Maintaining optimal health:

When circumstances change

By Carol Edwards, RN, GCM

What is "quality of life" under altered circumstances? What can one expect and what activities are possible? Obviously this varies greatly, depending on a person's limitations. Typically all of my clients are over 80 years of age and require assistance. Their children are anxious about their well-being and notice changes in their parents' physical and psychological health.

Not well understood by the public (and often overlooked by the general practitioner) is the role that prompt diagnosis and treatment plays in our elders' ongoing health status and consequently quality of life. My observation is that achieving optimal health at any age comes down to personal expectations, attitude, the financial circumstances of the elder and the ability of their children to influence them positively.

Time to spend

Parents usually accept care under duress. Depending on their ability to cooperate and adapt, their condition will improve or deteriorate. In many cases there is a direct equation between the amount of time and money spent and a person's stability and well-being.

While I can almost never convince the elderly to spend their savings on their own well-being, children who ask for help usually embrace the idea that now is not the time to pinch pennies, especially if they have available resources.

Good nutrition

In the absence of disease, nutritional status plays a large part in health and longevity.

Poor eating habits can cause irregular bowel movements and result in an insufficient daily intake of calories. Left alone, many elderly people will snack and may even go to bed with an empty stomach. This will, in turn, give rise to poor sleep patterns. These changes are seldom shared with the family doctor, who can be the last to know and only a trip to the emergency room reveals the extent of decline.

On the other hand, I have clients who live at home with caregivers who provide excellent home-cooked food. These clients often do well for years, almost becoming resilient to even chronic diseases. A good example was my 101-year-old client who thrived mainly because of his excellent food consumption.

Medication

Another contributing factor that will lead to frailty and deterioration is mismatched medications or dosages that are too high. The excessive use of antipsychotic medications or the over-prescription or use of redundant medications can cause decreased appetite, advancing symptoms and an inability to respond appropriately to surroundings.

While steps are now being taken to research and reduce the number of medications the elderly take on a daily basis, such patients often find themselves in what is described as a "prescribing cascade." The prescribing cascade—as described by Dr. Paula Rochon from Baycrest—occurs when medications are added to offset the side effects of other medications. To avoid this situation, I recommend

Quick tip

Home safety matters!

Two out of five Canadians age 65 plus will be admitted to nursing homes as a result of falls.

For safety tips, visit **www.walkerfacts.com**

that older adults are assessed and monitored regularly by a geriatrician who can recommend both the correct mix and dose of medications.

Hospitalization

Our elders often end up in the emergency room, where they may receive only limited treatment and quick discharge. In this situation it is important to get to the cause of the underlying problem. This may require help from a family physician, geriatrician and the geriatric care manager.

Keep in mind that hospitals are a breeding ground for a myriad of residential bacteria and the elderly are at high risk to contract these diseases. Staying out of hospital altogether is preferred.

Loss of control

A sudden change or move is often too great an adjustment for both the elderly person and his or her family. Loss of control due to altered circumstances is a sad outcome. For this reason, providing the right environment and control over as many aspects of life as possible is a practice I actively work on with families, public facilities and caregivers.

Generally speaking, it is best to maintain care at home and a sense of independence for as long as is feasible. I have witnessed the effects of loss of control and how it can cause some elderly people to give up the will to live. This seems most likely to happen in the hospital or an acute care environment where the patient feels isolated and without choice.

When recovery is not possible

Monitoring the elderly and recognizing when recovery is impossible is not always easy. Communicating with the family and having them come to terms with the situation is both a skill and duty of the nurse and physician, who should work as a team to assist. This can be achieved by a family meeting with the physician, dietitian and other those from disciplines who are involved. This is both kind and responsible and gives the family a chance to absorb the outcome and plan for the inevitable.

It is important at this juncture to talk with the elderly person and to understand his or her wish to either remain in hospital or to return home to die. Others may prefer a palliative care unit.

The cognitively impaired should also have a voice at this time, or their power of attorney will ensure that their wishes are respected. Whatever the decision, the transition must be seamless, sensitive and as harmonious as possible for both the elderly person and his or her family.

It is extremely important to choose the right time for the transfer. Earlier rather than later is important. Adequate pain and symptom management are of the utmost importance for both the elderly person and the witnessing family. Assisting the family through this difficult time is both a skill and duty of the nurse, and it should be stressed that at no time in the process is there nothing for the nurse to do. He or she can always be assisting the family or comforting the elderly person. Probably the most peaceful deaths that I have witnessed have been when elderly people pass in their own home with a palliative physician in attendance.

Ask for help

Family involvement always plays a large part in all these processes. In fact, it's common wisdom that families who use eldercare or nursing support services, even for a limited time, are better able to cope and show greater satisfaction in managing their parents' care even under difficult circumstances.

Families who try to go it alone or manage with only limited advice often struggle to prioritize care needs. And when it's all over, they realize that they were without the knowledge necessary to make "good" decisions. I have personally seen the guilt and dysfunction that follows these circumstances.

So what can be done to prevent unnecessary deterioration? In my experience, with some cooperation from the elderly person, prompt recognition of symptoms, avoidance of hospitals, close nursing and physician supervision, good advocacy and the use of appropriate public services and private care, optimum function can be achieved at any age. ●

Carol Edwards, RN, GCM,
is the President of Careable Inc.
Can be reached at carol@careable.com,
www.careable.com or call 416-362-9176.

What to watch for

Nine things to watch for as a caregiver:

- Altered eating habits
- Interruption of bowel habits
- Delayed treatment
- Undetected, unrecognized and unreported symptoms
- Excessive use of medication
- Lack of exercise
- Poor physical and care support
- Escalating, multiple health problems
- Frequent hospitalizations