Caregiver Education and Training Project
Regional Geriatric Programs of Ontario


DELIRIUM


MOBILITY

CONTINENCE


NUTRITION


PAIN


POLYPHARMACY


SOCIAL ENGAGEMENT

SF7

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Your Feedback on this Toolkit is Welcome

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About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers in each sector and provides self-management tools for older adults and their caregivers.

The toolkit is available by individual topic, as well as by all topics together. All SF7 toolkit options are available on our website: https://www.rgptoronto.ca/resources/


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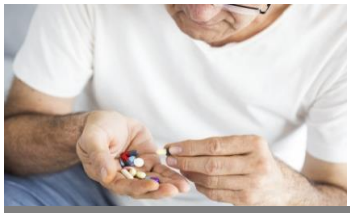
POLYPHARMACY


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Use of this toolkit

Senior Friendly 7 focuses on seven clinical areas which support resilience, independence, and quality of life. The content for healthcare providers is not intended to be exhaustive but is provided for guidance. The content for older adults and their caregivers is not intended to replace the advice of a physician or other qualified health provider.

Acknowledgments

The toolkit was created by the RGP of Toronto, and was informed by over 200 people, including clinical subject matter experts, older adults and their caregivers, and frontline healthcare providers who participated in co-creation events.

The RGP gratefully acknowledges the clinical review of this toolkit by XX, who is affiliated with XX

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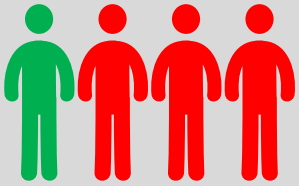
DELIRIUM TOOLKIT

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

What is delirium and how common is it?

DELIRIUM IS an acute disturbance in mental abilities that results in **confused thinking** and **reduced awareness** of the environment.

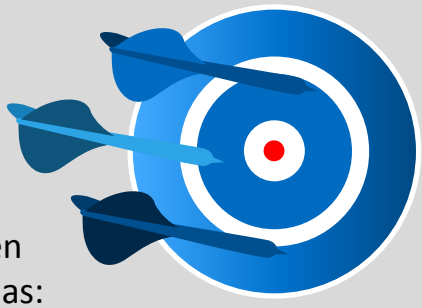
More COMMON than you might think!



Up to 75%

Up to 75% of older adults experience delirium after acute illness or surgery.[12]

Often MISDIAGNOSED or NOT DETECTED!



Sometimes mistaken for or documented as:

- confusion
- agitation
- depression
- dementia

KNOW THE SIGNS AND SYMPTOMS. They often **fluctuate** throughout the day, and there may be periods of no symptoms. Primary signs and symptoms[7] include changes in:

Perception of the environment such as:

- Lack of concentration and getting distracted easily.
- Not being able to respond to a question by getting stuck on a thought or an opinion.

Thinking skills such as:

- Poor recent memory
- Being disoriented to time and place
- Difficulty in comprehending speech, readings, and writings

Behavior such as:

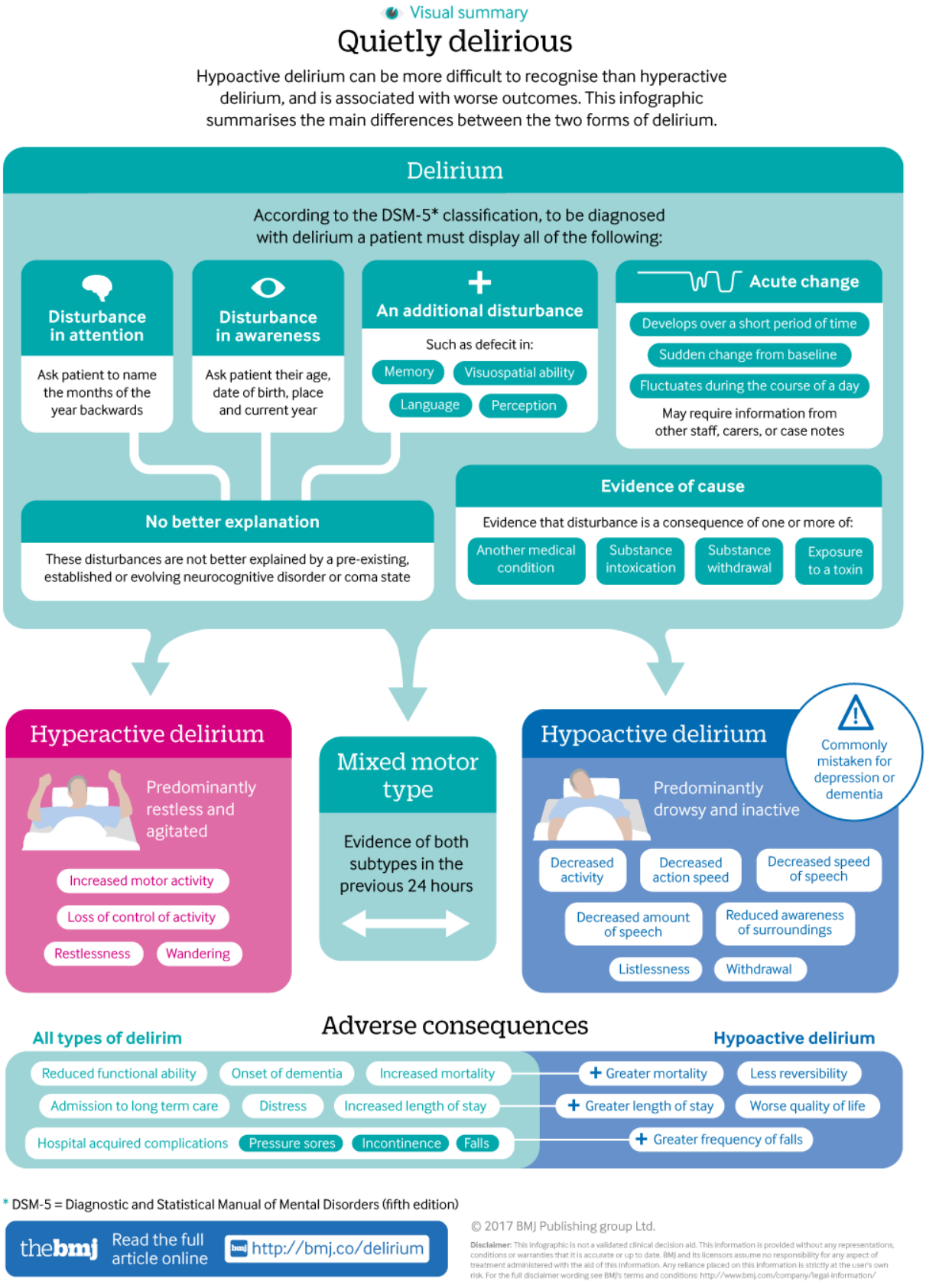
- Hallucination (seeing things that do not exist)
- Delayed response and movement
- Significant changes in sleep habits

Emotion such as:

- Rapid and unpredictable mood changes
- Feeling depressed or euphoric without reason

Delirium is a medical emergency which can be prevented and reversed!

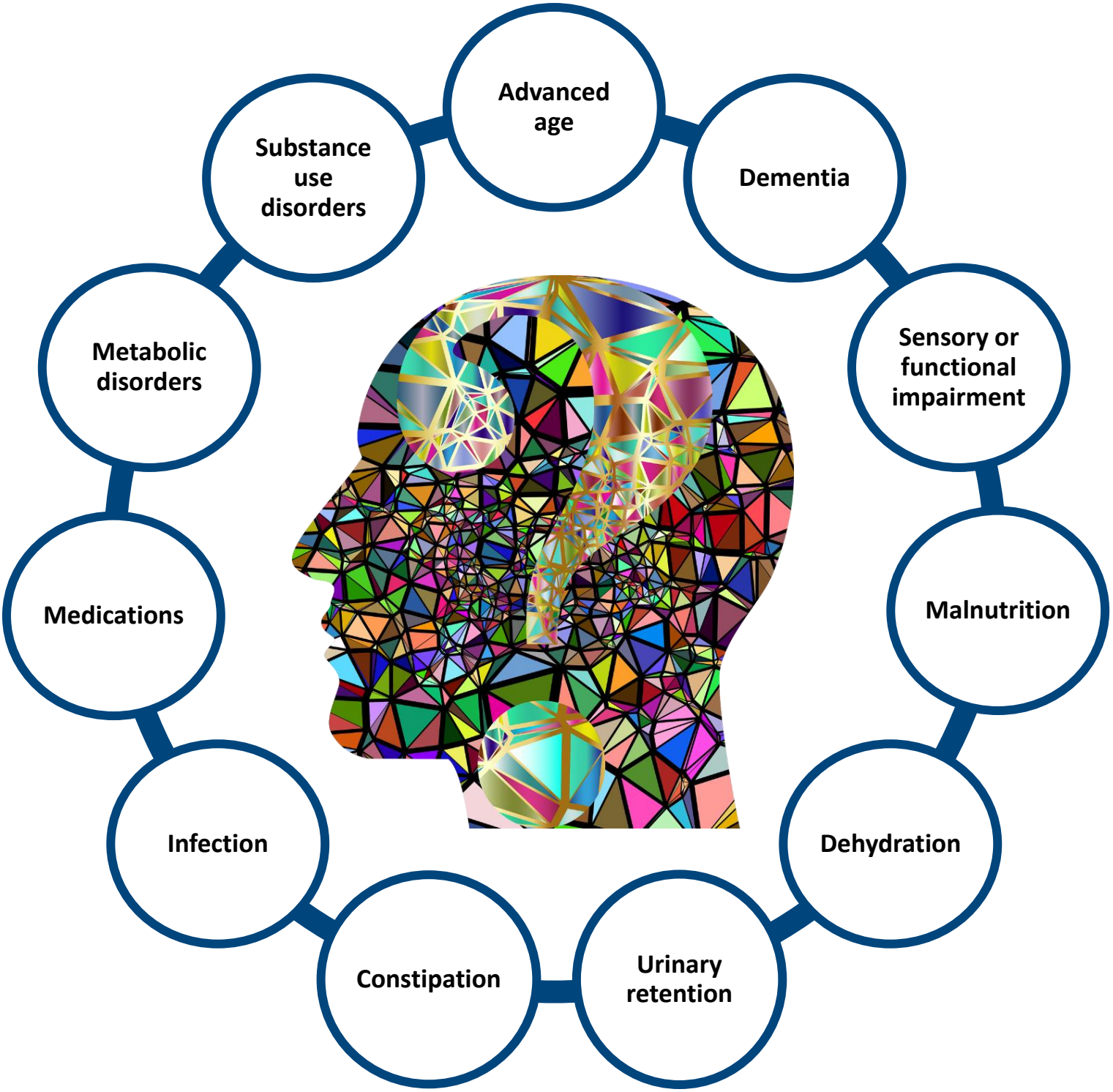
Identifying delirium + understanding consequences



Reproduced with permission from BMJ

Factors influencing delirium in older adults

AWARENESS of risk factors is a key to prevention and diagnosis. Some of the factors which can predispose someone to delirium or precipitate delirium include:



For more information, see the Assessment and Management in Delirium Patients Quick Reference Card *(Canadian Coalition for Seniors' Mental Health, 2010)*[4]

6 PROVEN STRATEGIES TO PREVENT DELIRIUM IN OLDER ADULTS

01

STIMULATING THE MIND

Promote daily socializing, reading, listening to music, completing mind challenge games (such as crossword puzzles), and activities or conversations that help remind older adults what day/month/year it is.

02

MOVING

Promote physical activity - at least 3 times a day.

03

SLEEPING WELL

Use techniques to promote relaxation and sufficient sleep.

04

SEEING AND HEARING

Ensure hearing aids and glasses are available at all times, if needed.

05

STAYING HYDRATED

Ensure plenty of fluids are taken throughout the day to avoid dehydration.

06

EATING

Ensure nutritious food is available throughout the day, and promote eating with others if possible.

DELIRIUM IS PREVENTABLE!

For all older adults, use these proven strategies to help prevent delirium*.

**If delirium develops, support the older adult by continuing to use these strategies.*

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Delirium information for older adults + family

DELIRIUM IS A MEDICAL EMERGENCY! Prompt recognition and treatment may reduce the likelihood of long term complications.

If you or your family member notice sudden changes in thinking, memory or personality you should report your concerns to a doctor or nurse immediately so that they can fully assess.

You may want to use this Delirium Detection Questionnaire for Caregivers, which highlights **7 CHANGES WHICH MAY HELP IDENTIFY DELIRIUM**. It can be used to help communicate your concerns to a doctor or nurse.

Delirium Detection Questionnaire for Caregivers

1. Altered level of awareness to the environment in any way different than being normally awake.
2. Reduced attentiveness; inability to focus on you during the interaction.
3. Fluctuation in awareness and attentiveness, such as drifting in and out during an interaction or through the day.
4. Disordered thinking; the response (whether verbal or action) is unrelated to the question or request.
5. Disorganized behaviour; purposeless, irrational, under-responsive or over-responsive to requests.
6. Unexplained impaired eating or drinking (excluding appetite); unable to perform the actions to feed oneself.
7. Unexplained difficulty with mobility or movement.

Learn more about The Sour Seven: Delirium Detection Questionnaire for Caregivers *(Trillium Health Partners, 2014)*

Learn more about delirium in the pamphlet Delirium Prevention and Care with Older Adults *(Canadian Coalition for Seniors' Mental Health, 2017)*[4]

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MOBILITY TOOLKIT

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The many benefits of mobilization

Mobilizing is one of the most important ways to **MAXIMIZE FUNCTION AND INDEPENDENCE.**

Skin

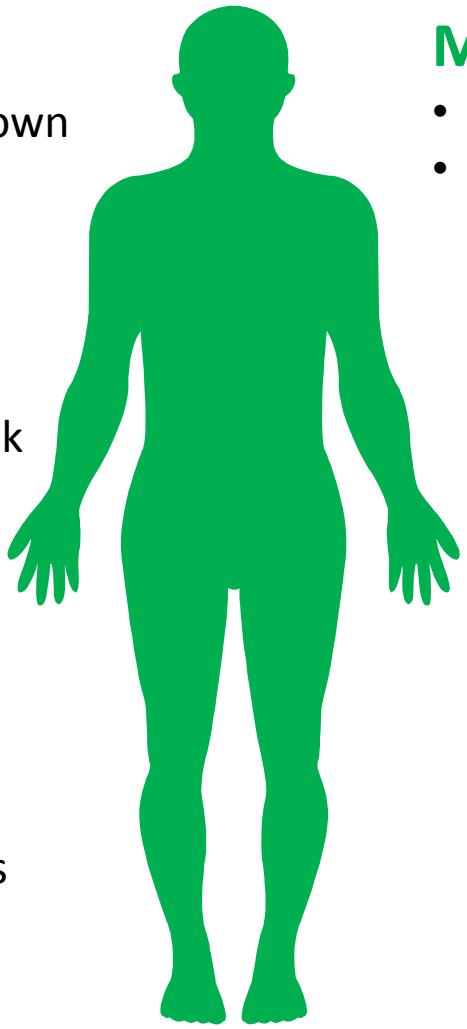
Prevents skin breakdown

Nutrition

- Improves appetite
- Lowers choking risk when eating

Muscles/Bones

- Improves strength
- Improves pain
- Strengthens bones



Memory/Mood

- Improves sleep and mood
- Decreases risk of confusion

Heart

Improves blood pressure and circulation

Lungs

- Improves breathing
- Helps to clear lungs
- Helps to fight infection

Benefits are achieved with even small amounts of activity!

Adapted from MOVE ON http://www.movescanada.ca/

PREVALENCE AND OUTCOMES OF IMMOBILIZATION IN OLDER ADULTS

In Hospital

Up to **83%** of time in hospital is spent **in bed** *(Brown, 2009)*

- Almost **35%** of **patients 70+ decline in function** after a hospital admission.
- Immobility **increases length of stay** and **decreases rate of return home**

In the Community

Only **14%** of older adults **aged 65–79** are meeting the Canadian **physical activity** guidelines of 150 minutes of moderate-to-vigorous physical activity per week in bouts of 10 minutes of more. *(Statistics Canada, 2014/15)*

- Immobility **shortens lifespan**
- Immobility **doubles the risk of functional disability** *(Hubbard, Parsons, Neilson & Carey, 2009)*
- Immobility **increases risk of falling**
- Immobility **increases level of assistance needed** for daily living

In Long-Term Care

75% of **awake time** in LTCH's is **sedentary** *(De Souto Barreto, 2016)*

- Immobility **increases level of assistance needed** for daily living

Onset of complications can occur within 24 hours of bed rest!

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Assessing mobility level

Determine the older adult's level of mobility.

move
Promoting mobilization

Simplified Mobility Assessment Algorithm

This algorithm can be used by all staff to determine mobility level

1. Able to respond to verbal stimuli?
2. Able to roll side to side?
3. Able to sit at edge of the bed?
4. Able to straighten one or both legs?
5. Able to stand?

→ **C** Cannot stand to transfer

6. Able to transfer to a chair?

→ **B** Bed to chair transfers

7. Able to walk a short distance?

→ **A** Ambulates

→ **Develop individualized mobility care plan**

The level of mobility can be used to guide an individualized mobility care plan that is tolerated, safe, and (ideally) fun! This may involve a specific program or just simply make a habit of incorporating mobilization into daily activities and socializing.

Mobilization is **POSSIBLE IN ALL CARE SETTINGS** - even in critical care!

Creating a mobility care plan

A personalized mobility care plan should be based on the older adult's level of mobility. It should incorporate core activities as well natural opportunities for mobilization in every day activities based on the older adult's preference.

Mobility level		Core mobilization activities	Natural opportunities for mobilization
A1	**A**mbulates independently	Ambulate 3x/day or more, with or without a gait aid	• Participate in personal care • Use the bathroom (BR) for toileting • Eat meals sitting in chair/wheelchair (WC) • Active range of motion exercises
A2	**A**mbulates with assistance		
B	**B**ed to chair transfers	Up to chair or wheelchair (WC) 3x/day or more	• Participate in personal care • Bathroom (BR)/commode chair for toileting • Eat meals sitting in chair/ wheelchair (WC) • Self-propel wheelchair (WC) • Active range of motions exercises
C	**C**annot stand to transfer	• Mechanical lift to chair /wheelchair (WC) • Active/passive repositioning every 2 hours	• Participating in personal care • Upright/side of bed/chair for meals • Standing with assistance • Active/passive ROM 3x/day and/or self-propel
Other opportunities for mobilization		Participating in personal care, toileting, up for meals, range or motion exercises	

Mobility information for older adults + family

Speak with your healthcare provider about the kind of physical activity that is recommended for you.

General Guidelines

If your mobility is not limited, aim for 2.5 hours of moderate level physical activity weekly, in sessions of at least 10 minutes.

> **TIP – moderate level physical activities** raise your heart and make you breathe a little faster. You should be able to talk but not be able to sing during the activity.

If your mobility is limited or you require assistance, aim to be as physically active as your abilities or condition allows, and do muscle strengthening at least twice a week.

Resources to help you get active

- The Canadian Physical Activity Toolkit for Older Adults (*Participaction, 2018)* includes Canadian physical activity guidelines, tips on fun ways to stay active, a movement log, an 8 week walking program, and helpful tips for staying active with various health conditions.
- To find activities in your community, visit: www.ontario.ca/page/seniors-connect-your-community

Build movement into daily activities. Some examples include:

- Walking to nearby stores
- Walking to the post box
- Getting off the bus one stop early
- Slow bouncing on toes while dishwashing
- Moving arms and legs even when you're sitting down or lying in bed.
- Picking hobbies for their movement potential e.g. swimming, dancing, or hiking

Moderate-intensity physical activities make you sweat a little and breath harder

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CONTINENCE TOOLKIT

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Prevalence and outcomes of urinary incontinence

Urinary incontinence is defined as involuntary loss of bladder control causing the release of urine.

Urinary incontinence is under-reported. Older adults may not want to discuss the issue, and healthcare providers may not ask.

Men and women of all ages

- Urinary incontinence can occur in adults of all ages. Approximately **5% of men and 7% of women** experience daily urinary incontinence. (10)

>84 years of age

- The prevalence of urinary incontinence increases with age. After age 84, approximately **15% of men and 24% of women** are reported to have urinary incontinence. (10)

Older adults in institutions

- The prevalence of urinary incontinence for older adults in institutions (such as long term care homes or hospitals) is approximately **37% for both men and women**. (10)

Urinary incontinence can have a significant impact on quality of life, including:

- depression
- falls
- loss of sexual intimacy
- social isolation
- pressure sores
- financial burden

Assessing urinary incontinence

Assessing for urinary incontinence can be challenging due to:

- Embarrassment, stigma or the misconception that urinary incontinence is a normal part of aging. This may prevent older adults from recognizing or discussing their symptoms
- Misunderstanding of what urinary incontinence is due to different definitions and terminology used.
- There are no validated screening tools for urinary incontinence, however **the following questions may be helpful to initiate a conversation about urinary incontinence** in a non-judgmental way:

✓ Does your bladder cause you concern or embarrassment?
✓ Do you leak urine before getting to the toilet? How often does this happen? Has this happened today?
✓ Are you rushing to the toilet or looking for a toilet frequently?

Adapted from health.vic State Government of Victoria, Australia https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/continence/continence-identifying

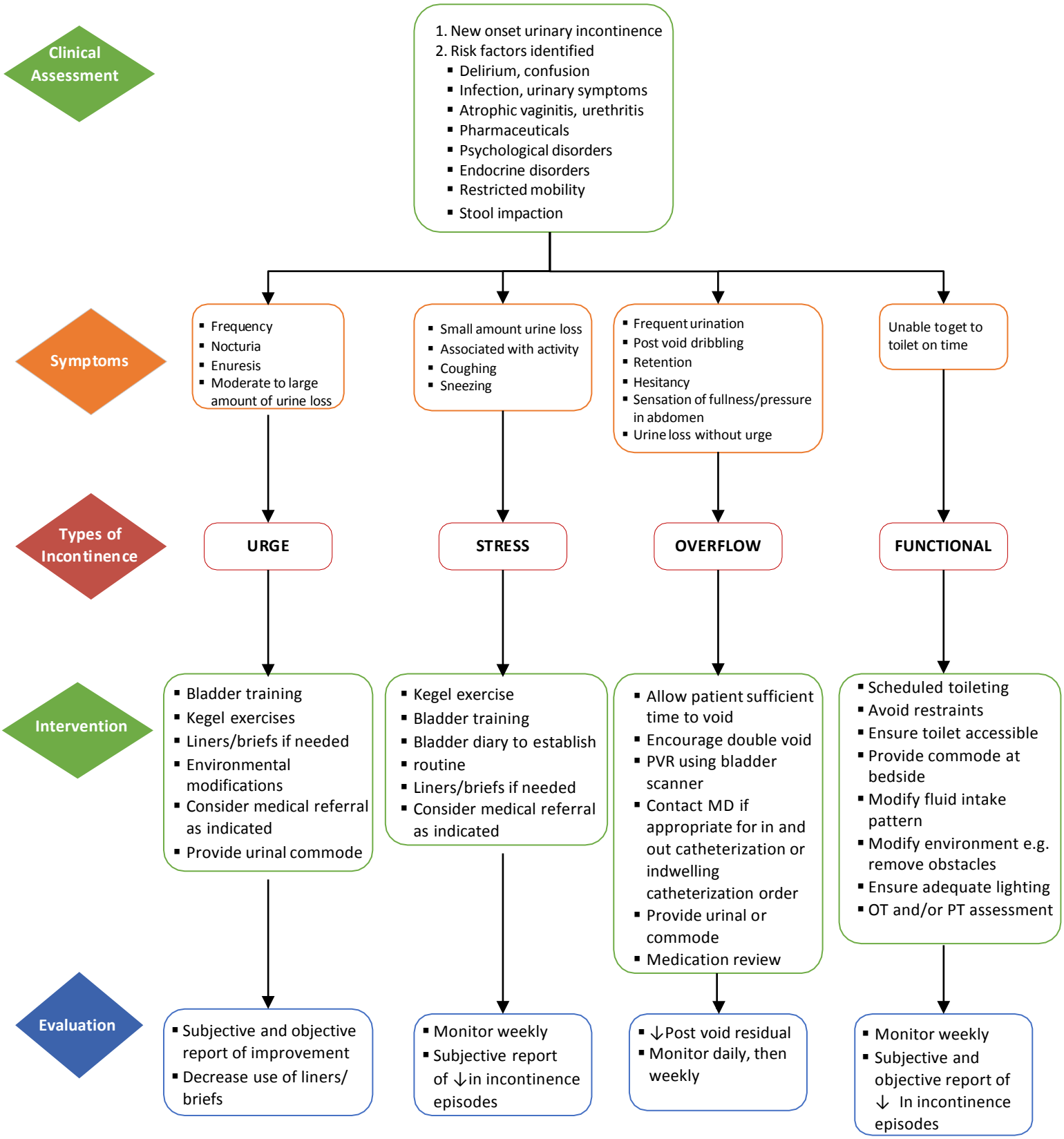
Urinary incontinence is not a normal part of aging! It is often a symptom of an underlying health problem. It can be treated or managed.

Types of urinary incontinence

Functional incontinence	Not being able to get to the toilet on time due to an issue outside the urinary system (e.g. mobility issues, cognition, medications).
Transient incontinence	Caused by reversible factors and can resolve or improve if the cause is treated. Eight reversible factors of urinary incontinence are : **1)** Delirium **2)** Infection (urinary, symptomatic) **3)** Atrophic urethritis and vaginitis **4)** Pharmaceuticals **5)** Psychological disorders, esp. depression **6)** Excessive urine output (e.g. from heart failure) **7)** Mobility **8)** Constipation
Stress incontinence	Leakage of small amounts of urine due to increased intra-abdominal pressure sometimes associated with sudden exertion (e.g. sneezing) and muscle weakness in the urinary system.
Urge incontinence	An inability to delay urination due to sudden bladder contractions causing uncontrollable urges, frequently at night; also referred to as unstable or overactive bladder
Overflow incontinence	Dribbling of urine associated with a distended bladder causing difficulty with voluntary voiding possibly caused by blockage or neurologic conditions.
Total incontinence	Due to the complete absence of urinary control which may cause continuous leakage or periodic, uncontrolled emptying.

Adapted from: The Canadian Continence Foundation [#]

Urinary incontinence care decision tree



Ruffo D. MScN, 2018. Adapted with permission.

Urinary incontinence information for older adults + family

Understand your urinary patterns and symptoms

Consider using the following tools to better understand your urinary patterns and symptoms:

- The Continence Symptom checklist *(The Canadian Continence Foundation)* is a quick questionnaire that will help you to identify the symptoms that you may be experiencing
- The Bladder Diary *(The Canadian Continence Foundation)* helps you document your daily bladder routine over a few days.

These two tools provide valuable information for your care provider to help assess and manage your symptoms

Speak to a healthcare provider

- While you may be embarrassed to discuss your urinary symptoms, your primary healthcare provider can help you manage this health condition by determining the cause of your symptoms and creating a care plan.

Maintain healthy bladder habits

Consider the following healthy bladder habits:

- Drink at least 6-8 cups of non-caffeinated fluids per day because concentrated urine can be more irritating to the bladder
- Reduce caffeine intake, including: coffee, tea, or cola.
- Avoid, or limit alcohol.
- Eat more fiber to avoid constipation.
- Avoid pushing when urinating.
- Empty your bladder completely every 3-4 hours during the day, and before going to sleep, whether you feel the urge to go or not.
- Maintain a healthy weight.
- Stay physically active.
- Avoid smoking.

Learn more about urinary incontinence

- You can learn a lot about continence and how to manage it in this comprehensive guide: The Source – Your Guide to Better Bladder Control *(Canadian Continence Foundation, 2018)*.
- You may find it useful to download this app on your phone Go Here Washroom Locator which offers assistance with finding public washrooms across Canada.

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NUTRITION TOOLKIT

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Nutritional risk in older adults

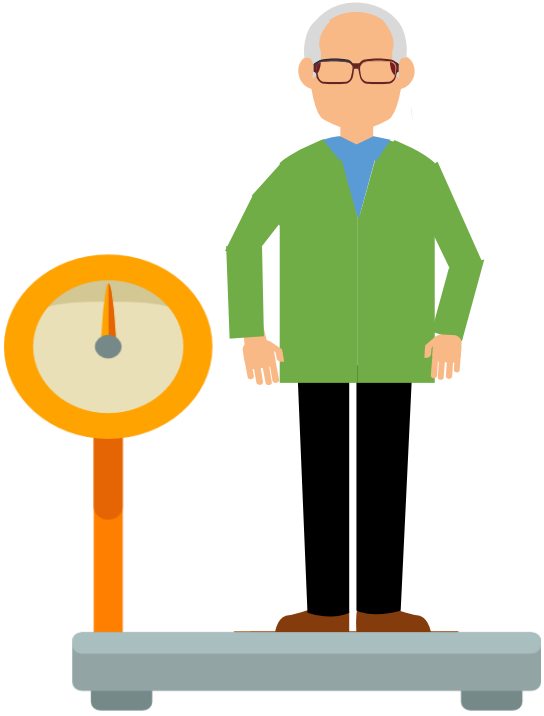
Good nutrition is an important aspect of a healthy lifestyle. If someone's diet is insufficient in vitamins or minerals , macronutrients, or energy to meet their body's requirements they may be at **nutritional risk**.[19]

Malnutrition is defined as a state resulting from lack of intake or uptake of nutrition that leads to altered body composition.[19]

Any imbalance between the nutrients that older adults need and those that they receive can result from two kinds of malnutrition:

1. **Overnutrition** comes from consuming too many calories or too much of any nutrient—protein, fat, carbohydrate, vitamin, mineral, or dietary supplement.
2. **Undernutrition** results from not consuming enough calories, protein, or nutrients.

(Merck Manual, 2018)[#]



- Nutritional risk increases at older ages[8]
- About **34%** of community-dwelling Canadian older adults aged 65 and over are at nutritional risk.*(Health Reports,2017)* [21]
- Malnutrition prevalence rates ranging from **12%** to **85%** in institutionalized older adults.[3,9,13]

Malnutrition is preventable and treatable

The many benefits of good nutrition

Memory/Mood

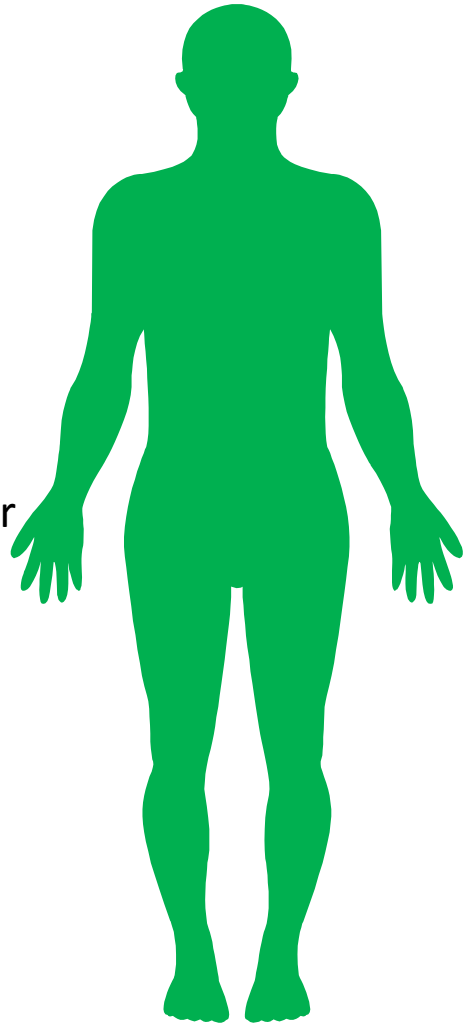
- Improves sleep and mood
- Decreases risk of confusion

Gastrointestinal

- Supports gut health and digestion
- Supports blood sugar

Muscles/Bones

- Improves strength
- Strengthens bones
- Supports weight management



Heart

- Supports blood pressure and cholesterol

Immunity

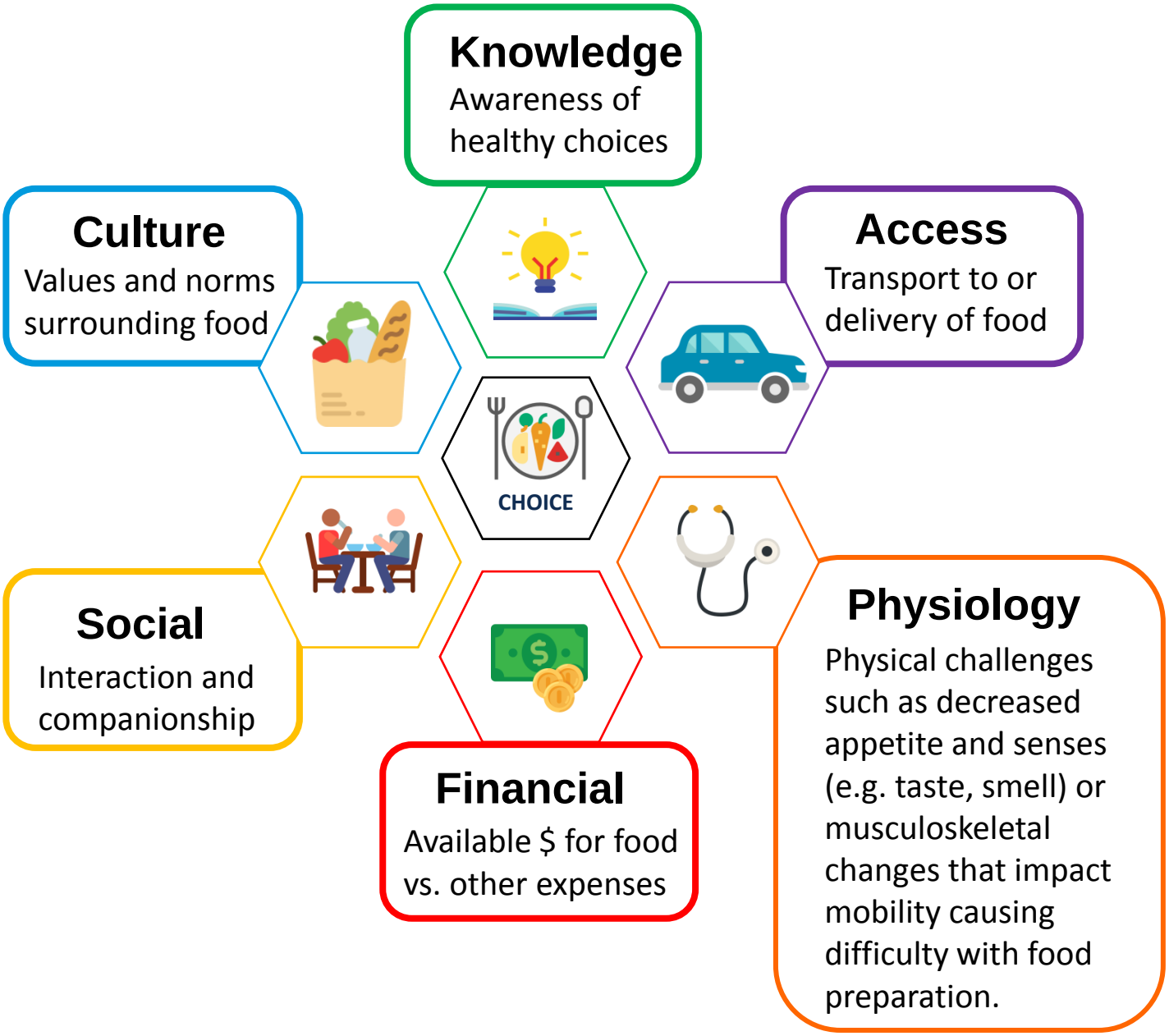
- Decreases risk of infections
- Helps prevent or manage osteoporosis, diabetes, heart disease and some cancers
- Improves ability to heal from illness or injury
- Improves drug metabolism

Adapted from: White Paper: "Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes". *The National Resource Center on Nutrition & Aging (Tilly, J. 2017)*[22]

Many factors influence nutrition in older adults

Health conditions, psychosocial factors, and food choices influence nutritional status in older adults.

Considerations for an older adult's food choices may include:



Nutrition information for older adults + families

Understand your eating habits

- You can assess your eating habits by using a tool such as the **Nutri-eSCREEN eating habits survey** *(Dr. Keller, H.)*. This online tool is designed to help older adults assess their eating habits and their risk of being malnourished. This tool also suggests resources for older adults at nutrition risk to improve their nutrition and support healthy aging. **Click here for this resource**.

Discuss with a healthcare professional

- Speak with your primary care provider about your nutritional concerns or questions so that they can provide the nutritional guidance that is right for you

Improving your nutritional status

- **A guide to healthy eating for older adults** *(Dr. Keller, H. & Eat Right Ontario)* is a very good resource that includes information such as maintaining a healthy weight, eating enough of the nutrients that older adults need, staying hydrated, nutrition on a budget, and healthy recipes. **Click here for this resource**.
- Resources in the community:
  - **Nutritional programs, meal delivery services and congregate dining** http://www.thehealthline.ca/ (after selecting your region, enter the search term “meals”).
  - **Support from a dietitian** through individual counselling or nutrition programs and workshops. To find a local dietitian www.dietitians.ca/find (there may be a fee) or:
    - Check with Public Health Units and Community Health Centres (CHC)
    - Ask your primary care provider if he or she is part of a Family Health Team that provides dietitian services.
    - If you receive homecare services, ask your case manager if a qualified dietitian is available for house calls.
    - Check with your local grocery store to see if they offer appointments with dietitians.

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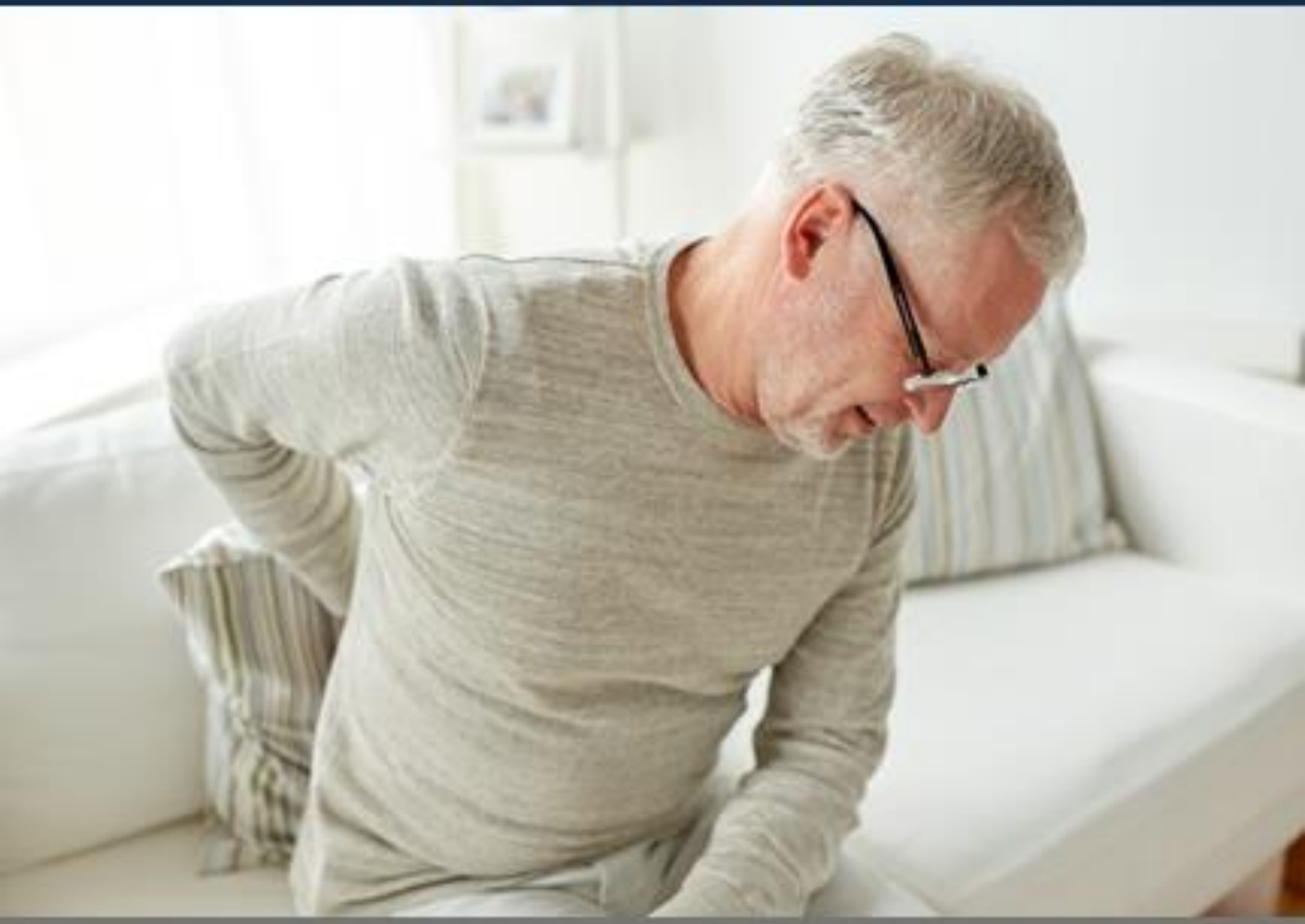


PAIN TOOLKIT

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

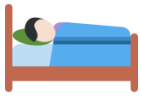
Prevalence of pain in older adults

Pain is a common experience for older adults and it is often under-reported. It is one of the most frequent causes of visits to the emergency department (ED) or hospital admissions.

1 in **5** Canadians suffer from Chronic pain[1, 2]

- The prevalence of pain increases with age [1,2,8,14,15]
- Prevalence estimates according to several studies in Canada are approximately up to **40%** in older adults in the community[1,2,6,14,15]
- Chronic pain is associated with a lower quality of life compared with other chronic conditions[13]

The following can be improved if pain is identified and appropriately managed:

Quality of Sleep —  sleep can improve by decreasing its interruption due to pain.

Mobility —  well-controlled pain increases older adults' ability to participate in physical activities.

Mood —  reducing pain can have a positive impact on the happiness and self-perceived health of older adults.[6]

Social engagement —  older adults may be more willing to participate in social activities.

Quality of life —  older adults may experience a better quality of life if their pain is adequately assessed and controlled.[6]

Types of pain

Acute Pain	An unpleasant sensory and emotional experience associated with tissue damage or recognizable disease process.
Chronic Pain	Prolonged pain lasting at least 3 months beyond the time of acute tissue damage or recognizable disease process.
Allodynia	Sensation of pain in response to a stimulus that does not normally produce pain (e.g. light touch).
Breakthrough Pain	Pain that continues despite treatment or emerges before the next treatment is implemented.
Neuropathic Pain	Acute or chronic pain that is primarily caused by dysfunction in the nervous system rather than obvious tissue damage.
Nociceptive Pain	Acute or chronic pain caused by injury to joints, bones, connective tissue, muscles, and internal organs.
Referred Pain	Acute or chronic pain that is felt at a location other than the site of injury.
Refractory Pain	Pain that is resistant to usual treatment approaches.

Adapted from : Pain-Types Terminology www.geriatricpain.org *by The university of Iowa 2018* [#], the Acute Pain Service Handbook *(McCartney C. et al, 2010)* [10]

Asking about pain:

The following **7** questions can help to engage older adults in conversations about the presence of pain:

1. **Are you feeling any aching/soreness/or pain now?**
2. **Do you hurt anywhere?**
3. **Are you having any discomfort?**
4. **Have you taken any medications for pain?**
5. **Have you any aching or soreness that kept you up at night?**
6. **Have you had any trouble with any or your usual day-to-day activities?**
7. **How intense is your pain?**

Note: Further assessment might be needed according to the intensity and disability caused by pain.

Adapted from: Registered Nurses' Association of Ontario (2013). *Assessment and Management of Pain (3rd ed.). Toronto, ON*[16]

Understanding pain from the older adults' perspective

Exploring attitudes and beliefs about pain with older adults can help to guide the management plan.

Pain assessment and management strategies

- All older adults with chronic pain should have a comprehensive geriatric pain assessment.
- A comprehensive assessment can guide selection of treatments most likely to benefit the patient and identify targets for intervention besides pain relief.
- It is important to provide information and education to clarify any misunderstandings about pain and its treatment.
- A holistic approach that includes both drug and non-drug strategies for pain is recommended.
- Involve and engage family members and caregivers and seek out other resources that can help to reinforce adherence to treatment and maintain gains from treatment.

Adapted from: Management of Chronic Pain in Older Adults, (*Reid, M.C., Eccleston, C., Pillemer, K. 2015*).[18]

Pain information for older adults + families

Understanding your pain pattern and symptoms

- For older adults: If you are experiencing pain, you can use this Daily Pain Diary *(www.healthinaging.org – American Geriatrics Society, 2009)* to record the intensity of your pain and what you did to treat it.
- This information can help your care provider better understand your pain experience.
- For families: Use this One-Minute Pain Assessment *(www.geriatricpain.org)* which can help you to identify the presence of pain and communicate your findings to your family member's care provider. If you suspect pain but your family member is unable to talk about it, you can look for physical indicators of pain such as, facial expressions, verbal expressions and body posturing (e.g. grimacing, being unusually quiet, yelling) or any other new behaviours.

Pain Management Strategies

- Regularly monitoring pain can have treatment value in itself.
- Consider non-pharmacological approaches to help with pain (*see page 8).*
- Information regarding the safe use of common painkillers and the possible side effects is available in this pamphlet: Managing your pain effectively using over the counter Medicines *(British Pain Society).*
- If pain is increasing despite treatment see your primary care provider for further assessment.

Sharing your pain experience

- Make sure that your care providers know that you are experiencing pain.
- Share your pain assessment with your primary care provider.
- Tell your care providers about any over-the-counter medications that you are taking (e.g. nonprescription medications such as acetaminophen).

Non Pharmacological Approaches to help with Pain

Focus on Body

Cold or Heat
Cold packs (e.g. frozen gel packs or cold cloth) and heat packs (e.g. heated gel packs of warm cloths) can help you manage pain based on your preferences. It is wise to place a layer between your skin and the pack, not to place them on an open wound, and to stop using them if the pain becomes worse.

Positioning and Massage
Using pillows and support to optimize comfortable positioning can be helpful along with massage. Massage devices can help too.

Acupuncture
Many people find that traditional Chinese acupuncture helps as well.

Focus on Mind

Redirecting attention
When you are in pain, your attention may become focused on the pain. Redirecting attention away from pain can reduce the unpleasant experience (e.g. listening to music, watching movies, spending time with animals).

Cognitive Behavioral Therapy (CBT)
When your attention is focused on pain you may become preoccupied with thinking about it. Cognitive Behavioral Therapy (CBT) is a form of talk therapy that helps you to identify the way you might be inadvertently paying attention to pain and making it worse. Redirecting these thoughts can reduce feelings of pain.

Meditation
Meditation can be thought of as a form of Cognitive Behavioral Therapy (CBT) that you can do. For example: https://www.meditainment.com/pain-management-meditation

Relaxation Methods
Relaxation methods such as breathing exercises and repeating the same word over and over, can reduce your stress and muscle tension and alleviate the feeling of pain. For example: https://www.youtube.com/watch?v=ihO02wUzgkc

Please discuss all healthcare information with your primary care provider.

Adapted from www.geriatricpain.org

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POLYPHARMACY TOOLKIT

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Understanding polypharmacy

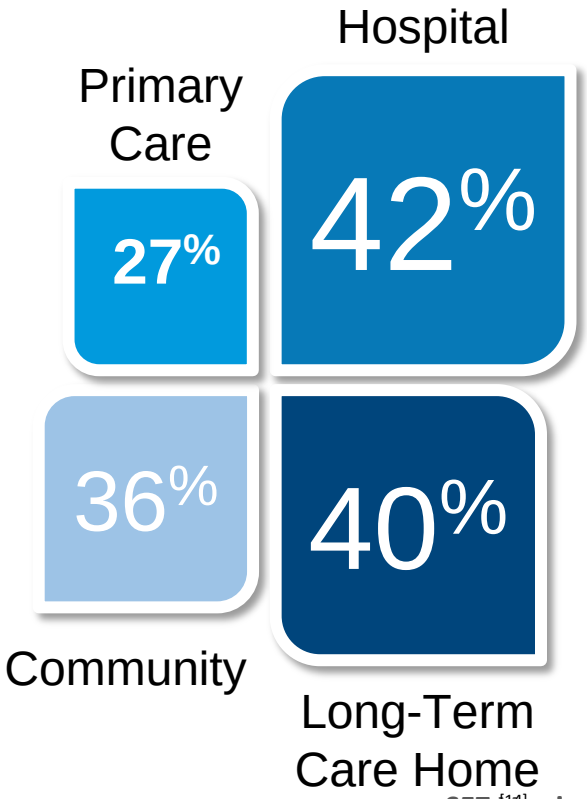
How many is too many?

Polypharmacy or multiple medications may be clinically appropriate, but it is **important to identify when inappropriate medications are being used by older adults** that may place them at increased risk of adverse events and poor health outcomes.[17]

>5 medications
>12 doses a day,
or medications prescribed by multiple health care providers

Increased risk of adverse events

Polypharmacy prevalence



(CIHI, 2016)[14]

How many medications are older adults taking?

65.7% take 5+

26.5% take 10+

(CIHI, 2016))[14]

45%

of community-dwelling patients have 1+ medication discrepancies requiring the attention of a physician.

51%

of home care clients have medication discrepancies following discharge from hospital.

(Health Reports, 2014)[8]

Risk factors for adverse drug reactions in older adults

	**Polypharmacy**	Taking more than 5 medications, and/or more than 12 doses a day increases the risk of adverse events and poor health outcomes.
	**Age-related changes**	Aging is associated with physical changes that affect the way the body processes medications, such as decreased kidney and liver function, decrease in total body water, and higher proportion of body fat. Visual impairment can make it hard for older adults to read medication labels.
	**Ethnicity, gender**	Certain drugs or combinations of drugs may cause adverse drug reactions depending on a person's ethnicity or gender.
	**Health conditions**	Asthma, COPD, stroke, hip fracture, kidney failure, incontinence, and cognitive impairment are associated with increased adverse drug reactions. Older people are more likely to have multiple chronic conditions, requiring more medications to treat them.
	**Social habits**	Alcohol and smoking can affect the way the body processes medications.

Medication reconciliation

Ensure that accurate and complete medication information is available. This is especially important when there is a transition in care such as being admitted to or discharged from hospital.

Medication reconciliation ("Med Rec")

is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.

A **Best Possible Medication History (BPMH)** is created as part of the Med Rec process to verify all of a patient's medication use (**prescription, over-the-counter, supplements, and herbal remedies**). The history is created using 2 sources of information:

1. interviewing the person and/or family and
2. confirming with at least one other reliable source of information (such as medication containers, pharmacist, or primary care provider).

Adapted from The Institute for Safe Medication Practices Canada (ISMP)

Prescribing tips in older adults

The following 13 recommendations should be taken into consideration when prescribing for frail older adults.

1. Use the **least possible number of medications** and the simplest possible dosing regimen to improve adherence and avoid drug interactions.
2. **Avoid medications known to be potentially harmful** in older adults as per Beers Criteria *(the American Geriatrics Society, 2015)*
   - Especially medications with anticholinergic effects which can cause toxicity such as, central nervous system (CNS) confusion, urinary retention, constipation, dry mouth and eyes, and blurred vision.
3. Use extra **caution when prescribing high alert drugs**: digoxin, calcium channel blockers (CCB), opioids, warfarin, theophylline, oral hypoglycemics, lithium, Selective serotonin reuptake inhibitors (SSRIs), Monoamine Oxidase Inhibitors (MAOIs), anticonvulsants, antimicrobials (macrolides, quinolones, antivirals, antifungals).
   - Organ dysfunction or drug interactions can result in toxicity.
4. Are the **benefits worth the risks**? Is the problem self-limiting or only a minor inconvenience?
5. **Avoid overestimating renal function** based on serum creatinine that is in normal range.
   - Note that creatinine clearance declines by 10% per decade after age 40.
   - Calculate creatinine clearance (to account for age and weight) and adjust doses of renally cleared medication accordingly.
6. Start at the **lowest drug dose and titrate up slowly** (except for antibiotics) so as to avoid:
   - The occurrence of excessive pharmacologic effects or adverse drug reactions that result in harm or refusal to take the medication.
7. **Avoid the prescribing cascade** - adding a medication to combat the side effects of another one.
   - This may occur because of failure to attribute current signs and symptoms to drug effects.

Prescribing tips in older adults (cont.)

8. Rule out medication side effects as a cause of new symptoms such as confusion, falls, functional decline or memory loss.

- Drug accumulation can occur after several weeks or months, or with declining renal function.
- Drug adverse effects (especially falls, incontinence, confusion) may be incorrectly attributed to normal aging.
- Older adults may not tolerate their usual medications when acutely ill, requiring dose reduction or temporary discontinuation.
- Older adults with type 2 diabetes may need to hold medications on sick days (SADMANS –Sulfonylureas, ACE-inhibitors, Metformin, Angiotensin Receptor Blockers, and Non-Steroidal Anti-Inflammatory.

9. Avoid making simultaneous changes in medications.

10. The moment of prescribing is an opportunity to review the current medication list.

- Is each drug indicated? —STOP unnecessary, outdated or duplicate medications STOPP-START criteria for potentially inappropriate prescribing in older people *(O'Mahony D. et al., 2015).*
- Is a drug required? — START guideline-recommended therapy as appropriate
- Do current prescription label instructions match the person's drug taking practice?
- Forced compliance of outdated instructions can cause problems.
- Consider potential interactions with caffeine, cigarette smoking, OTCs, or herbals.

11. Write a **time-limited prescription**.

12. Encourage older adults to understand the importance of each of their medications and to have a **system to remember doses**.

- Dose organizers (blister pack, dosette box), reminders, education.

13. Encourage older adults to **use one pharmacy** so that drug interactions can be identified quickly, medication-taking problems can be addressed, and periodic medication reviews can be conducted.

- Older adults over 65 years of age should obtain MedsCheck *(The Ministry of Health and Long-Term Care (MOHLTC))* at their pharmacy and bring medication list to appointments with their primary care provider.

Lawrence Jackson BScPhm, CTDP, RGP's Geriatric Emergency Management GEM Network Conference (Sept 2016)

5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS

when you see your doctor, nurse, or pharmacist.

1. CHANGES?
Have any medications been added, stopped or changed, and why?

2. CONTINUE?
What medications do I need to keep taking, and why?

3. PROPER USE?
How do I take my medications, and for how long?

4. MONITOR?
How will I know if my medication is working, and what side effects do I watch for?

5. FOLLOW-UP?
Do I need any tests and when do I book my next visit?

Keep your medication record up to date.

Remember to include:

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.

ismp CANADA — Institute for Safe Medication Practices Canada / Institut pour la sécurité des médicaments aux patients du Canada

cpsi icsp — Canadian Patient Safety Institute / Institut canadien pour la sécurité des patients

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Canadian Society of Hospital Pharmacists / Société canadienne des pharmaciens d'hôpitaux

Canadian Pharmacists Association / Association des pharmaciens du Canada

SafeMedicationUse.ca

Patients for Patient Safety Canada / Sécurité des patients Canada

Visit safemedicationuse.ca for more information.

This tool is reproduced with permission by ISMP. Click here to download a printable copy of this poster.

Hyperlin

Ask your pharmacist to do a MedsCheck covered by Ontario health benefits.

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SOCIAL ENGAGEMENT TOOLKIT

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

Understanding loneliness and social engagement

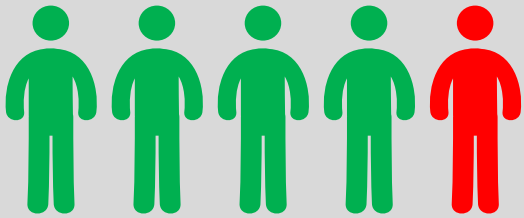
Loneliness

A disconnect between a person's desired and actual social relationships, which results in a complex emotional and physical response.[1]

Social Isolation

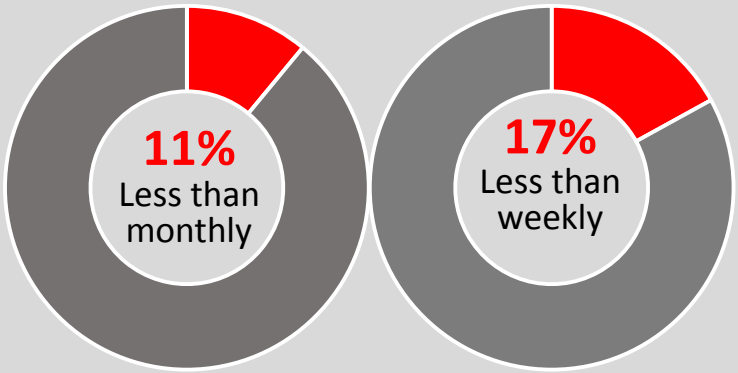
Results from situations where a person has few people to interact with.

Although closely related, loneliness and social isolation are not the same. A person can be socially isolated but not feel lonely, whereas an individual with a seemingly large social network can still experience loneliness. Individuals may be lonely in a crowd or socially contented while alone.



One in five Canadians, mainly older adults, experience some degree of loneliness. In those over 85 years, the rate of loneliness is as high as **25%.**[2]

How often do older adults have contact with family, friends, or neighbors? (3)

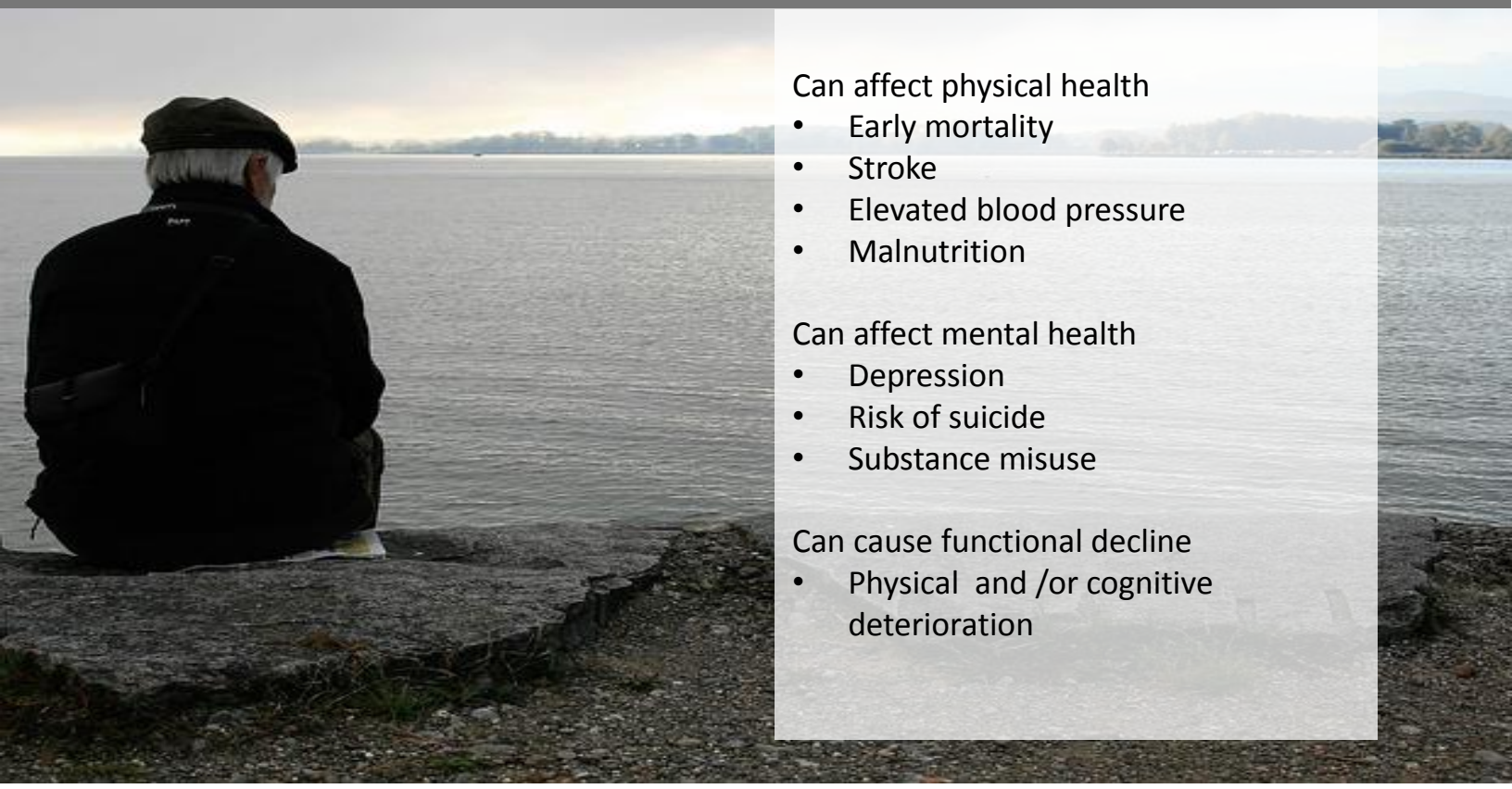


Social engagement

Involvement in meaningful activities with others and maintaining close, fulfilling relationships.[1]

Social engagement can improve loneliness

The potential impact of loneliness and social isolation



Can affect physical health
- Early mortality
- Stroke
- Elevated blood pressure
- Malnutrition

Can affect mental health
- Depression
- Risk of suicide
- Substance misuse

Can cause functional decline
- Physical and /or cognitive deterioration

Social isolation has a similar impact on mortality as smoking and alcohol misuse. It exceeds the risk associated with obesity and inactivity [4].

Risk factors for social isolation

Psychological
Personality or mental health issues

Living alone
Widowhood, divorce or never married

Health status
Health problems, physical challenges or disability

Sensory Impairment
Chronic or recent changes

No children

Major life events
Loss and bereavement, change in living arrangements

Assessing loneliness

Older adults who experience loneliness may be less likely to visit a primary care provider, and may avoid talking about loneliness with others.

Here are questions you can ask to explore loneliness. The Three-Item Loneliness Scale is a simple, validated assessment for loneliness. It can be used by any care provider.

The Three-Item Loneliness Scale[5]

These questions are about how you feel about different aspects of your life.
For each, answer how often you feel that way.

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3

The Score: the sum of all items.
Score range: 3-9. Higher scores indicate greater loneliness.

Social engagement for older adults + family

Think inside and outside of the home - how can you increase your social engagement?

There are different types of social opportunities. It is important to find out what works best for YOU based on your interests and preferences. Options may include:


Group activities


Family interactions


Informal relationships


Programs via phone


Social media and Online platforms

To find activities in your community, visit:
www.ontario.ca/page/seniors-connect-your-community

Practical tips for families on social engagement

- When social engagement opportunities are regularly scheduled and controlled by the older adult, it offers reassuring predictability.
- Do not be hurt if your loved one prefers reminiscing with someone other than yourself
- If desired, help your family member find ways to connect with friends.
- Conversation can be enhanced by:
  - Listening actively
  - Responding positively
  - Following-up actively
  - Allowing time for silence and reflection

If you or your loved one have expressed the wish for more company, feel left out or isolated from life – share this information with a member in your circle of care

Driving system change to advance the quality of care for older adults living with frailty. Innovating bold solutions to complex care problems.

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