities of daily living, decrease quality of life, miscommunication, and loss of self-esteem.

Assess functional loss at each office visit and incorporate information and educational tools related to physical limitations.

Provide resources including: public and governmental agencies, community organizations to assist with potential mobility barriers within the home, transportation to medical visits and shopping, ability to safely obtain and administer medications, and socialization.

(Edelman, C. L., Kudzma, E. C., & Mandle, C. L., 2014)
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- Assess for risks of falls, review medication with potential to increase dizziness or sleepiness including prescription and over-the-counter medications.

- Assess for drug interactions during each office visit or admission to an acute care setting.

- Educate patient and family or care givers regarding environmental factors leading to or prevention of falls.

- Provide information regarding exercise options for the older adult within the community to enhance balance, muscle strength, increase bone density, and increase socialization (i.e. Silver Sneakers Program)

(CDC, 2016a)
Health Promotion

Diabetes Self-Management Benefits

➢ It is estimated that 25.9% of individuals 65 years and older suffer from diabetes (diagnosed and undiagnosed)

➢ Unmanaged, undiagnosed or poorly managed diagnosed diabetes can lead to complications including:

- Heart disease
- Stroke
- Blindness
- Kidney failure
- Lower-limb amputation
- Nerve disease and damage
- Non-alcoholic fatty liver disease
- Periodontal disease
- Hearing loss
- Erectile dysfunction
- Depression

(Department of Health and Human Services, 2014)
Diabetes Self-Management Benefits

- Offered through Medicare
- Provides 10 hours of diabetes self-management training during the calendar year of diagnosis
- Underutilized – 2008 baseline utilization = 2.0%
  2013 utilization = 0.6%

(Office of Disease Prevention and Health Promotion, 2016)
The United States Preventive Services Task Force (USPSTF) has developed a variety of recommendations focused on promoting the health and welfare of the older adult population.

- As of 2016 the USPSTF has published 23 recommendations that are inclusive of or specifically directed at what they identify as the senior population, individuals 65 years and older.

- Listed within this presentation are USPSTF recommendations which received ratings of:
  - A (high certainty of substantial benefit)
  - B (high certainty of moderate to substantial benefit) with significance to the senior population

(USPSTF, 2016)
1. High Blood Pressure Screening (A)
   • Recommended for all adults 18 and over.
2. Type II Diabetes Mellitus Screening (B)
   • Recommended for all overweight and obese adults age 40-70
3. Tobacco Cessation (A)
   • Recommended for all adults 18 and over who use tobacco
4. Colorectal Cancer Screening (A)
   • Recommended for all adults ages 50-75
      a. Stool test annually
      b. Sigmoidoscopy every 5 years
      c. Colonoscopy every 10 years

USPSTF Recommendations: (USPSTF, 2016)
USPSTF Recommendations:

5. Biennial Breast Cancer Screening via Mammogram (B)  
   Recommended for women age 50-74

6. Abdominal Aortic Aneurysm (AAA) Screening (B)  
   • Recommended for men age 65-75 with any history of smoking

7. Osteoporosis Screening (B)  
   • Recommended for women age 65 and older

8. Statin Use for the Prevention of Cardiovascular Disease (B)  
   • Recommended for at risk patients age 40-75

(USPSTF, 2016)
USPSTF Recommendations:

9. Depression Screening (B)
   • Recommended for all adults age 18 and over

10. Alcohol Misuse Screening (B)
    • Recommended for all adults age 18 and over

11. Latent Tuberculosis (TB) Screening (B)
    • Recommended for at risk individuals of all ages

12. Fall Prevention Assessment, Counseling, and Preventive Medication (B)
    • Recommended for all community living adults age 65 and over

(USPSTF, 2016)
The USPSTF is also in the process of researching and publishing recommendations of concern to older adults in the following areas:

1. Cardiovascular disease risk assessment
2. Prostate cancer screening
3. Skin cancer prevention
4. Gynecological condition screening
5. Elder abuse screening
6. Osteoporotic fracture screening
7. Vitamin D and Calcium to prevent fractures

(USPSTF, 2016)
Due to the increase in life expectancy coupled with the advent of virility and sexual enhancement medications, the importance of STD screening and counseling is of greater importance in the older adult population.

- Studies have shown an increase incidence in sexually transmitted diseases inclusive of syphilis, herpes, and HIV in persons 60 years and older.

- People 55 and over make up 26% of the individuals living with diagnosed and undiagnosed HIV infection in the U.S.

- These statistics justify an increase in STD screening and safe sex education in the older adult population.

(CDC, 2016b; Nunes, S., Azevedo, F., & Lisboa, C., 2016)
The Centers for Disease Control and Prevention recommend the following vaccines for all individuals 65 and older:

1. Influenza (annually)
2. Tdap booster every 10 years
3. Varicella (2 doses)
4. Shingles Zoster (1 dose)
5. Pneumococcal 13 (1 dose)
6. Pneumococcal 23 (1 dose)

(CDC, 2016e; USPSTF, 2016)
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- Provide comprehensive coordinated care across all health care settings including: primary care office, acute care facility, rehabilitation facility, home care, and skilled nursing facility.
  - Offer vaccines as appropriate
  - Assist with access to stroke and cardiac rehabilitation with a goal to return individuals to pre-event functional status

- Inform and educate older adult population regarding normal changes related to aging versus stereotypes or myths of aging.

- Health care providers need to seek out current information regarding care for the elderly and directly address issues related to abuse or neglect.

(Office of Disease Prevention and Health Promotion, 2014; CDC, 2016a)
USPSTF recommendations include:

- Exercise or physical therapy – group classes / at-home therapy

- Benefit of vitamin D supplementation for 12 months - 600IU for adults 50 to 70 years of age; 800 IU for adults older than 70 years of age – improve bone, muscle, and nerve health

- Falls assessment - included on the welcome to Medicare exam and annual Medicare exam – requires practices to use a valid or reliable evaluation tool

(CDC, 2016a)
Anticipatory Guidance

- Medicare benefits for screenings are underutilized by new beneficiaries due to:
  - Numerous screenings recommended for the older adult – health care providers need to prioritize assessments based on history and physical examination (i.e. colorectal or breast cancer, AAA, diabetes, and Alzheimer’s disease).

- Some screenings (i.e. AAA ultrasonography) only provided at no cost to the patient during the initial 6 to 12 months following Medicare enrollment; Less than 1% of eligible patients receive this screening.

- If abnormal finding is discovered, patient is now in surveillance program requiring co-payments for screenings.

(Chun et al., 2013; Kostun & Malik, 2016; USPSTF, 2016)
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Medicare benefits for screenings:

- Health care providers need to assess individuals based on associated risk factors due to asymptomatic nature of many cancers and chronic diseases in their early stages.

- Provide resources for emergency preparedness of the older adult

- Consider health literacy of older adult patient when developing plan of care

(Chun et al., 2013; Kostun & Malik, 2016; USPSTF, 2016)
Telehealth for Chronic Care Management:

- Provides continuous interaction between patient and health care provider
- Designed to promote positive outcomes
- Manage health issues including:
  - Diabetes
  - COPD (Chronic Obstructive Pulmonary Disease)
  - Anticoagulation
  - Atrial Fibrillation
  - Heart Failure
  - Hypertension
  - Hyperlipidemia
  - Pain

(American Geriatrics Society, 2016)
Need to develop and maintain therapeutic relationships with patients (i.e. face-to-face visits in office and/or online)

Patient-centered – avoid “one size fits all” approach; assess needs and health care literacy (i.e. cultural, socioeconomic, ethnic, gender)

Create technology that can be used on numerous devices (i.e. computer, tablet, smart phone)

Obtain older adult patient input on the development of telehealth tool (usability, content, therapeutic device management, screen size)

Provide ongoing training on use of telehealth tools

(Edelman, C. L., Kudzma, E. C., & Mandle, C. L., 2014)
Anticipatory Guidance: End-of-life Planning

Five Wishes

- Used in all 50 states – meets legal requirements for an advanced directive in 42 states and the District of Columbia

- Available in 28 languages – ability to use in any part of the world as a document for medical wishes

- Meets legal requirement as an advanced directive in the state of Florida

- Ability to customize to meet cultural, religious, and ethnic values of the individual

(Aging with Dignity, 2015)
Anticipatory Guidance: End-of-life Planning

➢ U.S. Living Will Registry
  • On-line database to store a Living Will
  • Sent electronically to any health care provider (primary care providers, hospitals, ambulatory surgical centers, skilled nursing facilities, home health agencies, and hospice)
  • Reviewed annually, fees associated with registry

➢ Durable Power of Attorney

(CDC, 2013; U.S. Living Will Registry, 2016)


References


References


Contributions

- Mary Baertlein
  - Created / provided content for slides: 1, 2, 3, 4, 8, 9, 15, 16, 17, 19, 27, 29, 30, 31, 32, 33, 34
  - Formatted and edited PP and references for consistency
  - Provided clip art and animations

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  - Created / provided content for slides: 5, 12, 13, 18, 20, 21, 22, 23, 24, 25, 26, 28
  - Reviewed and edited PP

- XXXXXXX Xxxx
  - Provided content for slides: 6, 7, 10, 11, 14

- Each group member provided references for content contributed to PP

Clip Art obtained from: https://www.google.com/search?q=images+of+active+older+adults&espv=2&biw=1920&bih=950&tbm=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiiqqY70nVQAhUB1CYKHc6GCQYQsAQIGQ&dpr=1