

# **Integrative Clinical Approach to Older Patients**

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# Ageing society

## ■ Macau

- Life expectancy 85 yrs in women, 79 yrs in men
- 65 yrs or older: 7% in 2006, 9% in 2016, 16% in 2026

## ■ Hong Kong

- Life expectancy 84 yrs in women, 79 yrs in men
- 65 yrs or older: 12% in 2008, 16% in 2018, 24% in 2028

# Older people

- More heterogeneous than young people
  - Biological
  - Functional (ability)
  - Social support
- Young old (65-74) – similar to adults
- Old old (75-84) – serious medical conditions, disability
- Very old 85+ - frailty

# Characteristics of older patients

- Less resources
  - Physiological
  - Cognitive function
  - Social support
  - financial
- Multiple pathology
- Drug therapy
  - polypharmacy
  - side effects
  - non-compliance

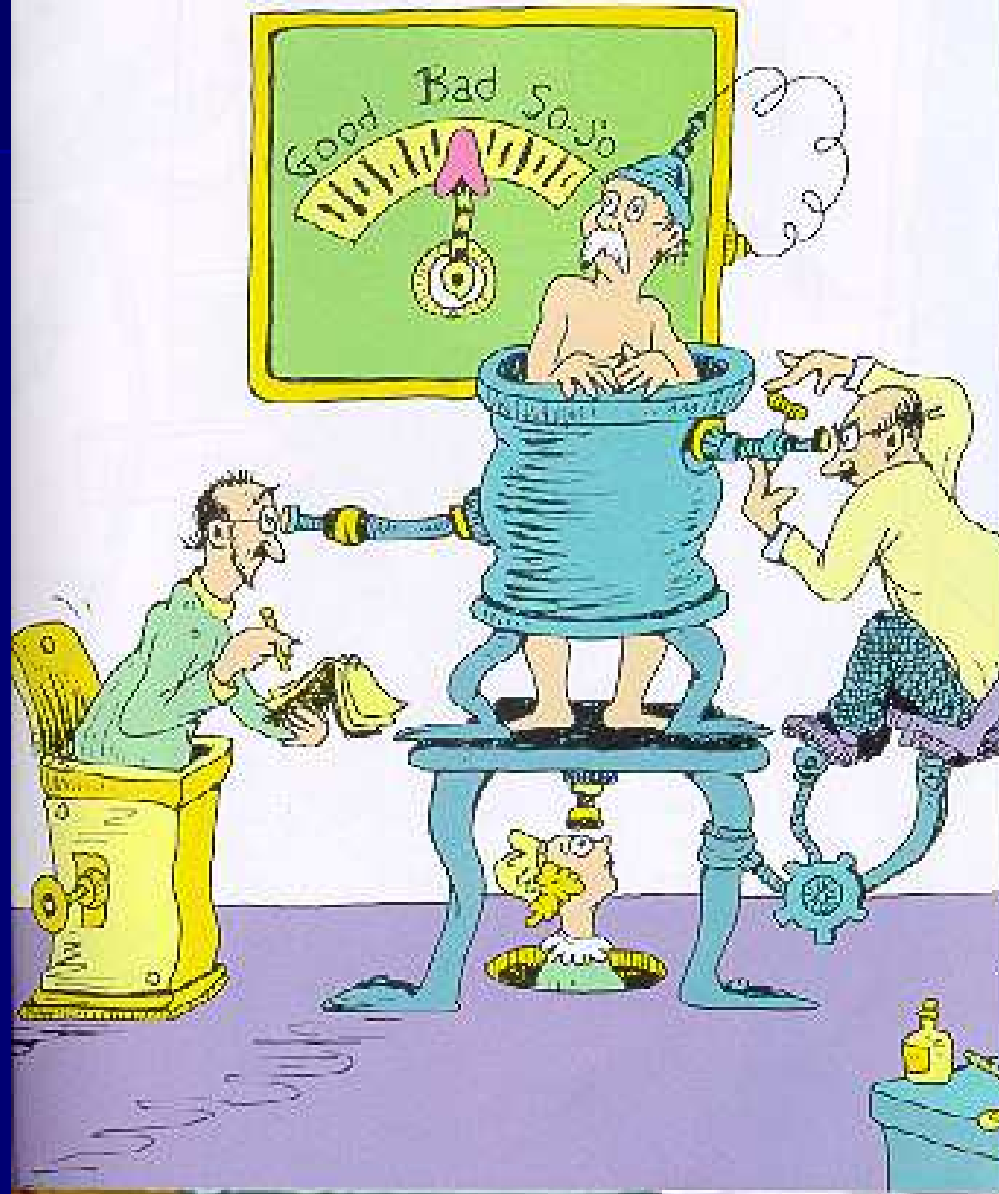
# Characteristics of older patients

- Late presentation
- Atypical symptoms
- Present as social problems
- Geriatric syndromes

# Geriatric Syndromes

- Immobility
- Instability
- Intellectual decline
- Incontinence
- Isolation
- Iatrogenesis

# Modern Medicine



# Need for Geriatric Approach

- Limitation of disease orientated approach
  - Multiple pathology
  - Psychosocial problems
- Common problems not addressed
  - confusion, malnutrition, incontinence, falls, immobility
- Ageism
  - patient, family, professional



# Ageism

- Most older people cannot look after themselves
- Burden to society
- Medical intervention and preventive measures are futile
- Low priority in health care resources

# Medical diagnosis in Older Patients

- Multiple
- Problem based
- Geriatric giants
- Identify precipitating factor

# Problem list of an 80 yrs old man

## Current

- Acute confusion
- \*Urinary tract infection
- Urinary retention
- Urinary incontinence

## Chronic

- Prostatic hypertrophy
- Hypertension
- Diabetes Mellitus
- Looks after disabled wife

# History taking in older patients

- Communication problems
- Multiple or No complaints
- Drug history
- Social history
  - accommodation, social network, finance
- Functional status
  - Basic activities of daily living (bed transfer, walking, toileting, bathing, combing, dressing)
  - Advanced ADL (finance, drug taking, telephone, shopping, housework, hobbies)

# Communication problems between Doctor and Older patients

- Dialect
- Impaired hearing and vision
- Low education
- Cognitive impairment
- Different outlook in life

# Patients with Cognitive impairment

- Poor description of symptoms, time sequence of events, associated factors
- Suggestible
- Suggested approach
  - Simple language
  - Breakup message into small parts
  - Relevant to real life of patients
  - Avoid the hypothetical statement
  - Always seek information from family caregivers

# Physical examination

- Vision
- Hearing
- Cognition
- Mood
- Nutritional status
- Feet
- Joints, Back
- Rectum

# Principles of Management of older patients

- Respect Patient's Autonomy
  - Ageism
  - Cognitive impairment
  - Family's wishes
- Involve family caregivers





# Principles of Management

- Consider the burden and risks of drugs, investigations and invasive procedures
- Multiple interventions
- Multidiscipline (include social)
- Continuity of care

# Team work





A Nursing home resident with recurrent strokes and aspiration pneumonia

Intellectual decline

Immobility

Instability

Incontinence

Isolation

Iatrogenesis

# Result of multidisciplinary interventions



# Case 1 (80 yrs old man)

## Current

- Acute confusion
- \*Urinary tract infection
- Urinary retention
- Urinary incontinence

## Chronic

- Prostatic hypertrophy
- Hypertension
- Diabetes Mellitus
- Looks after disabled wife

# Medical and Social implications

- Hospitalization
- Physical restraint for urine catheter and intravenous line
- Immobility
- Risk of fall
- Unstable Diabetes
- Nosocomial infection
- Lack of support for wife
- Old age home placement for the couple



# Geriatric Approach

- Hospital admission
- Oral Antibiotic
- Control of DM
- Avoid urinary catheter if possible
- Facilitate urination
  - Regular Toileting
  - Clear bowels
  - Encourage oral fluid
  - Alpha blocker



# Geriatric Approach

- Avoid physical restraint
- Small dose sedative if required
- Social worker to assess and arrange support for wife
- Physiotherapy to maintain mobility
- Occupational therapy to maintain orientation and assessment for home safety
- Case conference to plan for discharge

## Case 2

- 75 years old man with DM for 10 yrs
- Poor control in recent months
- Insulin being considered
- Lived alone
- Family lived apart
- Independent
- Eat out most of the time

# Questions

- Why has DM control deteriorated ?
  - Drug and dietary compliance
  - Motivation
- Can he manage insulin injections ?
  - Cognition
  - Vision
  - Hand function
  - Family support
  - Payment for community nurses

# Why do you live alone ?

- Angry that wife left him for a next door neighbour
- The couple have been hiding from him
- Lost contact with children after wife moved out
- No interest in living any longer but not suicidal

# Social worker report

- One year ago wife reported to police for physical abuse by patient
- Patient was questioned by police and send back home to live on his own
- Wife and children never visited him since

# Progress

- Monitored by community nurse
- Clinical admission to start insulin
- Community nursing support for insulin injection and DM monitoring
- Patient refused psychiatric assessment
- Family cannot be contacted

# Conclusion

- Medical and social problems in old age are closely related to each other
- Geriatric approach is applicable to all older patients, especially those with multiple diseases or disabilities

# Conclusion

- Doctors can improve quality of life of older patients by providing:
  - Comprehensive assessment
  - Optimal treatment
  - Professional Advice
  - Partnership with community care services



**Thank You**