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Geriatric Emergency Medicine

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How to become an elder-friendly Emerg doc

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Learning Objectives

At the end of this session you will be able to:

- Name specific ways that older patients are “different”;
- Identify challenges that older people pose to you – and have some strategies for managing the challenges;
- Appreciate the complex and integrative approach to providing care to older patients;
- List some strategies for avoiding unnecessary admission

1. Care of the Elderly is FUN!

Or How I Learned to Stop Worrying and Love the Bomb

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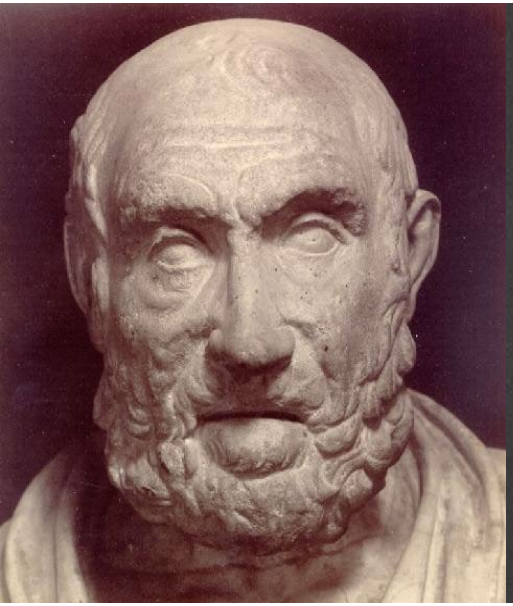
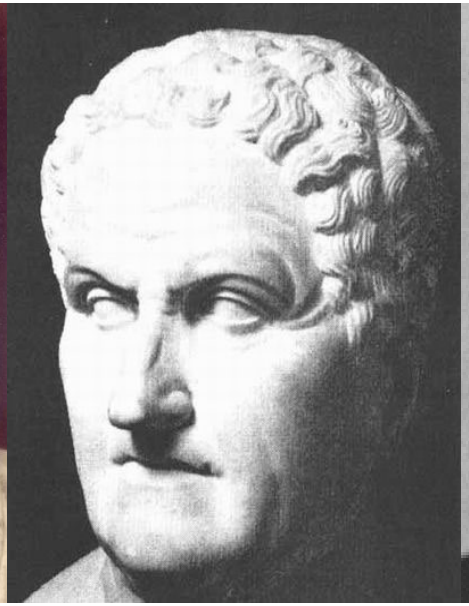
1. Care of the Elderly is FUN!

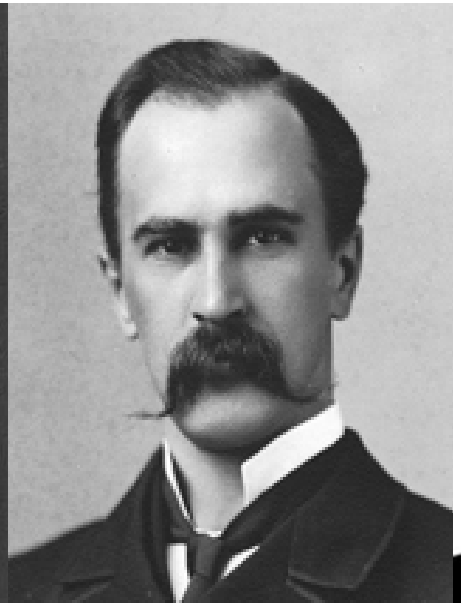
Work at the top of your license!



Galen



Hippocrates



Osler

House

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2. Delirium looks different when you are Old

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2. Delirium looks different when you are Old

70% of acute mental status change in older patients is:

HYPOACTIVE!

- ❑ Withdrawn
- ❑ Quiet
- ❑ Reserved
- ❑ “Just not herself”

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2. Delirium looks different when you are Old

The most helpful question you can ask:

"What has changed?"

Or

Better still use some standardized approach

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2. Delirium looks different when you are Old

CAM

(Confusion Assessment Method)

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2. Delirium looks different when you are Old

CAM (Confusion Assessment Method)

The value of a standardized evidence-based validated-in-the-ED approach:

MUST!

- Feature 1: Acute onset & fluctuating course
- Feature 2: Inattention

ONE Or BOTH

- Feature 3: Disorganized thinking
- Feature 4: Altered level of awareness

(Sharon Inouye, 1990)

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3. Dementia changes ED Management

Don't assume that what you see is what you get

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3. Dementia changes ED Management

Loss of short term memory;

PLUS one of:

- Aphasia
- Agnosia
- Apraxia
- Loss of executive functioning

3. Dementia changes ED Management

Mini-Cog

(<45 seconds)

- Register three items
- Draw a clock face with hands at 10 past 2
- Recall the three items

3. Dementia changes ED Management

Mini-Cog Scoring

1 point for each recalled word after the Clock Draw Test (CDT)

Possible Score: 0 - 3

0	indicates positive screen for dementia.
1 or 2	with an abnormal CDT indicates positive screen for dementia.
1 or 2	with a normal CDT indicates negative screen for dementia.
3	indicates negative screen for dementia.

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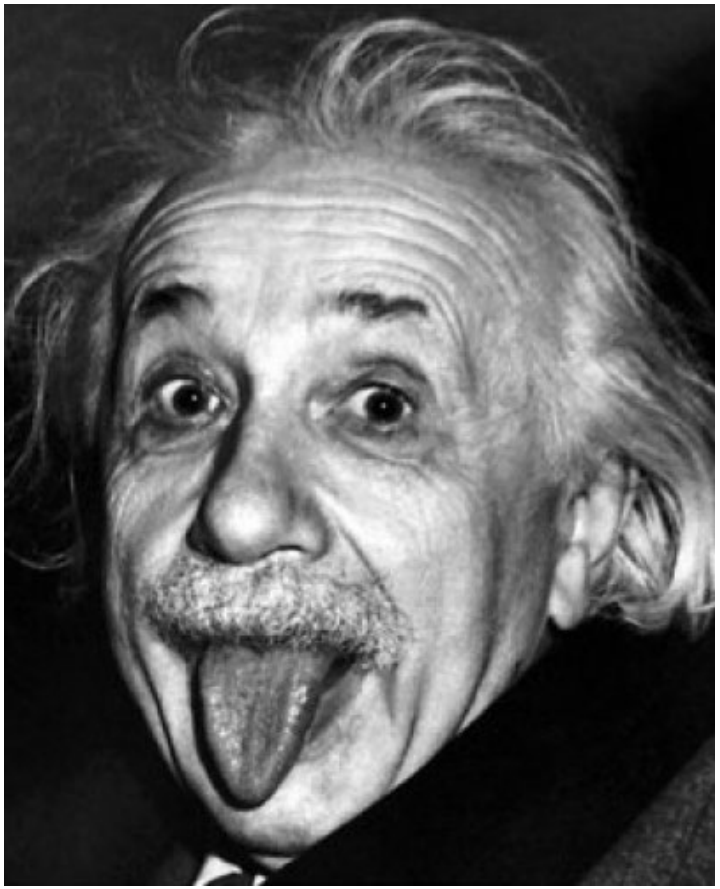
4. Cognitive Impairment and Functional Decline are not normal



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4. Cognitive Impairment and Functional Decline are not normal

Functional Assessment

- ❑ “Do you need any assistance on a day-to-day basis?”
- ❑ “How do you get to and from your doctor’s?”
- ❑ “Does anyone come in to help you with things?”

OR

4. Cognitive Impairment and Functional Decline are not normal

Use A Tool!!!

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4. Cognitive Impairment and Functional Decline are not normal

Identification of Seniors at Risk (ISAR) Tool *(McCusker et al., 1999)*

Table 6.1 ISAR Screening Questions (Warburton et al, 2004)

Question	*Response*	*Score*
1. Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regularly basis?	Yes	01
	No	00
2. In the last 24 hours, have you needed more help than usual?	Yes	01
	No	00
3. Have you been hospitalized for one or more nights during the past six months?	Yes	01
	No	00
4. In general, do you have serious problems with your vision, that cannot be corrected by the glasses?	Yes	01
	No	00
5. In general, do you have serious problems with your memory?	Yes	01
	No	00
6. Do you take six or more different medications every day?	Yes	01
	No	00

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≥ 2 = Predicts Functional Decline, Recidivism, Institutionalization

4. Cognitive Impairment and Functional Decline are not normal

"Failure to cope"
is not a diagnosis

"Acute Functional Decline (NYD)"
is a diagnosis

3 screening tools?

For Delirium? → CAM

For Dementia? → Mini Cog

For Functional impairment? → ISAR

5. Tethers are bad!

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5. Tethers are bad!

Be pro-active about
avoiding "**restraints**"
in any form --
and get people
moving.

6. Eating, Drinking, and Walking are Good!

Being hungry, thirsty, and immobile are bad!

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6. Eating, Drinking, and Walking are Good!

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7. Care of the Elderly is a Team Sport

7. Care of the Elderly is a Team Sport

- ED Geriatric Mental Health Protocol
- ED Nurse Outreach Teams
- Liaison with Home-Based Primary Care Providers
- Home-Care Case Managers in the ED (or easy access)
- Specialized Geriatric Emerg Nurses
- An Emerg-aware OT/PT/SW team
- Geriatric pharmacy consultation
- Physical plant modifications and supplies

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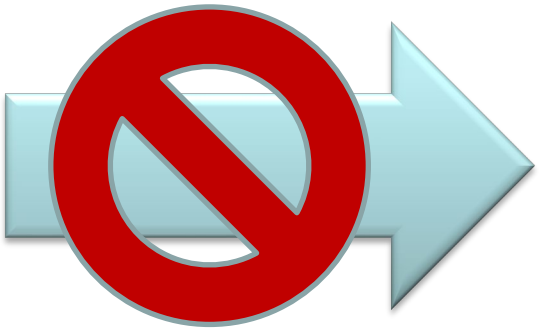
8. It's easier than you think to keep someone out of Hospital



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8. It's easier than you think to keep someone out of Hospital

There is no such thing as
"crisis placement"
to long-term care.

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9. Some Drugs Cause Problems. Some Drugs Solve Problems.

9. Some Drugs Cause Problems. Some Drugs Solve Problems.

- Beers Criteria for Potentially Inappropriate Medication in Older Adults

  JAGS, 2012; 60 (4) 616-631

- Canadian Consensus on Inappropriate Prescribing Practices

  McLeod, Huang, Tamblyn, CMAJ, 1997; 156 (3) 385-391.

9. Some Drugs Cause Problems. Some Drugs Solve Problems.

Bad drugs!

- Anti-coagulants: Warfarin, ASA, clopidogrel
- Hypo-glycemics: Insulin and OHGs
- Anti-cholinergics/Anti-histamines
- Benzodiazepines: short- and long-acting
- NSAIDs: especially indomethacin and ketorolac but all non-COX2s

Budnitz et al. Medication use leading to emergency department visits for adverse drug events in older adults. *Annals of Internal Medicine 2007*; 147 (11): 755-65.

9. Some Drugs Cause Problems. Some Drugs Solve Problems.

Good Drugs!!!

- Hydromorphone
  - ✓ Not renally cleared
  - ✓ Potent
  - ✓ Easily dosed
  - ✓ Widely available
- Haloperidol
  - ✓ Not anti-cholinergic
  - ✓ Potent
  - ✓ Easily dosed
  - ✓ Widely available

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10. Go Low. Go Slow. But Go!

- Pharmaco-dynamics: Lower physiologic thresholds for all organ systems
- Small doses have much bigger effects even in healthy older patients

Remember!
You can put more in,
but you can't take it out!

Conclusion

At the end of this session are you able to:

- Identify three ED-friendly screening tools for delirium, dementia, and functional decline;
- Identify three strategies for managing behavioural disturbances in the older patient;
- List the five most problematic drug classes in the elderly – and how to safely use them.

Questions

Thanks!

The model patient: Rosabel Levitt!
The Geriatric team at Mount Sinai Hospital ED

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Mini Cog

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