DISCLOSURES

I have no financial relationship with a commercial entity producing health-care related products and/or services
Learning Objectives

- Understand the societal impact of near-universal aging in America
- Identify important differences in the medical interview for older adults
- Demonstrate communication skills for patients with hearing or cognitive impairment
- Demonstrate understanding of the critical importance of function for elders
Background

- 37.3 million people age 65 or older
  (12.5% population)

- 1 in 5 Americans will be 65 years or older by 2050
  (U.S. Census Population Projections, 1996)

- 85+ fastest growing age group (Sherman, 1986)
Growth of U.S. Older Adult Population

Source: Administration on Aging - http://www.aoa.dhhs.gov
The Effect of the Baby Boomers
Figure 2-8.
Population by Age and Sex: 1900

Age
85 and over
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 39
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
5 to 9
0 to 4

Note: The reference population for these data is the resident population.
Source: U.S. Bureau of the Census, 1913, Table 33. For full citation, see references at end of chapter.
Figure 2-9.
Population by Age and Sex: 1940

Note: The reference population for these data is the resident population.
Source: U.S. Bureau of the Census, 1943, Table 2. For full citation, see references at end of chapter.
Figure 2-10.
Population by Age and Sex: 1960

Note: The reference population for these data is the resident population.
Source: U.S. Bureau of the Census, 1964, Table 156. For full citation, see references at end of chapter.
Figure 2-11.
Population by Age and Sex: 1980

Note: The reference population for these data is the resident population.

Source: U.S. Bureau of the Census, 1983, Table 44. For full citation, see references at end of chapter.
Figure 2-12. Population by Age and Sex: 2000

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2001, Table PCT12. For full citation, see references at end of chapter.
Figure 2-13. Population by Age and Sex: 2020

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.
Figure 2-14.
Population by Age and Sex: 2040

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.
DEMOGRAPHICS

- Average life expectancy at birth
  - In ancient Rome was ~25 years
  - In England during American Revolution was ~35
  - In 1900s in US – life expectancy was 47
  - In 2000 in US, 80 for women and 74+ for men
  - For those reaching adulthood now, 85+ for women and 80 for men

- Increases in maximum life span (last 10% of birth cohort alive), though slower, have not diminished since tracking began in late 1800s
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WHAT IS HUMAN AGING?

- A set of predictable, gradual and inevitable changes in biological and psychological function, often decremental, that occur in healthy persons with the passage of time.

- Not nearly as important as we thought?
“Old Age” is in the eye of the beholder

Age is an issue of mind over matter. If you don't mind, it doesn't matter.

~Mark Twain

Foofie Harlan by Frank Fournier 1994
“Old Age” is in the eye of the beholder

- Old age ain't no place for sissies.
  ~Bette Davis

- Do not regret growing older. It is a privilege denied to many.
  ~Author Unknown
The Interview
Meeting Your Patient

- Greet with a smile and touch – a gentle handshake or resting your hand on the shoulder; say something kind

- Use formal address until patient asks otherwise – Mr., Mrs., Miss, Dr. – and always introduce yourself by name, even on return visits

- Chairs should have a high seat or mechanical lift; step stool with handrail, short drapes
Be Courteous to Elders

- They may be old and often slow, but they are our history and heritage.
- They are the 5th commandment.
- They also can bring wisdom and experience to problems.
Taking the History

- Determine first if the patient can hear you
- 50% >80 have presbycusis, but don’t shout
- Consonants most difficult - high-tone loss
  + Lower-than-usually-pitched voice
  + Face the patient to allow lip reading
  + Eyeglasses facilitate lip reading, dentures improve patient's speech and the hearing aid (with a functional battery) helps the patient hear you
Taking the History

- **Reliability** – Check mental status - answers you know
  - Time and place, previous health care contacts, biographical data, current events, driving directions

- **Are you having trouble with your memory?**
  - Even when severe impairment, asking about symptoms will likely be useful
  - Beware the answering caregiver; see patient alone or insist patient answers
The History - Format, Approach

- Begin with an open-ended functional question
  - “What do you feel interferes most with your day-to-day activities?”

- Standard CC, HPI, PMH can be frustrating

- Organize history around a problem list
The History – Format & Approach

- Occam’s razor rarely works
  - single or chief complaint less common
  - multiple diseases/problems have multiple symptoms and complaints

- Example: fever, rash, and joint pain
  - Strep pharyngitis or Still’s Disease
  - UTI, intertrigo and arthritis
The History - Medications

- Identify every medication, seeking to weed out duplicate, overlapping or conflicting drugs - from multiple prescribers and OTC

- Include questions about supplements, herbals, vitamins, laxatives, hypnotics, analgesics et al. - OTC, meds from friends and family, outdated prescriptions

- Ask patient to bring medications and pill bottles from bathroom, bedside table, purse, kitchen drawer, friends and relatives
The History - Social

- Living arrangements - being alone in late life is a risk for bad outcomes (hospital, mortality, NH)

- Who is helping now (at home or in the local community)? Is there a plan for help if illness or functional decline occurs?

- Extent of social relationships is a powerful predictor of functional status and mortality

- Is there evidence to suggest elder abuse?
The History - Substance Use/Abuse

- Alcohol is often overlooked – symptoms attributed to diseases common in old age
  + Alcohol-related hospitalizations as frequent as for AMI in older adults
  + CAGE (Cut down, Annoyed, Guilty feelings, Eye-opener) valid in elders, but

- Tobacco cessation is beneficial at any age, and counseling is mandatory

- Some elders use recreational drugs; watch out for the Boomers (NYT 10/5/08)
The History - Completed

- Family History – AD, depression, caregiving

- Sexual History – direct, open-ended question; most older adults are sexually active, but often won’t volunteer information, lest they frighten their kids – don’t be shy
Acknowledgement

- Dr. Richard Besdine