USC University of Southern California

# Welcome
# Interprofessional Education and Collaboration for Geriatrics (IECG) Session # 3

## Mobility, Oral Health, and Preparing for the Holidays

Friday, December 1, 2023
1:30 p.m. – 4:30 p.m.

# Interprofessional Education and Collaboration for Geriatrics (IECG)

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28740, Geriatrics Workforce Enhancement Program for $3.5 million. This information or content and conclusions are those of the author and should not be construed as the official position or policy or, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.

# Welcome & Session # 3 Objectives

*Professor: Ashley Halle*

# IECG Agenda

| | | |
|---|---|---|
| 1:35 pm – 1:40 pm | Welcome & Session # 3 Objectives<br>• Introducing tools to practice for Session # 4<br>• How to report concerns with Older Adults | Ashley Halle |
| 1:40 pm – 2:00 pm | Mobility & Demonstration | Cheryl Resnik |
| 2:00 pm – 2:20 pm | Oral Health Discussion | Mitzi D'Aquila |
| 2:20 pm – 2:30 pm | Break | |
| 2:30 pm – 2:40 pm | Preparing for the Holidays & Demonstration<br>• Continue weekly conversations with Older Adult | Dawn Joosten-Hagye |
| 2:40 pm – 3:20 pm | Case Study & Protocols<br>• Team discussion<br>• Faculty role model<br>• Challenges with Older Adults | Jo Marie Reilly |
| 3:20 pm - 3:30 pm | The Team Approach to Addressing Client Concerns | Jennifer Okuno<br>Bari Turetzky |
| 3:30 pm - 4:30 pm | Dismiss - Small Team Breakout Rooms<br>• What has worked well?<br>• Practice TUG assessment | |

# Session # 3 - Objectives

- Review the risk assessment, morbidity, and mortality associated with falls and decline in physical function.
- Discuss the value and awareness of the home assessment and identification of risks to safety and wellbeing.
- Explain what an oral health screening is by utilizing the Oral Health Assessment tool to help find and document mouth problems.
- Review and develop oral health hygiene care strategies and provide referrals for professional care as needed.

**Please review the GWEP website and review the list of resources**

**Link: https://gwep.usc.edu/interprofessional-geriatrics-curriculum-egc-2023-2024/**

# Considerations for Healthy Aging

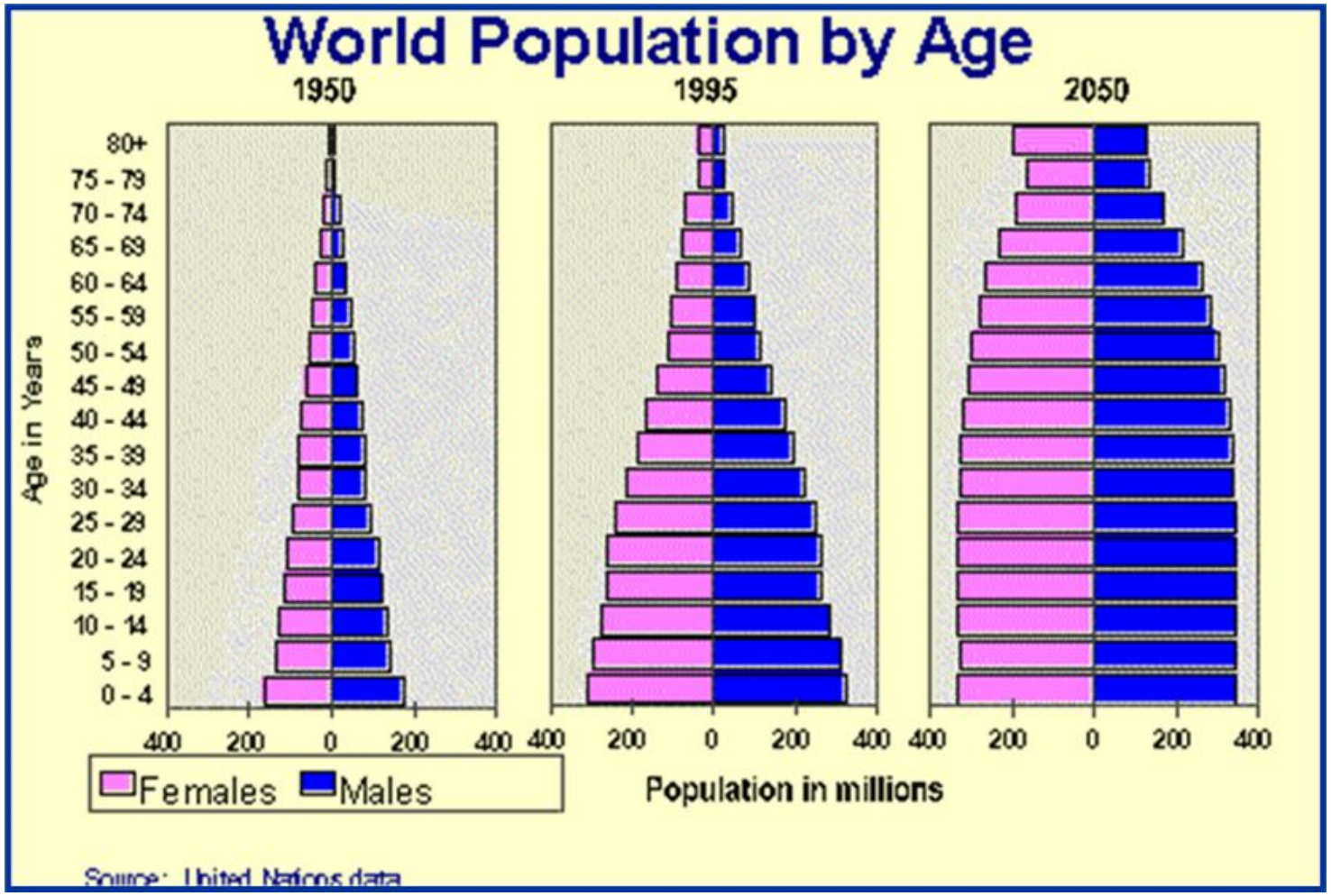
*Professor: Cheryl Resnik*

Keck School of Medicine of USC

Geriatric Healthcare Collective

Interprofessional Education for Collaboration in Geriatrics 2023-2024

# Aging Demography




- In 2019, 54.1 million people were ≥ 65 years old acl.gov
- 6.6 million were ≥ 85 years old acl.gov
- Currently, there are about 97,000 centenarians in the U.S. US census
- Median income of older people $27,398

# Functional Requirements for Community-dwelling Aging Adults

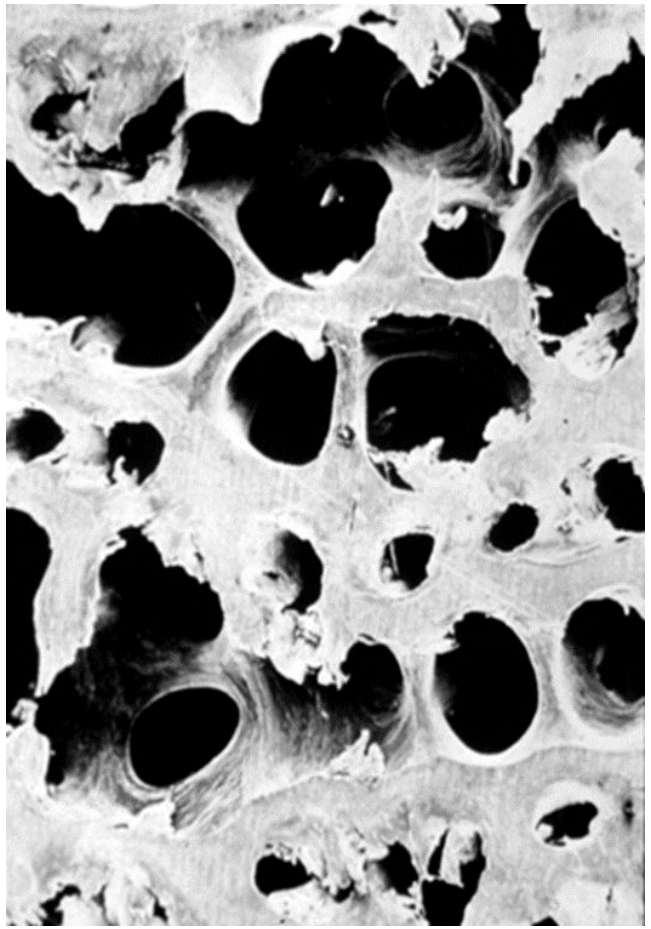
- Walk 1203 (366 m) feet to complete an errand
- Gait speed of 1.2 m/s (~4 ft/sec)
- Able to carry ave. 6.7 lb package
- Challenges of walking – stairs, curbs, slopes
- Able to perform postural transitions

# Osteoporosis

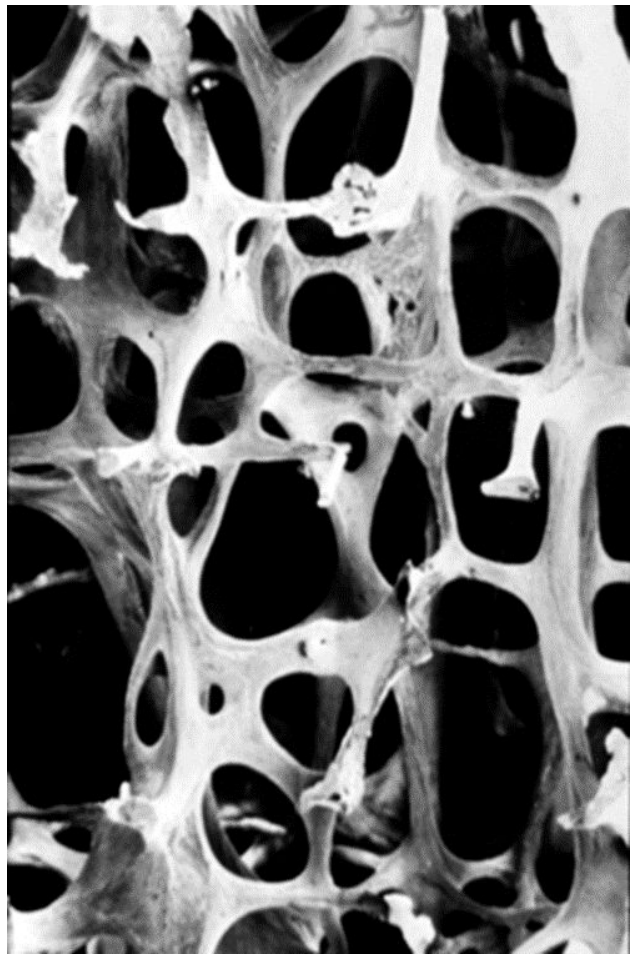

- A silent disease
- Often asymptomatic until fractures occur
- Early diagnosis and treatment are essential

Consensus Development Statement. *Osteoporos Int* 1997; 7:1-5 *WHO Technical Report Series.* 1994;843:1-129

# Normal Trabecular Bone

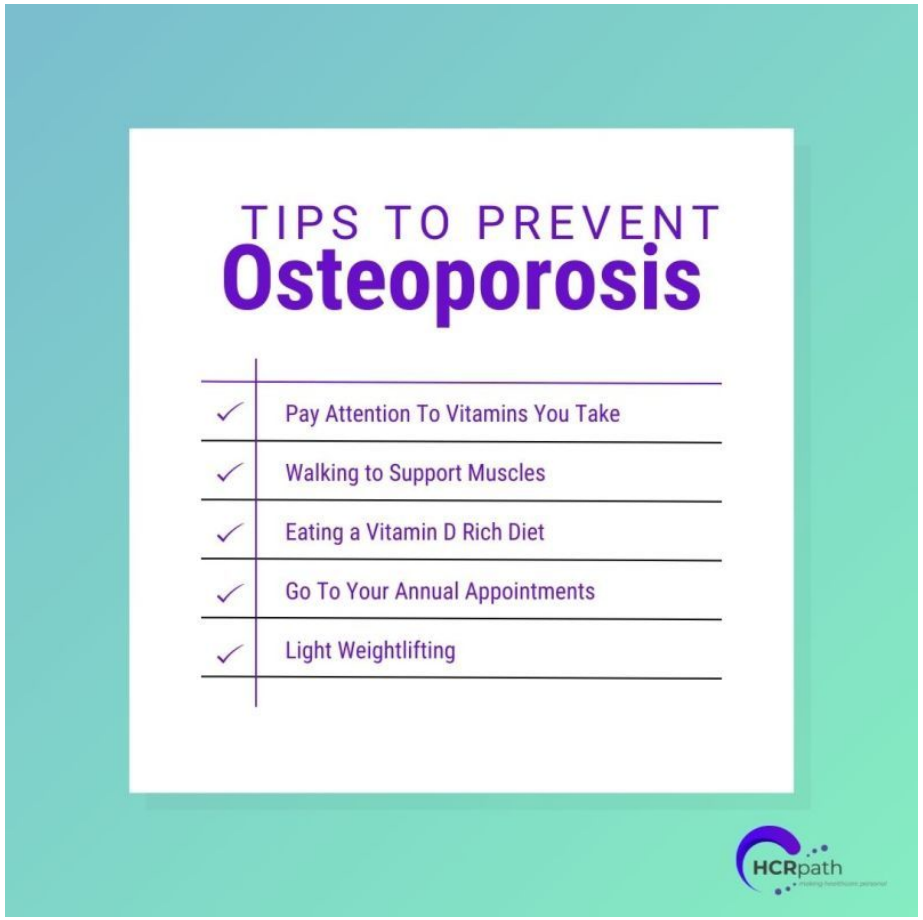


# Osteoporotic Bone



# Recommendations for Prevention of Osteoporosis

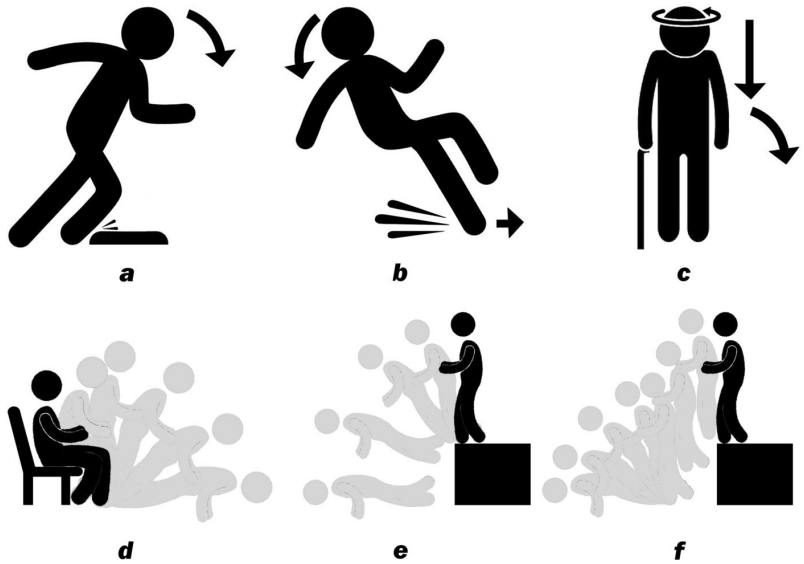
- Weight-bearing exercise
- Adequate intake of calcium and vitamin D
- Discourage smoking and excessive alcohol intake
- Other antiresorptive therapy



# Falls

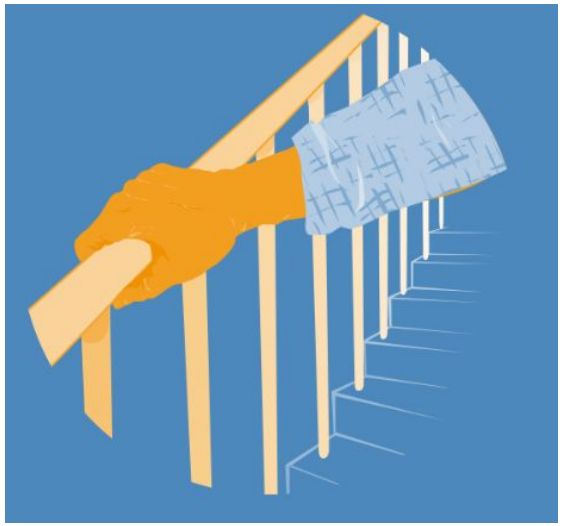
Definition:

- Unintentional change in position,
  coming to rest at a lower position
- Not due to an overwhelming intrinsic or
  environmental cause
- No loss of consciousness



# Epidemiology of Falls

- 1/3 of ambulatory and 1/2 institutionalized elderly fall each year
- 1/2 falls result in injury (10-15 % in fx)
- 1/4 of all fallers limit their activities and lifestyle due to fear of falling



www.cdc.gov/homeandrecreationalsafety/Falls/adultfalls

# How Big is the Problem

- 1 in 4 adults 65+ falls each year
- < half tell their healthcare provider
- q 20 minutes older adult dies 2º falls
- 3 million nonfatal fall injuries were treated in ERs in 2020
- Totals $50 billion/year in 2015

www.cdc.gov

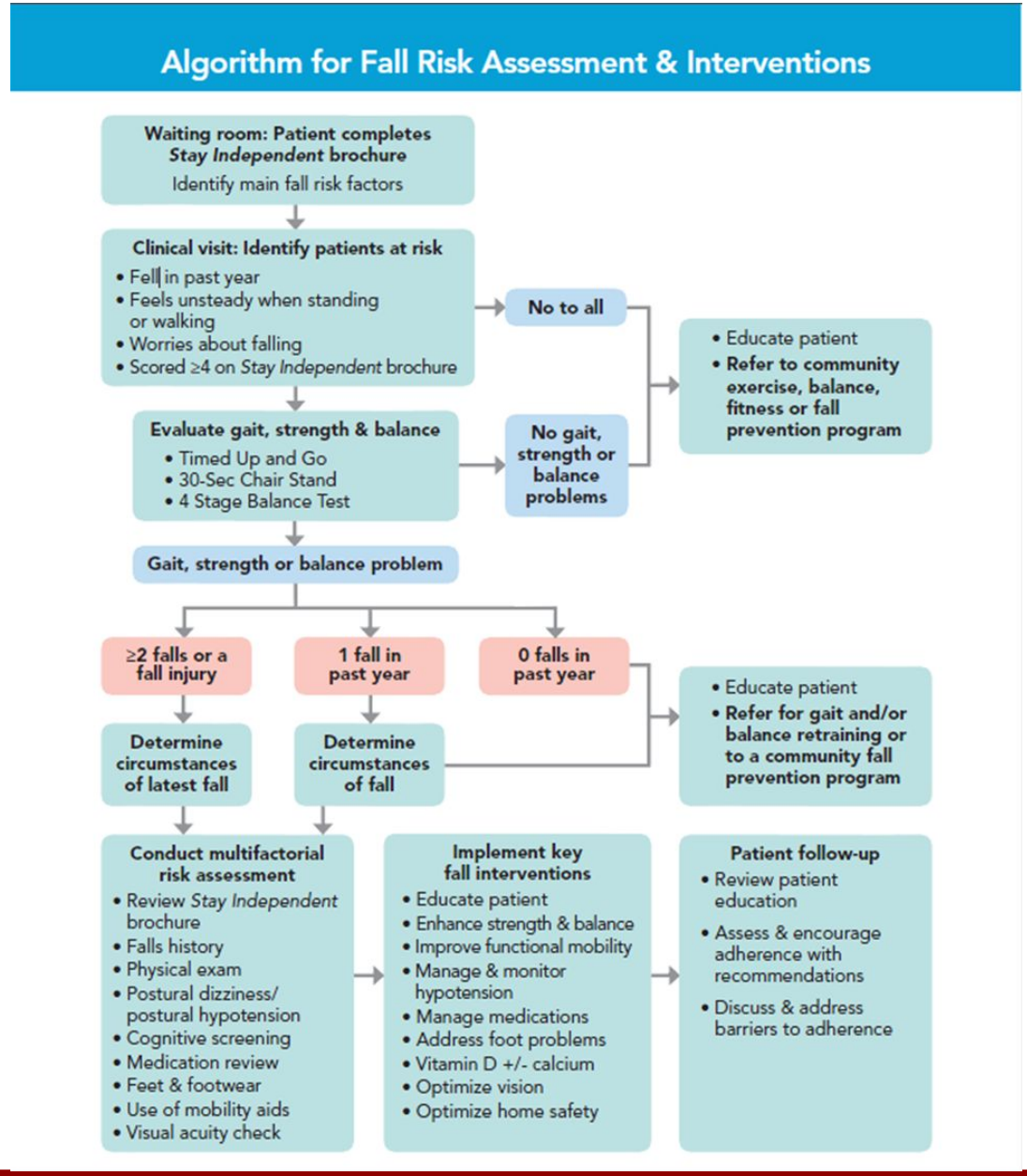
# Fall Risk Factors are Categorized as Intrinsic or Extrinsic

| Intrinsic | Extrinsic |
|---|---|
| Advanced age | Lack of stair handrails |
| Previous falls | Poor stair design |
| Muscle weakness | Lack of bathroom grab bars |
| Gait & balance problems | Dim lighting or glare |
| Poor vision | Obstacles & tripping hazards |
| Postural hypotension | Slippery or uneven surfaces |
| Chronic conditions including arthritis, diabetes, stroke, Parkinson's, incontinence, dementia | Psychoactive medications |
| Fear of falling | Improper use of assistive device |

CDC.org

# Clinical Pearls

- Screen all pts >65 yo for falls
- Evaluate the circumstances of the fall
- Systematically evaluate for modifiable predisposing factors and precipitants
- Motor/balance/gait
- Environment
- Medications
- Vision
- Disease management, including cognition


Algorithm for Fall Risk Assessment & Interventions
Waiting room: Patient completes Stay Independent brochure
Identify main fall risk factors
Clinical visit: Identify patients at risk
• Fell in past year
• Feels unsteady when standing or walking
• Worries about falling
• Scored ≥4 on Stay Independent brochure
No to all
Evaluate gait, strength & balance
• Timed Up and Go
• 30-Sec Chair Stand
• 4 Stage Balance Test
No gait, strength or balance problems
• Educate patient
• Refer to community exercise, balance, fitness or fall prevention program
Gait, strength or balance problem
≥2 falls or a fall injury
1 fall in past year
0 falls in past year
• Educate patient
• Refer for gait and/or balance retraining or to a community fall prevention program
Determine circumstances of latest fall
Determine circumstances of fall
Conduct multifactorial risk assessment
• Review Stay Independent brochure
• Falls history
• Physical exam
• Postural dizziness/ postural hypotension
• Cognitive screening
• Medication review
• Feet & footwear
• Use of mobility aids
• Visual acuity check
Implement key fall interventions
• Educate patient
• Enhance strength & balance
• Improve functional mobility
• Manage & monitor hypotension
• Manage medications
• Address foot problems
• Vitamin D +/- calcium
• Optimize vision
• Optimize home safety
Patient follow-up
• Review patient education
• Assess & encourage adherence with recommendations
• Discuss & address barriers to adherence

CDC.org

| Fall Risk Factor Identified | Factor Present? | Notes |
|---|---|---|
| **Falls History** | | |
| Any falls in past year? | ☐ Yes ☐ No | |
| Worries about falling or feels unsteady when standing or walking? | ☐ Yes ☐ No | |
| **Medical Conditions** | | |
| Problems with heart rate and/or rhythm | ☐ Yes ☐ No | |
| Cognitive impairment | ☐ Yes ☐ No | |
| Incontinence | ☐ Yes ☐ No | |
| Depression | ☐ Yes ☐ No | |
| Foot problems | ☐ Yes ☐ No | |
| Other medical conditions (Specify) | ☐ Yes ☐ No | |
| **Medications** | | |
| Any psychoactive medications, medications with anticholinergic side effects, and/or sedating OTCs? (e.g., Benadryl, Tylenol PM) | ☐ Yes ☐ No | |
| **Gait, Strength & Balance** | | |
| Timed Up and Go (TUG) Test<br>≥12 seconds | ☐ Yes ☐ No | |
| 30-Second Chair Stand Test<br>Below average score (See table on back) | ☐ Yes ☐ No | |
| 4-Stage Balance Test<br>Full tandem stance <10 seconds | ☐ Yes ☐ No | |
| **Vision** | | |
| Acuity <20/40 OR no eye exam in >1 year | ☐ Yes ☐ No | |
| **Postural Hypotension** | | |
| A decrease in systolic BP ≥20 mm Hg or a diastolic bp of ≥10 mm Hg or lightheadedness or dizziness from lying to standing? | ☐ Yes ☐ No | |
| **Other Risk Factors (Specify)** | | |
| | ☐ Yes ☐ No | |
| | ☐ Yes ☐ No | |

Patient: Date: Time: AM/PM

# The 30-Second Chair Stand Test

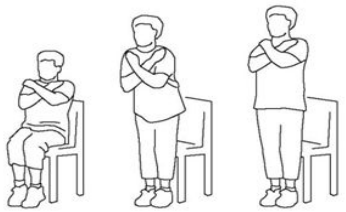
**Purpose:** To test leg strength and endurance

**Equipment:**

- A chair with a straight back without arm rests (seat 17" high)
- A stopwatch

**Instructions to the patient:**

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On **"Go,"** rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.



On **"Go,"** begin timing.

If the patient must use his/her arms to stand, stop the test. Record "0" for the number and score.

Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

Record the number of times the patient stands in 30 seconds.

**Number:** _____ **Score** _____ **See next page.**

***A below average score indicates a high risk for falls.***

Notes:

For relevant articles, go to: **www.cdc.gov/injury/STEADI**

# Lower Extremity Strength Test

## Chair Stand—Below Average Scores

| Age | Men | Women |
|---|---|---|
| 60-64 | < 14 | < 12 |
| 65-69 | < 12 | < 11 |
| 70-74 | < 12 | < 10 |
| 75-79 | < 11 | < 10 |
| 80-84 | < 10 | < 9 |
| 85-89 | < 8 | < 8 |
| 90-94 | < 7 | < 4 |

http://www.cdc.gov/steadi/pdf/30_second_chair_stand_test-a.pdf

# The 4-Stage Balance Test

**Purpose:** To assess static balance

**Equipment:** A stopwatch

**Directions:** There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open.

Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position.

When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance.

If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position.
If not, stop the test.

**Instructions to the patient:** I'm going to show you four positions.

Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don't move your feet. Hold this position until I tell you to stop.

For each stage, say "**Ready, begin**" and begin timing.
After 10 seconds, say "**Stop.**"

**Instructions to the patient:**

1. Stand with your feet side by side. **Time:** _____ **seconds**

2. Place the instep of one foot so it is touching the big toe of the other foot. **Time:** _____ **seconds**

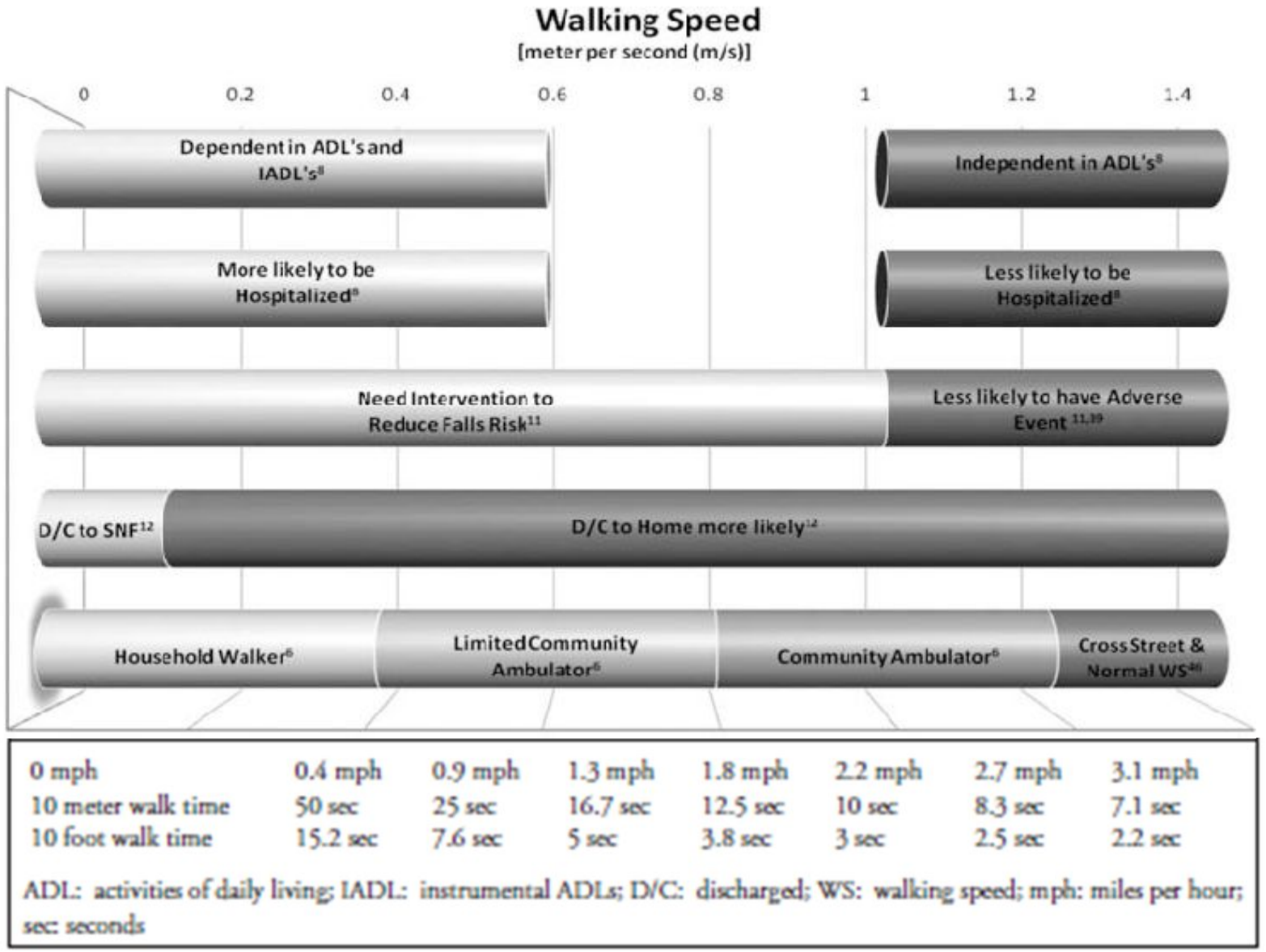
3. Place one foot in front of the other, heel touching toe. **Time:** _____ **seconds**

4. Stand on one foot. **Time:** _____ **seconds**

***An older adult who cannot hold the tandem stance for at least 10 seconds is at increased risk of falling.***

# Walking Speed: the 6th Vital Sign

Fritz S, Lusardi M, J Gero PT, Vol. 32;2:09




| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 mph | 0.4 mph | 0.9 mph | 1.3 mph | 1.8 mph | 2.2 mph | 2.7 mph | 3.1 mph |
| 10 meter walk time | 50 sec | 25 sec | 16.7 sec | 12.5 sec | 10 sec | 8.3 sec | 7.1 sec |
| 10 foot walk time | 15.2 sec | 7.6 sec | 5 sec | 3.8 sec | 3 sec | 2.5 sec | 2.2 sec |

ADL: activities of daily living; IADL: instrumental ADLs; D/C: discharged; WS: walking speed; mph: miles per hour; sec: seconds

# The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

**Instructions to the patient:**

When I say **"Go,"** I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **"Go"** begin timing.

Stop timing after patient has sat back down and record.

**Time: _____ seconds**

***An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.***

Observe the patient's postural stability, gait, stride length, and sway.

**Circle all that apply:** Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

# TUG Video

# TUG Norms

| Cut-Off Scores indicating risk of falls by population | | |
|---|---|---|
| **Population** | **Cut-Off score** | **Author** |
| **Community dwelling adults** | > 13.5* | Shumway-Cook et al, 2000 |
| **Older stroke patients** | > 14* | Andersson et al, 2006 |
| **Older adults already attending a falls clinic** | > 15* | Whitney et al, 2005 |
| **Frail elderly** | > 32.6* | Thomas et al, 2005 |
| * Time in seconds | | |

http://www.rehabmeasures.org

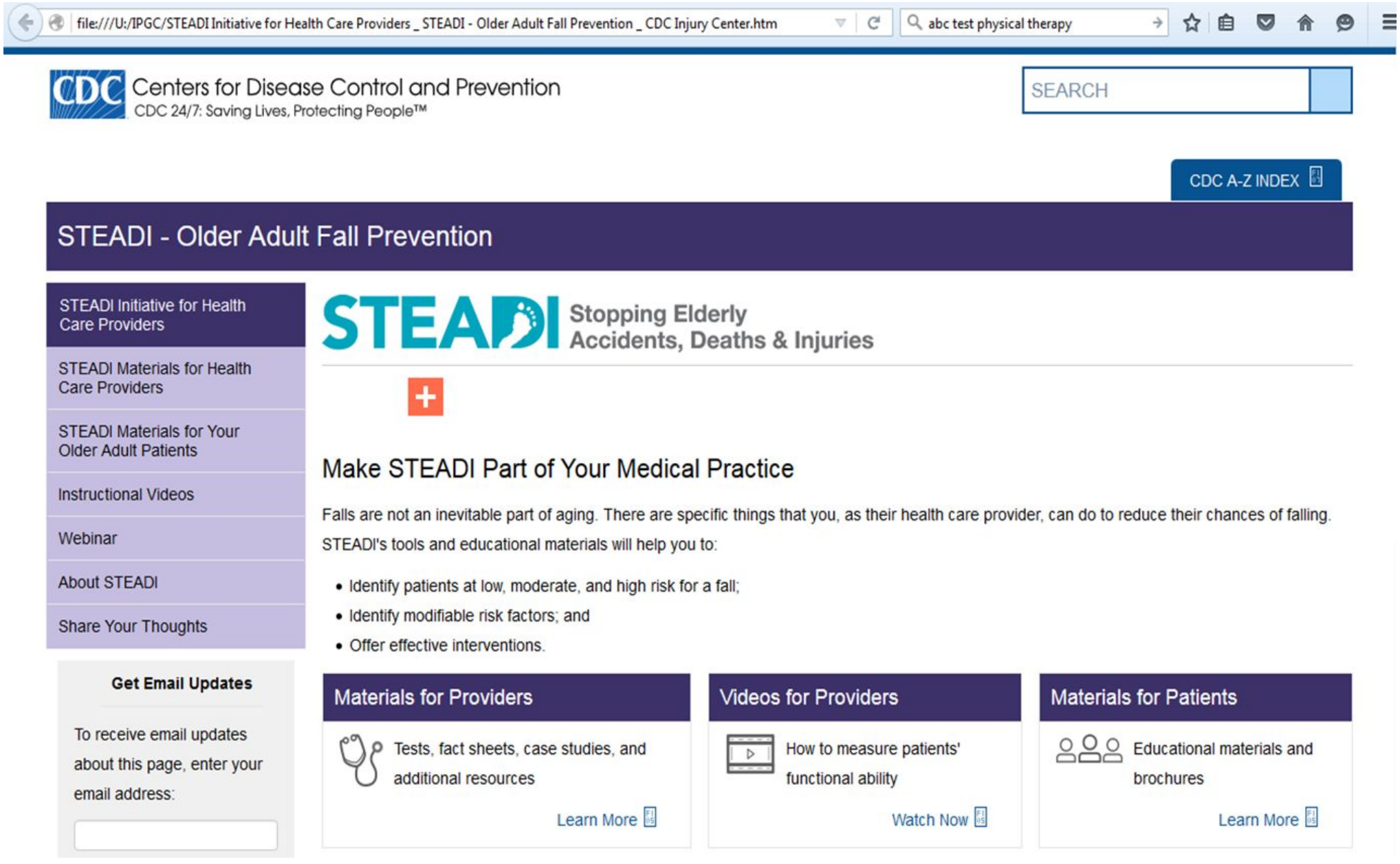
# Functional Gait Assessment Tasks

- Level surfaces
- Change in gait speed
- Horizontal head turns
- Vertical head turns
- Pivot turn
- Step over obstacle
- Narrow base of support
- Eyes closed
- Walking backwards
- Steps

# ABC - Activities-Specific Balance Confidence Scale

| Activity |
| --- |
| Walk around the house |
| Walk up and down stairs |
| Pick up a slipper from the floor |
| Reach at eye level |
| Reach while standing on your tiptoes |
| Stand on a chair to reach |
| Sweep the floor |
| Walk outside to nearby car |
| Get in and out of a car |
| Walk across a parking lot |
| Walk up and down a ramp |
| Walk in a crowded mall |
| Walk in a crowd or get bumped |
| Ride an escalator holding the rail |
| Ride an escalator not holding the rail |
| Walk on icy sidewalks |
| Total ABC score |

Scores < 67% indicates a risk for falling; can accurately classify people who fall 84% of the time.


file:///U:/IPGC/STEADI Initiative for Health Care Providers _ STEADI - Older Adult Fall Prevention _ CDC Injury Center.htm
abc test physical therapy
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
SEARCH
CDC A-Z INDEX
STEADI - Older Adult Fall Prevention
STEADI Initiative for Health Care Providers
STEADI Materials for Health Care Providers
STEADI Materials for Your Older Adult Patients
Instructional Videos
Webinar
About STEADI
Share Your Thoughts
Get Email Updates
To receive email updates about this page, enter your email address:
STEADI Stopping Elderly Accidents, Deaths & Injuries
Make STEADI Part of Your Medical Practice
Falls are not an inevitable part of aging. There are specific things that you, as their health care provider, can do to reduce their chances of falling. STEADI's tools and educational materials will help you to:
• Identify patients at low, moderate, and high risk for a fall;
• Identify modifiable risk factors; and
• Offer effective interventions.
Materials for Providers
Tests, fact sheets, case studies, and additional resources
Learn More
Videos for Providers
How to measure patients' functional ability
Watch Now
Materials for Patients
Educational materials and brochures
Learn More


Thank You
for your attention

# Oral Health

*Professor: Mitzi D'Aquila*

Keck School of Medicine of USC

Geriatric Healthcare Collective

Interprofessional Education for Collaboration in Geriatrics 2023-2024

# INTERDISCIPLINARY TEAM CARE

- Oral screenings can be done by all health care providers
- Can potentially help save lives (early detection and/or prevention)
- Referral to a dental specialist if suspected oral health issues are present

# EXAMPLES OF INTERPROFESSIONAL ROLES IN ORAL CARE

- Learn about and teach oral health screenings and educating other health care providers and patients about importance of oral health (*all providers*)
- Evaluate medical conditions and effects and contraindications to dental procedures (*Medicine, Physician Assistant*)
- Check drug interactions and allergies to meds (*Pharmacy*)
- Access to dental care, psychosocial conditions (*Social Work, Psychology*)
- Implementation and individualization of oral hygiene care and nutritional needs (*Physical Therapy, Occupational Therapy*)

# WHAT DO DENTISTS DO AND USE?

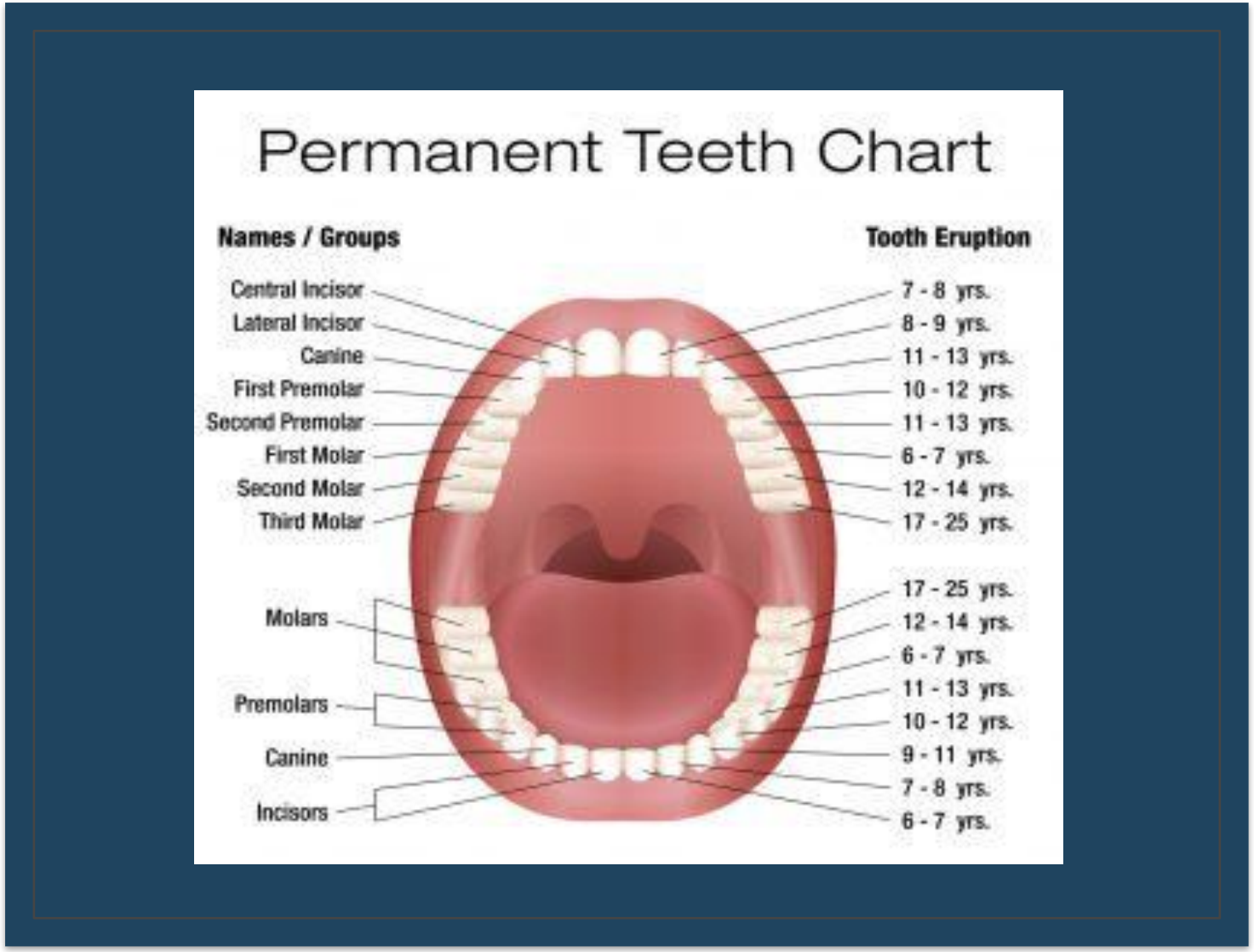
- Health care practitioners who specialize in the diagnosis, prevention, and treatment of diseases and conditions of the oral cavity
- Procedures include cleanings, fillings, crowns, endodontics, extractions, implants, dentures, surgery, and orthodontics
- Most dental procedures can cause bleeding and bacteremia
- Routine use of dental anesthesia (2% Lidocaine with 1:100K epinephrine)
- Dental procedures are STRESSFUL!!!

# COMMON ORAL HEALTH PROBLEMS

- Periodontal disease (gum disease)
- Dental caries (cavities)
- Tooth loss (full or partial edentulism) and denture-related problems
- Oral cancer
- Tooth wear

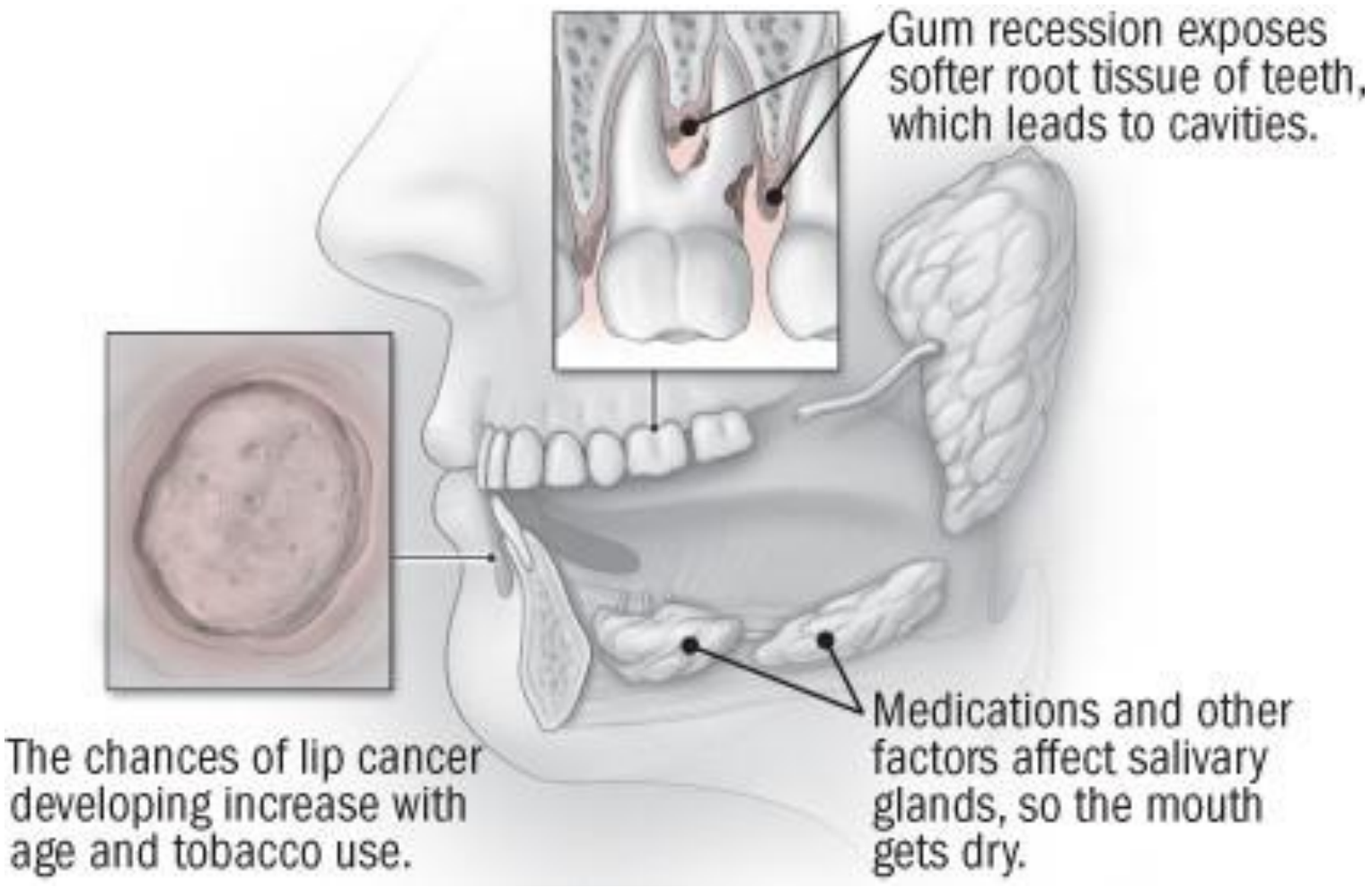
# WHAT DO DENTISTS NEED TO KNOW ABOUT THEIR PATIENTS AND WHY?

- Medical conditions (Type, Treatments, Status, Lab results)
    - Ex. Cardiovascular diseases and conditions, Diabetes, Bleeding disorders
- History of surgery and hospitalization (when, for what reason, what treatments were rendered)
    - Ex. Total joint replacements, Cancer treatments
- Medications patient is taking
    - Ex. Bleeding risks, oral side effects
- Allergies to medications




# HOW MANY TEETH DOES AN ADULT MOUTH HAVE?

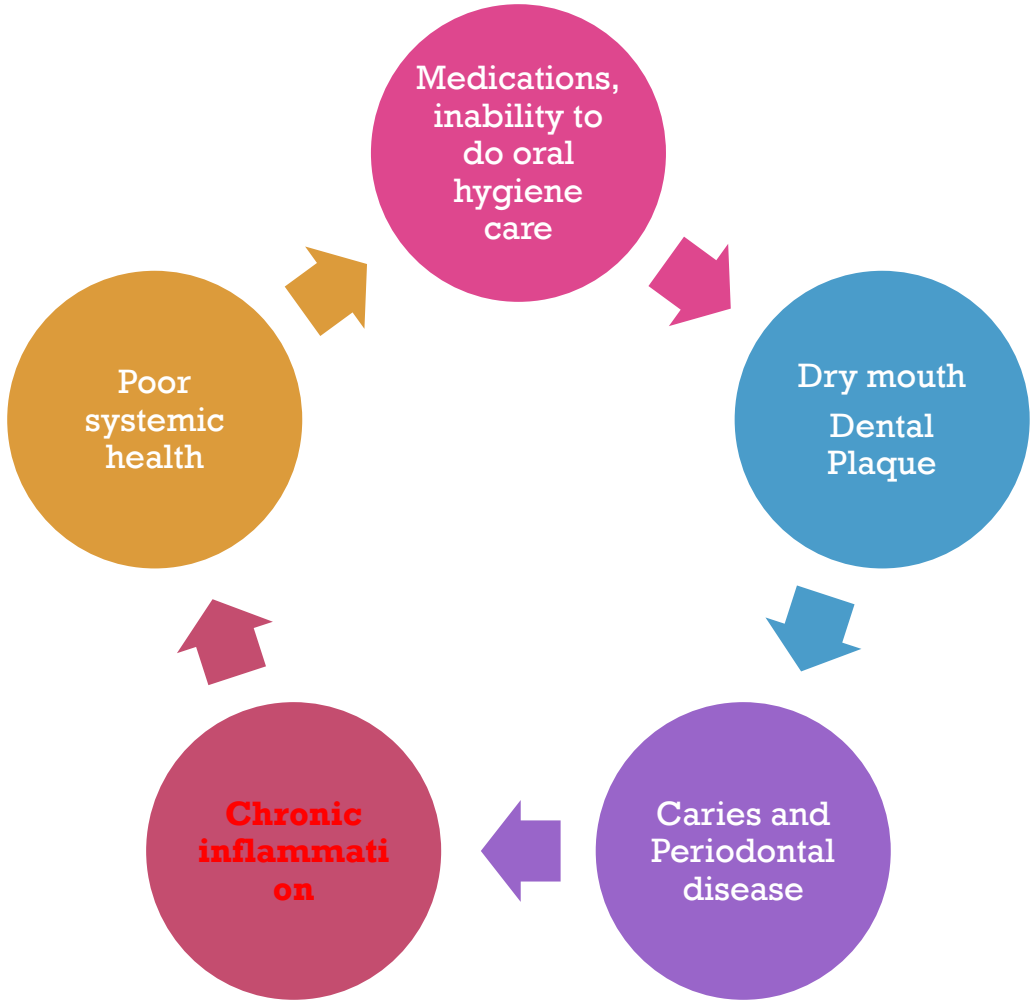
# WHAT HAPPENS IN THE AGING MOUTH?




- Take a good medical history on medications
- Be aware of dry mouth-xerostomia
- Tobacco, alcohol and caffeine, marijuana further dry out the mouth
- Consider OTC artificial saliva products : biotene oral balance, mouth Kote, xylimelts, NeutraSal,Aquoral

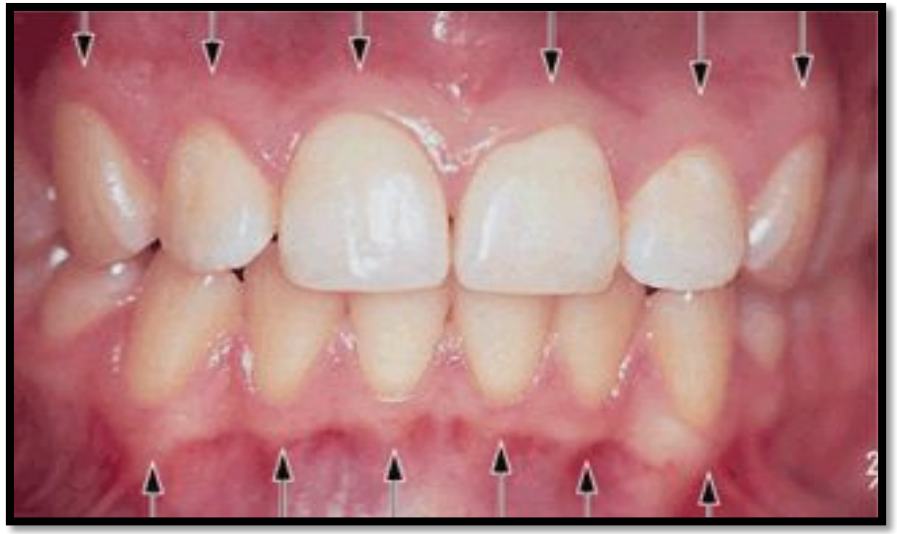
# ORAL - SYSTEMIC CONNECTIONS

- There is a cyclical pattern between oral and systemic health-worse in older adults
- Poor systemic health often leads to more medications, inability to do oral hygiene and care
- More meds and poor OH lead to dry mouth and increased plaque
- This leads to more decay and periodontal disease
- Resulting in chronic inflammation and thus leads to even poorer systemic health
- It is a vicious cycle!

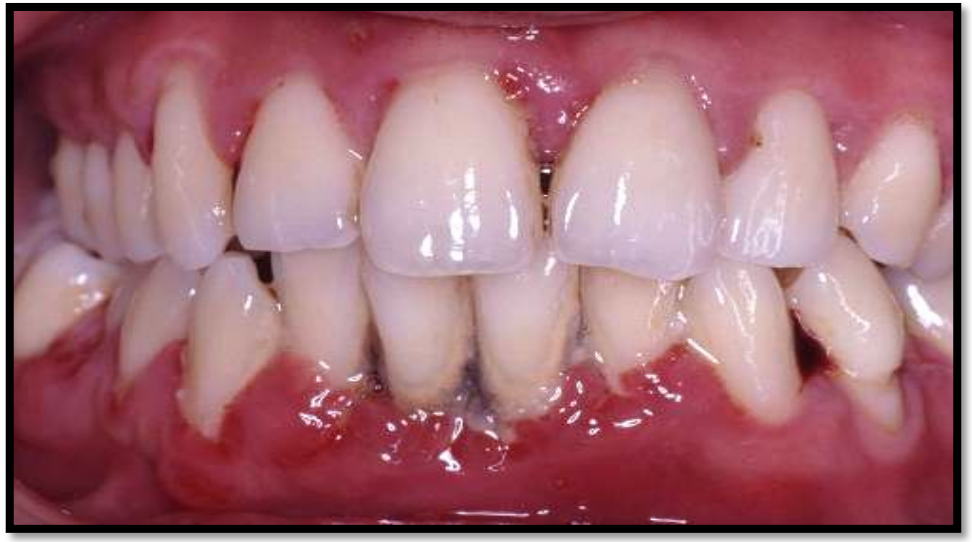


# PERIODONTAL DISEASE

- Slow progressing chronic disease
- Exacerbated by presence of plaque/calculus
- Tissue destruction is largely irreversible
- Presence of gingival recession and periodontal pocketing



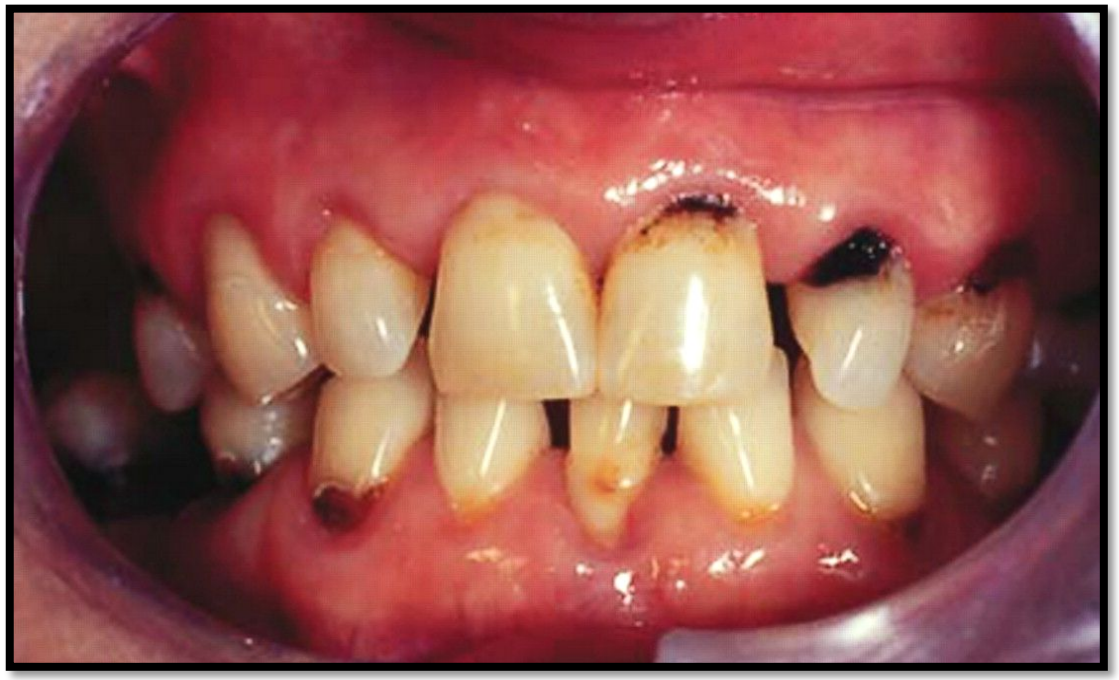
Source: Clinical periodontology and implant dentistry



Diabetologia. 2012 January; 55(1): 21–31.

# DENTAL ROOT CARIES

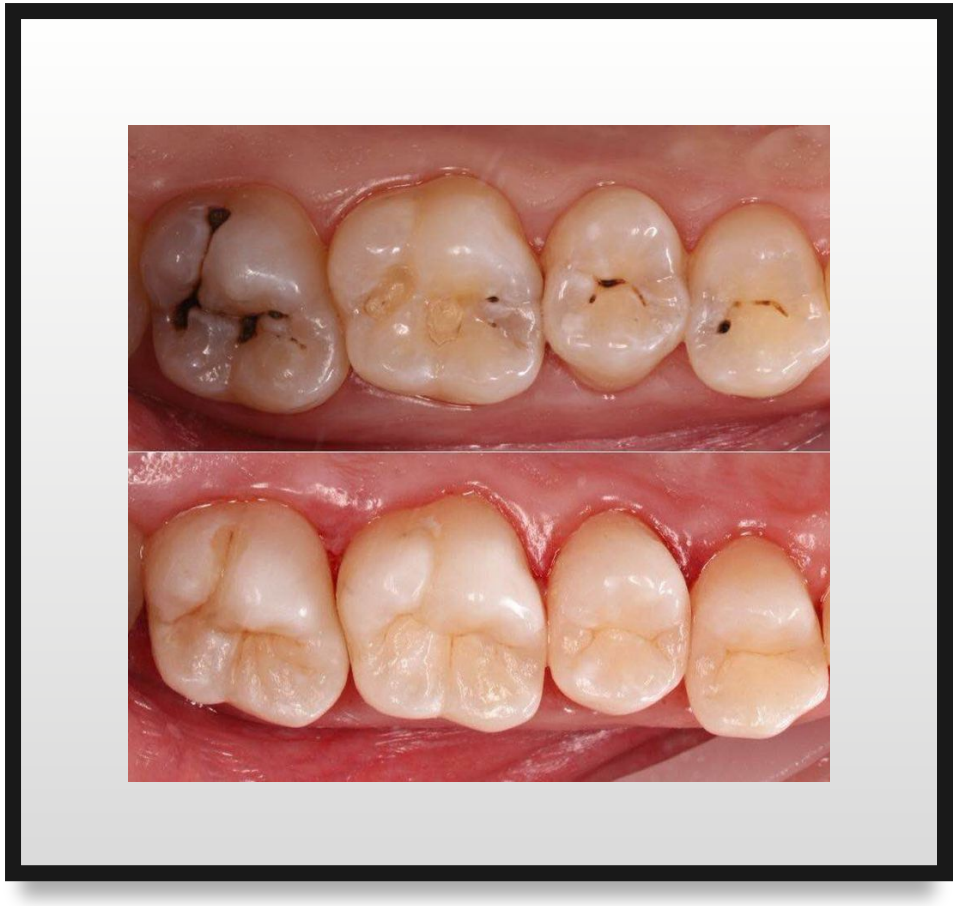
- Gingival recession can lead to exposed root surfaces (less mineralized)
- Poor oral hygiene and accumulation of plaque
- Exacerbated by lack of saliva (xerostomia or dry mouth) through use of multiple medications



Source: *JADA 2007;138(9 supplement):15S-20S.*

# DENTAL CARIES

- Younger patients tend to have more cavities in the pits/grooves of their teeth
- Interproximal decay occurs between teeth and is often the result of lack of proper flossing and oral hygiene
- Root decay occurs in the later stages of life

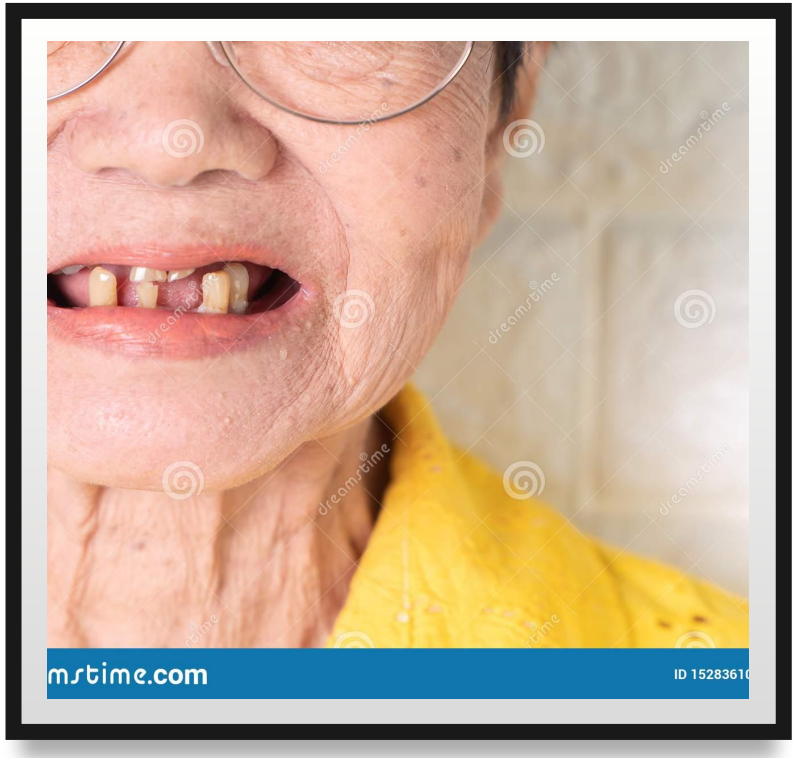


# TOOTH LOSS

- Vary according to ethnicity, gender, socioeconomic status and general health condition (ie. older seniors, women, African Americans, lower SES, lower education status, current smokers)
- Complete tooth loss declined from 50% to 18% in the past 60 years
- 27.27% of seniors over age 65 have no remaining teeth

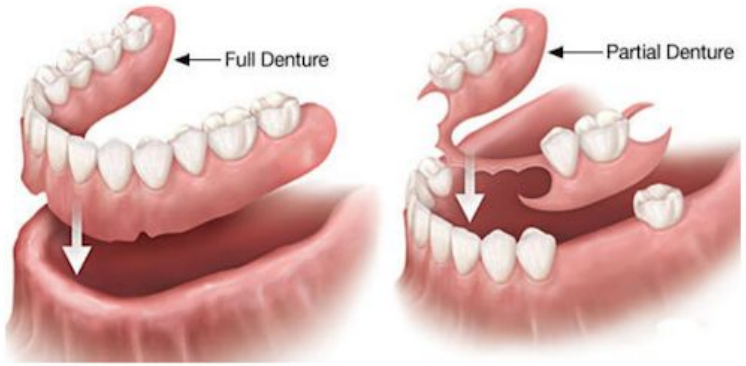
# TOOTH LOSS IMPLICATIONS

- With teeth loss there is a loss of ability to chew- less protein foods
- Higher rates of anemia
- Higher rates of  malnourishment
- Disfigurement of face- social implications



# WHAT ABOUT DENTURE AND PARTIALS?

## DENTURES




Dentures are a removable replacement option for one or more missing teeth. They also help to replace some of the surrounding gum tissue. When done well, they can be very aesthetic and comfortable.

Be mindful that it does take some time for patients to get accustomed to their new dentures.

Please consult your dentist for more information on the various types of dentures available.

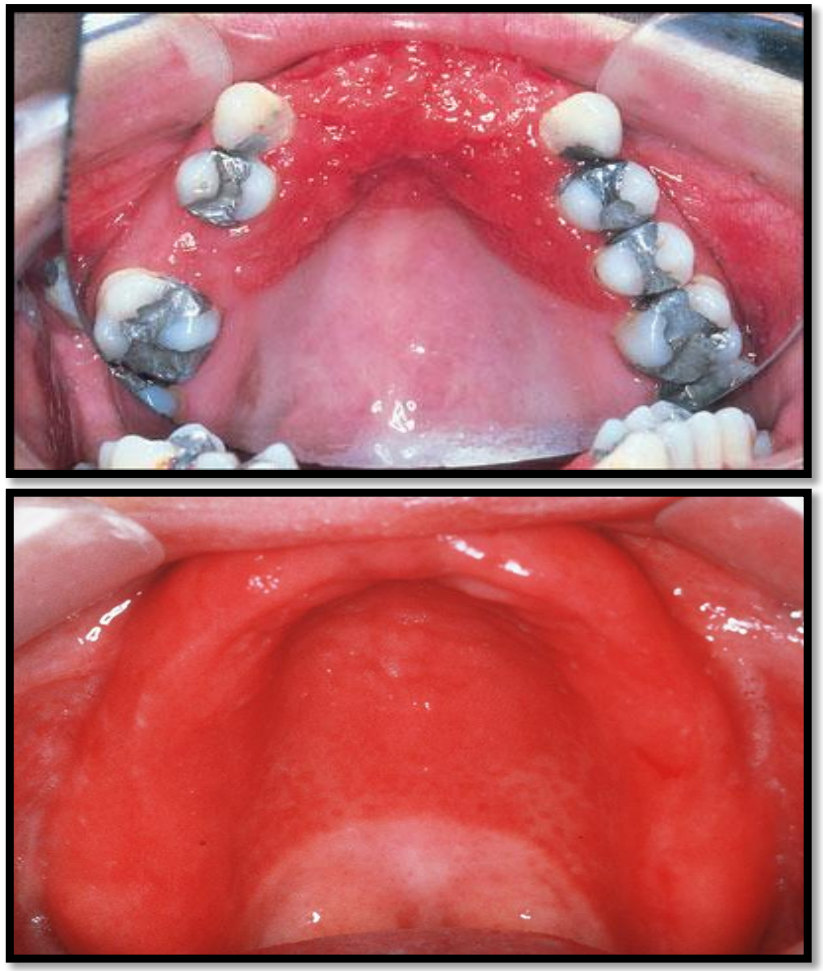
@trinidaddentalsolutions @DentalSOlutiOns

# BE MINDFUL OF BASIC DENTURE CARE

- <u>Remind older adults to care for their dentures</u>

# DENTURE-RELATED PROBLEMS

- Associated with greater tooth loss
- Denture-related stomatitis – inflammation and redness occur on the mucous membranes under the denture (usually fungal – *Candida*)
  - Ways to treat: Plaque control
  - Verify proper denture fit and adaptation
  - Denture sanitization
  - Removal of denture at night
  - Antifungal agents (Clotrimazole or Nystatin lozenges)



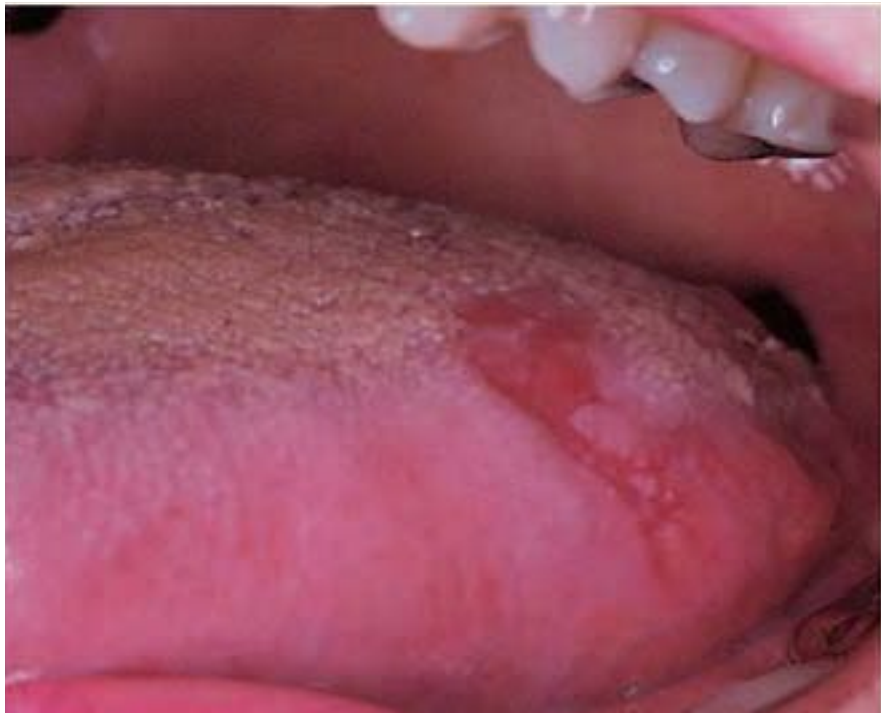
British Dental Journal 190, 235 - 244 (2001)

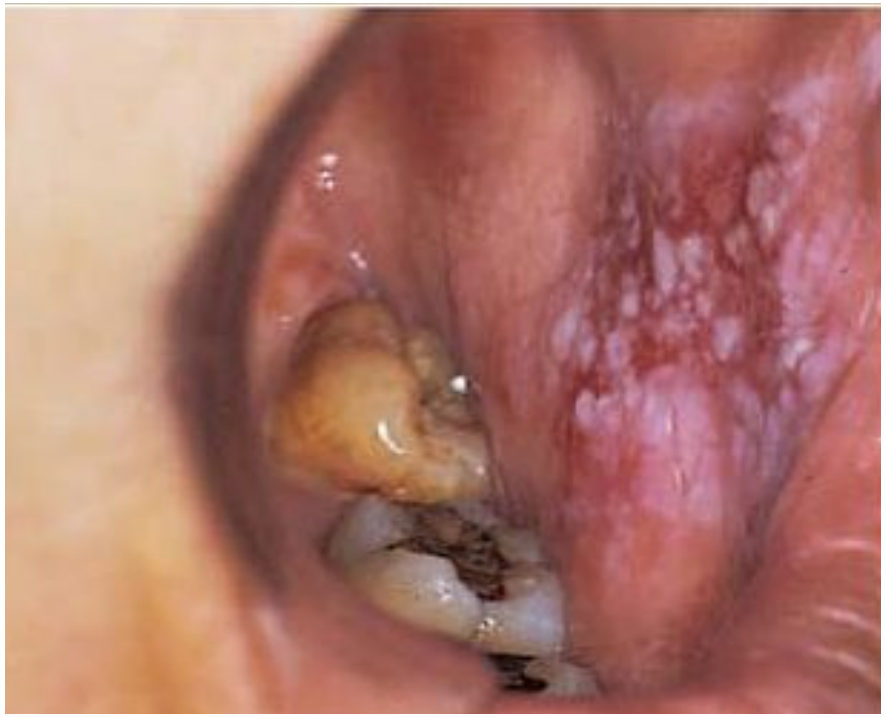
# ORAL CANCER

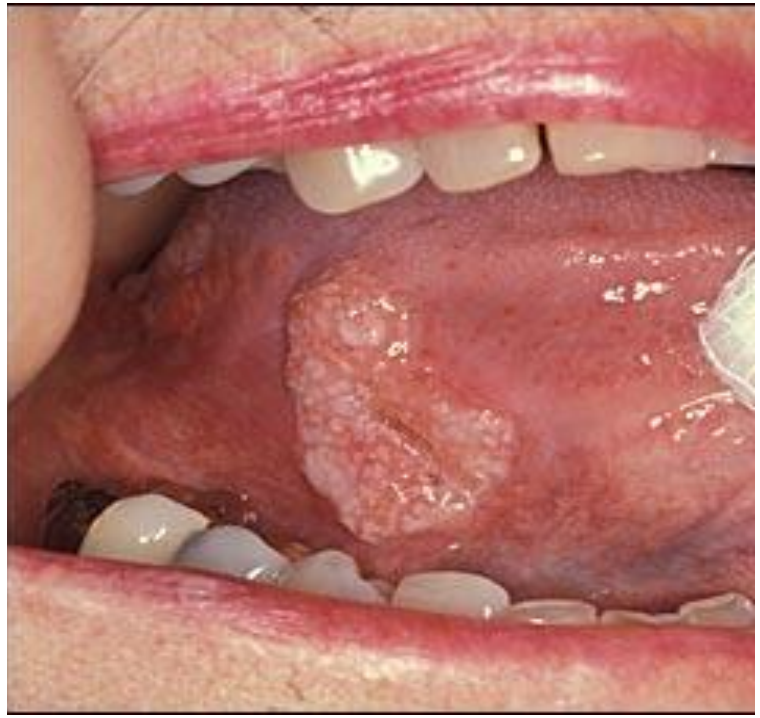
- Incidence: Over 54,000 new cases of cancer of the oral cavity and pharynx were diagnosed this past year
- Nearly 11, 000 deaths due to oral cancer occur
- More than half of these deaths occur among persons 65 years of age and older

# ORAL CANCER SCREENING

High risk areas: lateral borders, base of the tongue, floor of the mouth, oropharynx and tonsillar areas

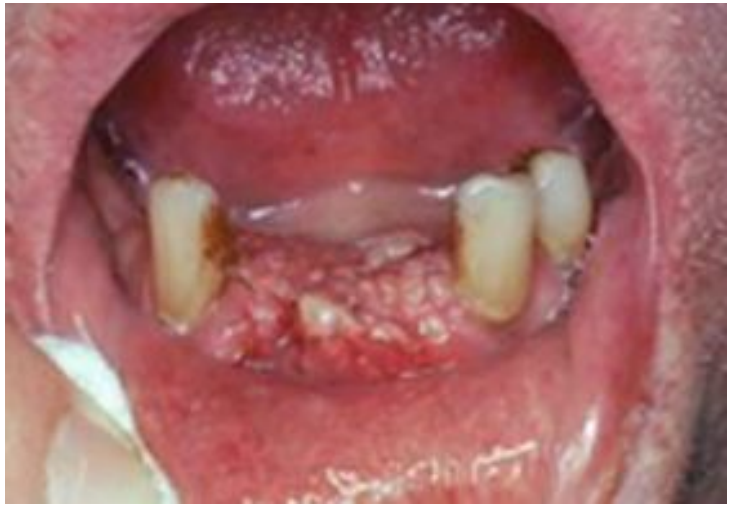


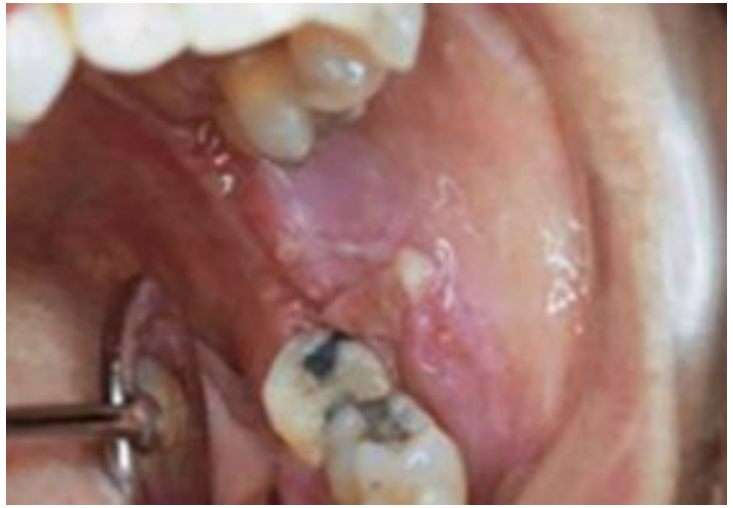


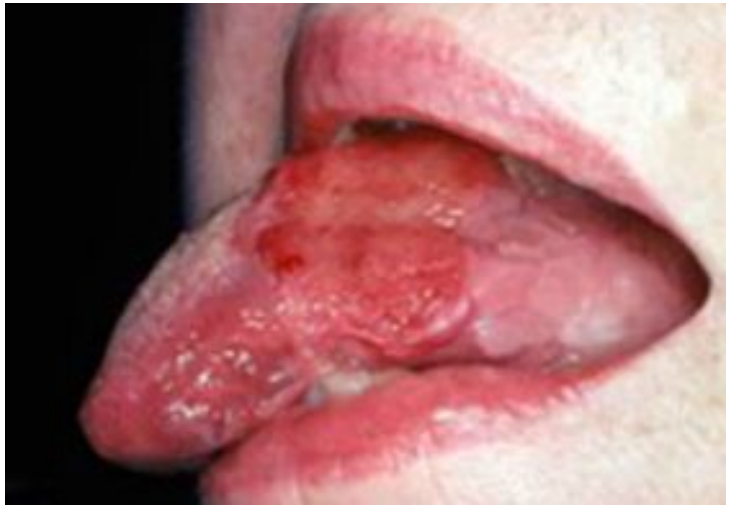


**Source: Cawson's essentials of oral pathology and oral medicine**

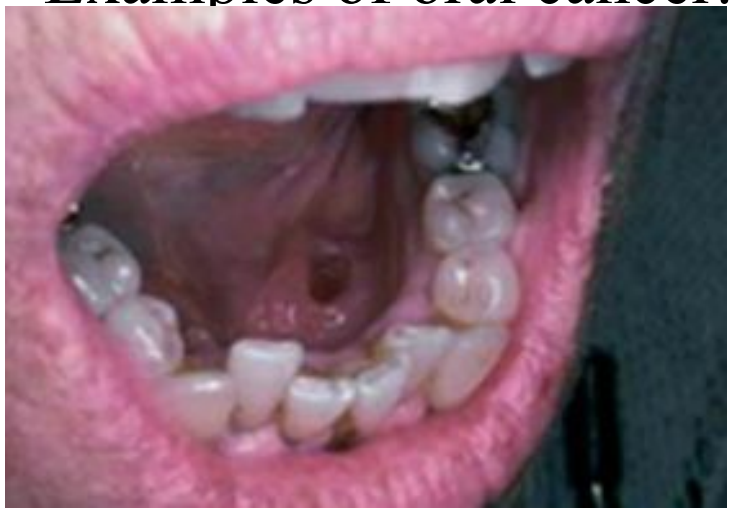
*Am Fam Physician.* 2010 Mar 1;81(5):627-634.





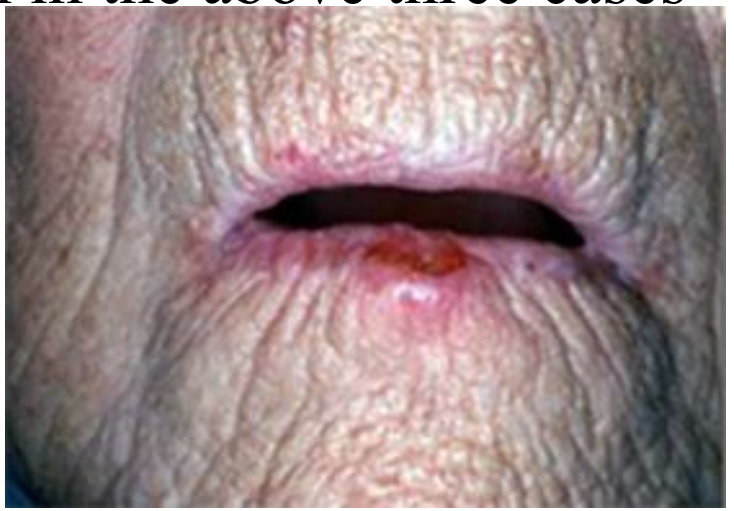


Examples of oral cancer: Squamous cell carcinoma seen in the above three cases



Malignant melanoma

Verrucous carcinoma

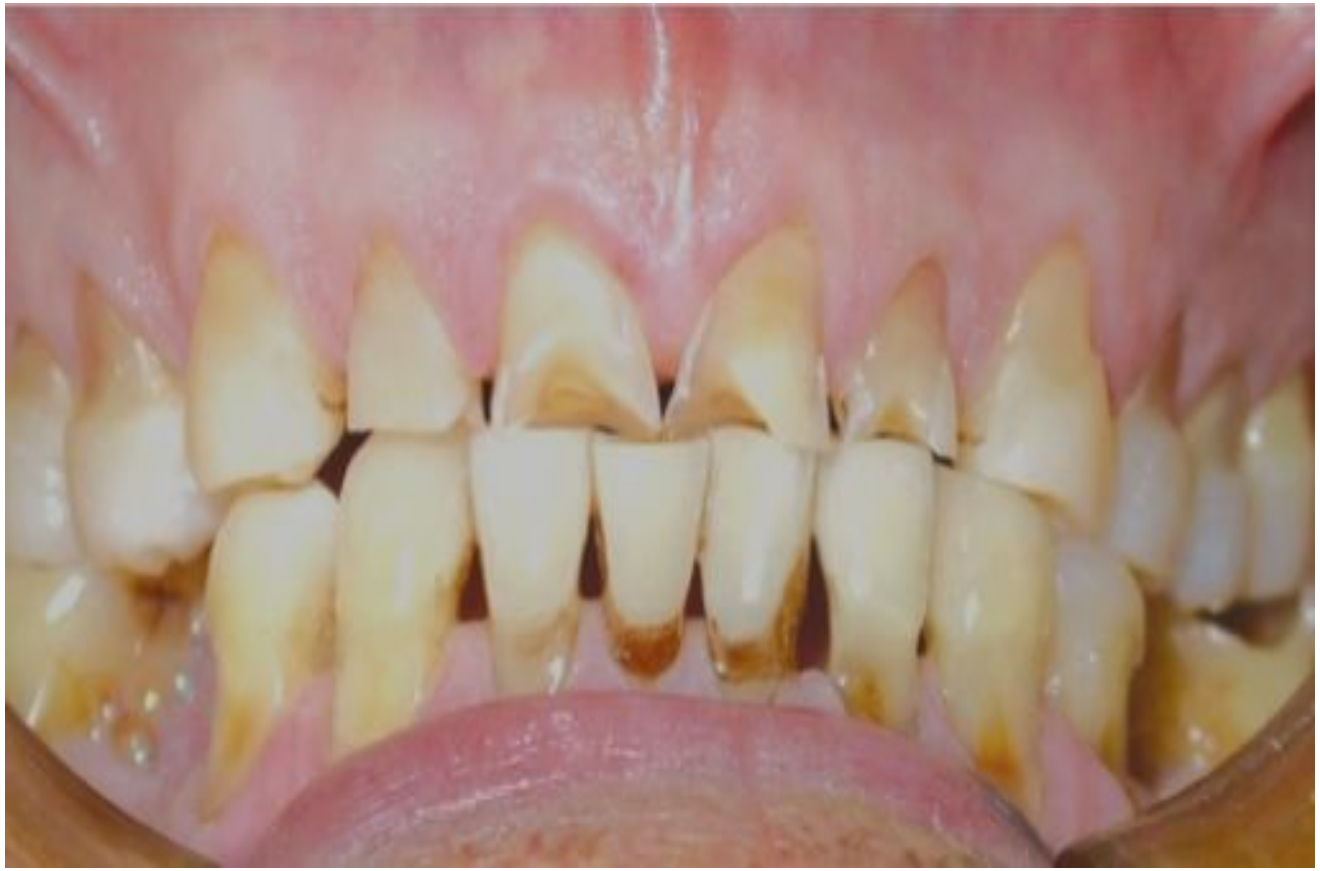


Squamous cell carcinoma

http://oralcancerfoundation.org/dental/oral-cancer-images.php

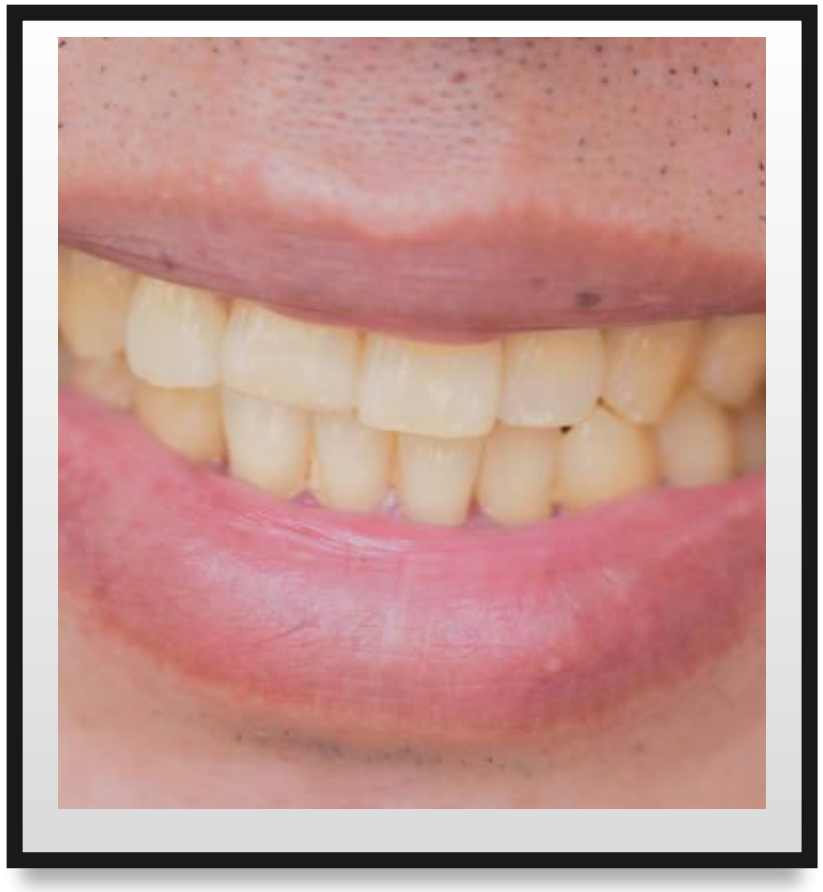
# EXCESSIVE TOOTH WEAR

- Daily wear and tear
- Excessive grinding or clenching (Bruxism)
- Attrition (includes bruxism and other parafunctional habits)
- Erosion (ex dissolution by acidic foods)
- Malocclusion



Source: Guldag MU, Buyukkaplan US, Ay ZY, Katirci G - Eur J Dent (2008)

# TEETH YELLOWING



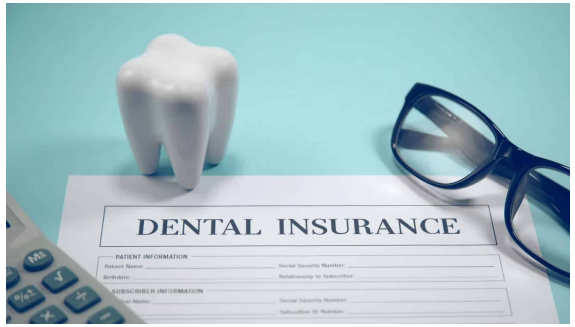
- Yellowing of the dentin inside the tooth can show through the enamel, especially as it thins and cracks with age.
- The enamel itself gets stained by coffee, tea, red wine, and tobacco.
- Whitening products :
  - Dental bleaches containing peroxide (available over the counter or through your dentist) will lighten your teeth a few shades, although the results are less dramatic in older teeth.
  - Whitening toothpastes and rinses can temporarily lift superficial stains, but don't expect the effect to last.
- Before deciding on a bleaching method, it's a good idea to talk to a dentist. Some whitening ingredients, such as carbamide peroxide and hydrogen peroxide, can make teeth sensitive. The effectiveness of different bleaching techniques can vary with the type of discoloration.

# ORAL HEALTH AND PSYCHOSOCIAL CONNECTION

- Good oral health enhances our ability to:
  - Speak (ex. “F” and “S” sounds are difficult
  - for those missing front teeth)
  - Smile
  - Smell and taste
  - Masticate (chew) and swallow
- Loss of teeth and untreated oral disease (caries and periodontal diseases) are associated with lower self-esteem and confidence

# DENTAL INSURANCE

- Over a quarter of older adults over 65 have not seen a dentist in 5 years.
- Financial constraints can play a huge role in access to care
  - Paucity of dental insurance programs for the elderly
  - Rise in cost of dental care
- Consider dental coverage through AARP, the senior citizen organization. The cost of individual coverage ranges between $30 and $55 per month depending on the level of benefits and where you live.
- If you don't have insurance and the out-of-pocket costs are too steep to shell out in one chunk, some dentists provide a credit plan that allows you to pay in monthly installments.



# QUESTIONS?

*Acknowledgement to Dr. Phuu Han, Dr. Jeremy Teoh, and Dr. Jo Marie Reilly*


# 10 Minute Break

Keck School of Medicine of USC

Geriatric Healthcare Collective

# Preparing for the Holidays

*Professor: Dawn Joosten-Hagye*

Keck School of Medicine of USC

Geriatric Healthcare Collective

Interprofessional Education for Collaboration in Geriatrics 2023-2024

# Grief & the Holidays


**For some, the holiday season brings grief to the surface, some triggers of grief may include:**

- Places, objects, symbols, scents may trigger memories of a loss
- Reminders of loved ones deceased or not present
- Not being able to engage in preferred rituals, traditions
- Comparison of self to others, the idealized family
- Movies, social media, music

***For one who is grieving, anticipation of the holiday, anniversary, or other special day is often far worse than the day itself*** (Franklin Hospice, 2022)

# Overview of Grief Process

- **Grief:** the normal process of reacting to a loss; involves a range of grief reactions; is a reaction to loss
  - Impacts us emotionally, mentally, behaviorally/socially, physically, spiritually
  - Does not occur in sequential stages, there are no time-limits
  - Everyone has their own unique journey

- **Universal TASKS** of Grief
  - **T**o accept or acknowledge the reality of loss
  - **E**xperience and process the pain of loss
  - **A**djust to new environment
  - **R**einvest in new reality (Worden, 2018)


**"Grief is… [a] form love** takes when someone we love dies."

Katherine Shear, MD; Columbia University

# Encourage Healthy vs. Unhealthy Coping with Grief during the Holidays

## Unhealthy Coping

- Excessive alcohol, illicit drugs, medications
- Excessive eating (sugar & carbs)
- Excessive sleeping
- Excessive shopping and spending
- Avoidance

*...Basically using anything to avoid, numb, or 'stuff' painful feelings – providing temporary relief, with negative long-term consequences*

## Healthy Coping

- Expression, grief rituals of remembrance (help with acceptance loss & adjustment to environment)
  - Crying
  - Walking
  - Creating (art, music, garden)
  - Sharing memories
  - Visiting gravesite or sacred space
- Seek Social Support
- Talking about needs
- Establishing boundaries
- Self-Care
- Accepting that others grieve differently
- Reminiscence, story telling

# *What is helpful to say to someone grieving?*

1. I am so sorry for your loss.
2. I wish I had the right words, just know I care.
3. I don't know how you feel, but I am here for you.

***You can and will get through the holidays. Rather than avoiding the feelings of grief, lean into them. It is not the grief you want to avoid, it is the pain. Grief is the way out of the pain.***

*(David Kessler, 2022, author, speaker, Thanatologist)*

# *What is NOT helpful to say?*

1. At least he/she/they lived a long life, many people die young.
2. He/she/they is/are in a better place.
3. I know how you feel.

# Some Tips During the Holidays to Promote Coping with Grief & Loss

- Play music or movies in memory of your loved one
- Share favorite stories, photos, or funny memories of your loved one
- Light a candle, ask for a moment of silence, or engage in other spiritual/cultural rituals of remembrance
- Show everyone it is OK to say your loved one's name and it is OK to cry
- Give a gift of a photo, scrapbook, or commemorative items
- Place a gift box under the tree for your loved one; hang up a stocking for them
- Make a memory quilt/blanket, pillow, or stuffed animal
- Plant a tree in his/her memory
- Release balloons, doves
- Journal/Write a letter to your loved one
- Bring your loved one's favorite food dish to event
- Helping others/volunteer
- Make a special seasonal arrangement (wreath, centerpiece, create an ornament)
- Set a place at the table with a photo of your loved one

(grief.com)

# Case Study & Protocols

*Professor: Jo Marie Reilly*

Keck School of Medicine of USC

Geriatric Healthcare Collective

# Interprofessional Case - Session # 3
# Cognition and Medications for Mrs. Jones

Mrs. Jones is a 95-year-old woman who has been widowed for 20 years and is living with a niece caretaker in a single-story dwelling that she has lived in for the past 50 years in Los Angeles.

**Chief complaint:**

She is brought into the interprofessional geriatric clinic because her daughter, who is visiting from Florida, notices that her mom is "more confused than ever before, has multiple bruises on her body, and seems to be going through her finances more quickly than has been allotted monthly by their trust fund for her."

Her niece is very busy studying with school and working more than her son and daughter thought and isn't home as much caring for Mrs. Jones. It seems that her nice has also "been borrowing some extra money from Mrs. Jones to pay for her school and spending money". Mrs. Jones has also been "answering a lot of phone calls and giving out her bank account number to various organizations that call and offer her free trips and vacation opportunities" that she hopes to one day be well enough to go on.

She has a single cane that she uses mostly daily inside her house. She admits that she "falls once and awhile" (last time two weeks ago) as "I am not as steady as I used to be". She has a walker, but she doesn't like to use it as it is so bulky it makes her feel like she is "driving a tractor".

## Medical history

**Medical problems**: Mrs. Jones has hypertension, type two diabetes, hypothyroidism and worsening multi-infarct dementia.

**Medications:** These problems had been well controlled on:

-Adalact 30 mg daily and Cardura, 2 mg every 6 hours (hypertension).

-Glipizide 10 mg twice daily (diabetes medication);

-Synthroid (thyroid medication) 75mcg daily.

-She also uses Ativan 2 mg 1-2 times daily for anxiety and sleep problems.

-Donepezil 10 mg at bedtime- for memory (early Alzheimer's)

Her niece puts her medications in a pill box for her every week so that her aunt can take them.

**Allergies:** She has no drug allergies

**Hospitalizations:** She was last hospitalized 4 years ago for a mild stroke and some weakness in ambulating on her left leg.

**Surgeries:** She had her gallbladder taken out 35 years ago

**Social:** She has two children-a son Paul who lives in Michigan with his family and a daughter Mary who lives in Florida with her family. They call their mom once a week to check on her. They visit twice a year, and their niece Melinda lives with Mrs. Jones as a caretaker. Melinda receives room and board in exchange for caring for Mrs. Jones while she goes to graduate school to study teaching. Melinda's duties include taking Mrs. Jones to her doctor's appointments and cooking and cleaning for her.

She ambulates with mostly a cane at home and requires help in bathing and dressing.

**Physical Exam:** Mrs. Jones is pleasant and polite. She is disheveled in her dress and her clothes look soiled.

Her blood pressure is 172/68 Her pulse is 90 with a regular rhythm. Her respiratory rate is normal, and she has no fever.

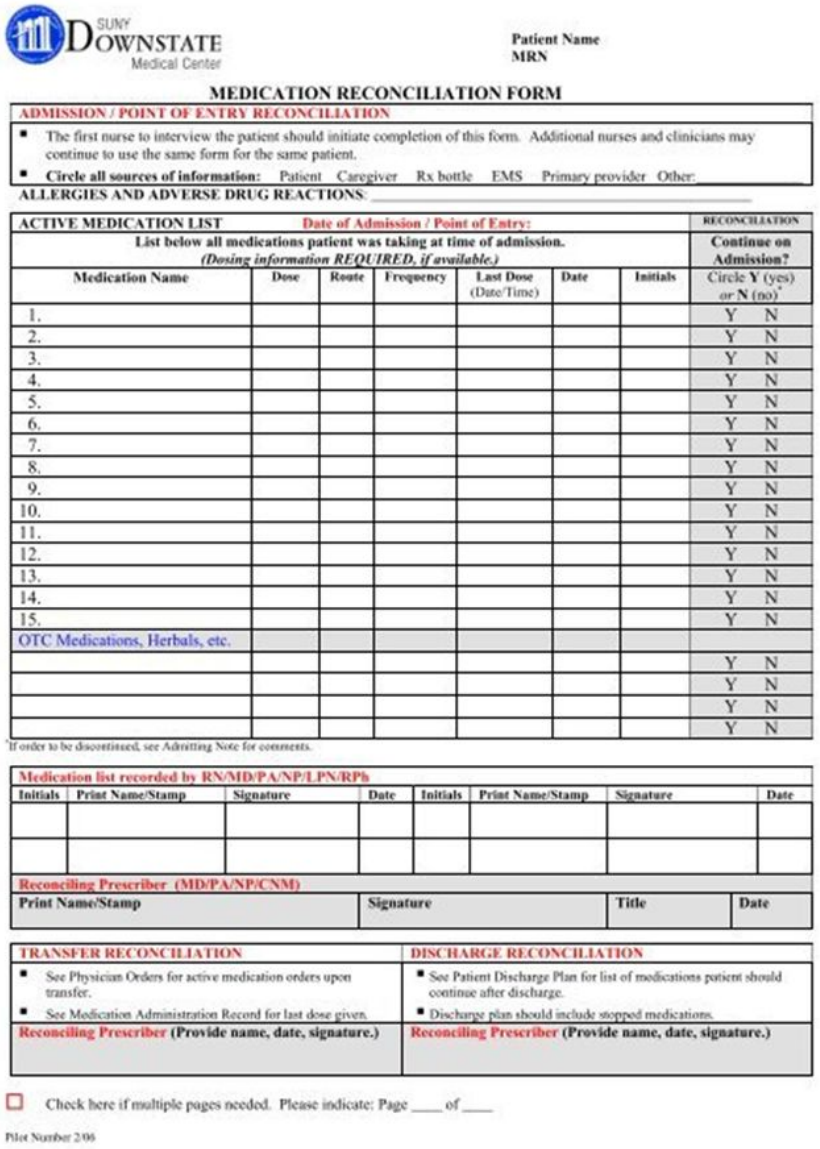
She has multiple bruises on her arms, legs, back and abdomen.

The rest of her physical exam is unremarkable.

She is oriented to person and place. She doesn't know the time, day of the week, month, or the year.

Her clock drawing is the following:

# Medication Reconciliation Form



SUNY Downstate Medical Center

Patient Name
MRN

**MEDICATION RECONCILIATION FORM**

**ADMISSION / POINT OF ENTRY RECONCILIATION**

- The first nurse to interview the patient should initiate completion of this form. Additional nurses and clinicians may continue to use the same form for the same patient.
- **Circle all sources of information:** Patient Caregiver Rx bottle EMS Primary provider Other: _____

**ALLERGIES AND ADVERSE DRUG REACTIONS:** _____

| ACTIVE MEDICATION LIST — Date of Admission / Point of Entry: — List below all medications patient was taking at time of admission. *(Dosing information REQUIRED, if available.)* | | | | | | | RECONCILIATION Continue on Admission? |
|---|---|---|---|---|---|---|---|
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Last Dose** (Date/Time) | **Date** | **Initials** | Circle **Y** (yes) *or* **N** (no)* |
| 1. | | | | | | | Y N |
| 2. | | | | | | | Y N |
| 3. | | | | | | | Y N |
| 4. | | | | | | | Y N |
| 5. | | | | | | | Y N |
| 6. | | | | | | | Y N |
| 7. | | | | | | | Y N |
| 8. | | | | | | | Y N |
| 9. | | | | | | | Y N |
| 10. | | | | | | | Y N |
| 11. | | | | | | | Y N |
| 12. | | | | | | | Y N |
| 13. | | | | | | | Y N |
| 14. | | | | | | | Y N |
| 15. | | | | | | | Y N |
| OTC Medications, Herbals, etc. | | | | | | | |
| | | | | | | | Y N |
| | | | | | | | Y N |
| | | | | | | | Y N |
| | | | | | | | Y N |

*If order to be discontinued, see Admitting Note for comments.

**Medication list recorded by RN/MD/PA/NP/LPN/RPh**

| Initials | Print Name/Stamp | Signature | Date | Initials | Print Name/Stamp | Signature | Date |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

**Reconciling Prescriber (MD/PA/NP/CNM)**

| Print Name/Stamp | Signature | Title | Date |
|---|---|---|---|
| | | | |

| TRANSFER RECONCILIATION | DISCHARGE RECONCILIATION |
|---|---|
| ▪ See Physician Orders for active medication orders upon transfer.<br>▪ See Medication Administration Record for last dose given. | ▪ See Patient Discharge Plan for list of medications patient should continue after discharge.<br>▪ Discharge plan should include stopped medications. |
| **Reconciling Prescriber (Provide name, date, signature.)** | **Reconciling Prescriber (Provide name, date, signature.)** |
| | |

☐ Check here if multiple pages needed. Please indicate: Page ____ of ____

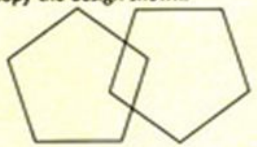
Pilot Number 2/06

# Mini Mental Status Exam

## THE MINI-MENTAL STATE EXAM*

Patient: _____ Examiner: _____ Date: _____

| MAXIMUM | SCORE | |
|---|---|---|
| | | **Orientation** |
| 5 | ( ) | What is the (year) (season) (date) (day) (month)? |
| 5 | ( ) | Where are we (state) (country) (town) (hospital) (floor)? |
| | | **Registration** |
| 3 | ( ) | Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____ |
| | | **Attention and Calculation** |
| 5 | ( ) | Serial 7s. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward. |
| | | **Recall** |
| 3 | ( ) | Ask for the 3 objects repeated above. Give 1 point for each correct answer. |
| | | **Language** |
| 2 | ( ) | Name a pencil and watch. |
| 1 | ( ) | Repeat the following "No ifs, ands, or buts." |
| 3 | ( ) | Follow a 3-stage command: "Take a paper in your hand, fold it in half, and put it on the floor." |
| 1 | ( ) | Read and obey the following: "Close your eyes." |
| 1 | ( ) | Write a sentence. |
| 1 | ( ) | Copy the design shown. |

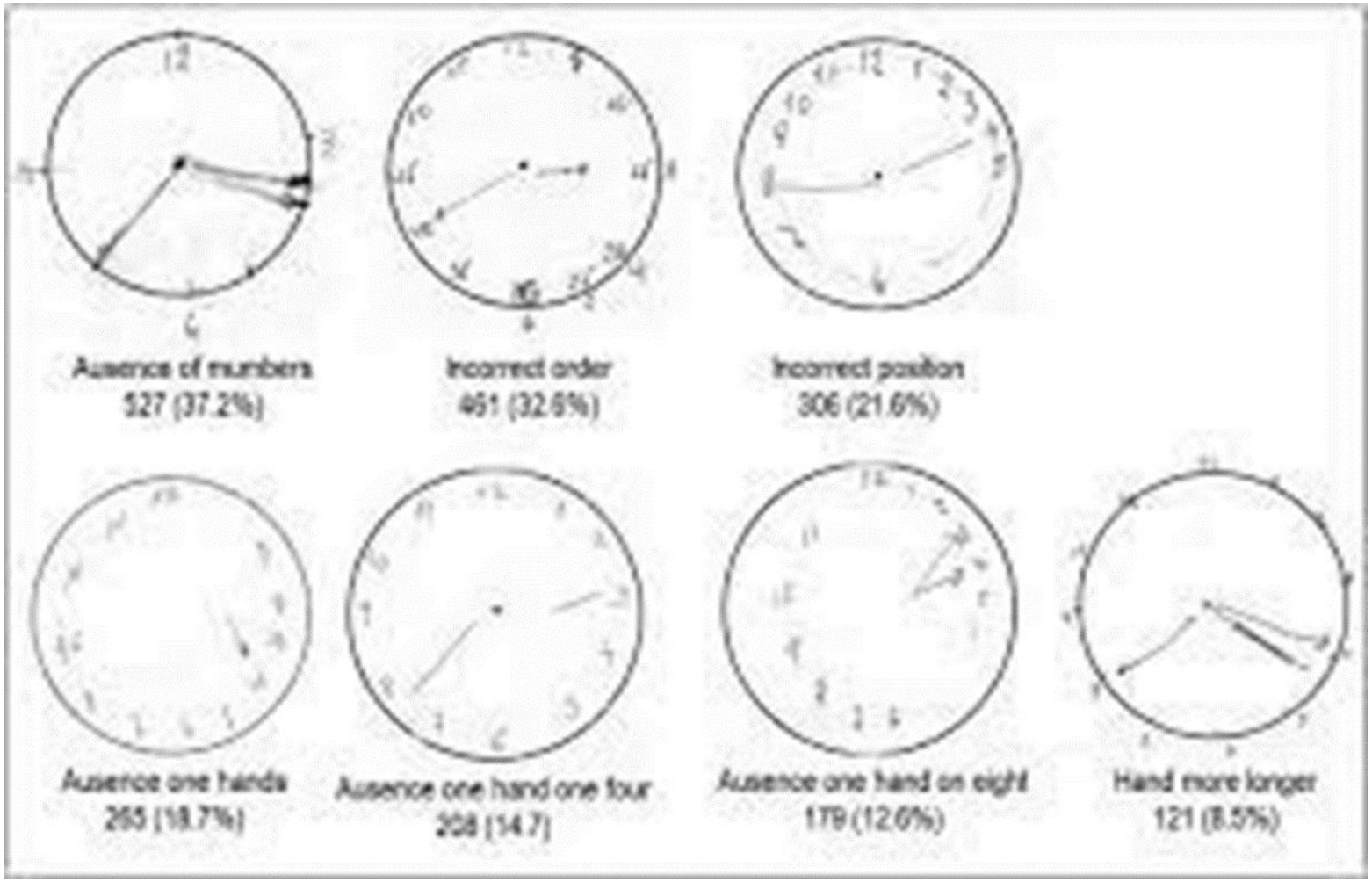


_____ Total Score

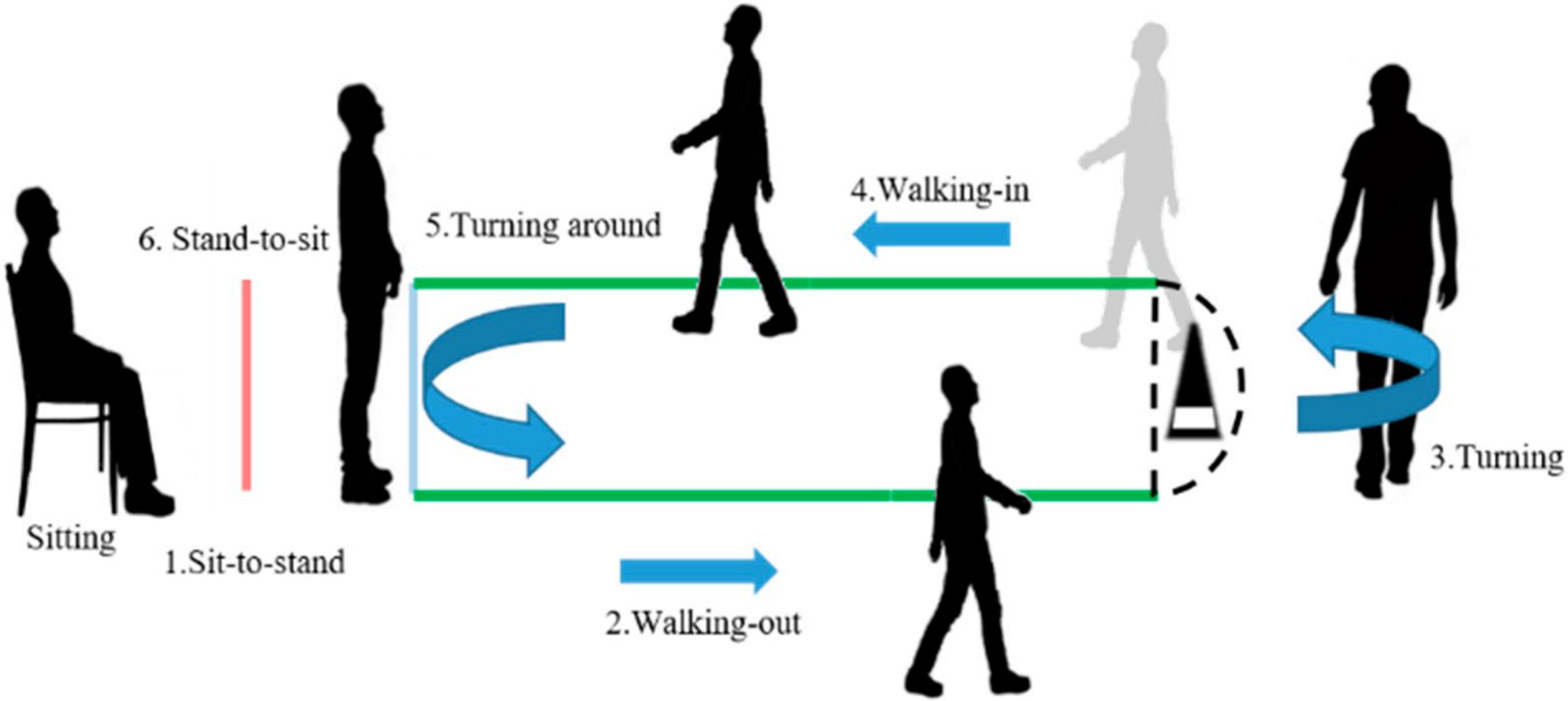
Assess level of consciousness along a continuum _____
Alert Drowsy Stupor Coma

* *From Folstein, M.E., & Folstein, S.E. (1975). Mini-mental state: A practical method for grading the cognitive state of patients for the clinician. Journal of Psychiatric Research, 12, 189-198. Reprinted with permission of Pergamon Journals Ltd.*

# Clock Drawing Interpretation



# Timed Get Up and Go (TUG) Assessment



# Timed Assessment Interpretation

Interpretation:

≤ seconds = normal

≤ seconds = good mobility, can go out alone, mobile without gait aid

≤ seconds = problems, cannot go outside alone, requires gait aid

* A score of ≥ seconds has been shown to indicate high risk of falls

Age Matched Norms:

| Timed Up and Go | Age in years | Mean in seconds |
|---|---|---|
| | 60-69 | 7.9 +/- 0.9 |
| | 70-79 | 7.7 +/- 2.3 |
| | 80-89 | No device: 11.0 +/- 2.2<br>With device: 19.9 +/- 6.4 |
| | 90-101 | No device: 14.7 +/- 7.9<br>With device: 19.9 +/- 2.5 |

# Activities of Daily Living (ADL) and Scale (IADL's)

| Activities of Daily Living (ADLs) | Instrumental Activities of Daily Living (IADLs) |
|---|---|
| Feeding | Using the telephone |
| Continence | Shopping |
| Transferring | Preparing food |
| Toileting | Housekeeping |
| Dressing | Doing laundry |
| Bathing | Using transportation |
| | Handling medications |
| | Handling finances |

# Questions

1. What are your concerns for Mrs. Jones?

2. What screening tools that you have learned in prior IECG sessions should be used to assess her?

3. By discipline, what are your concerns for Mrs. Jones and how can you each use your own distinct training, to help develop a plan for her family?

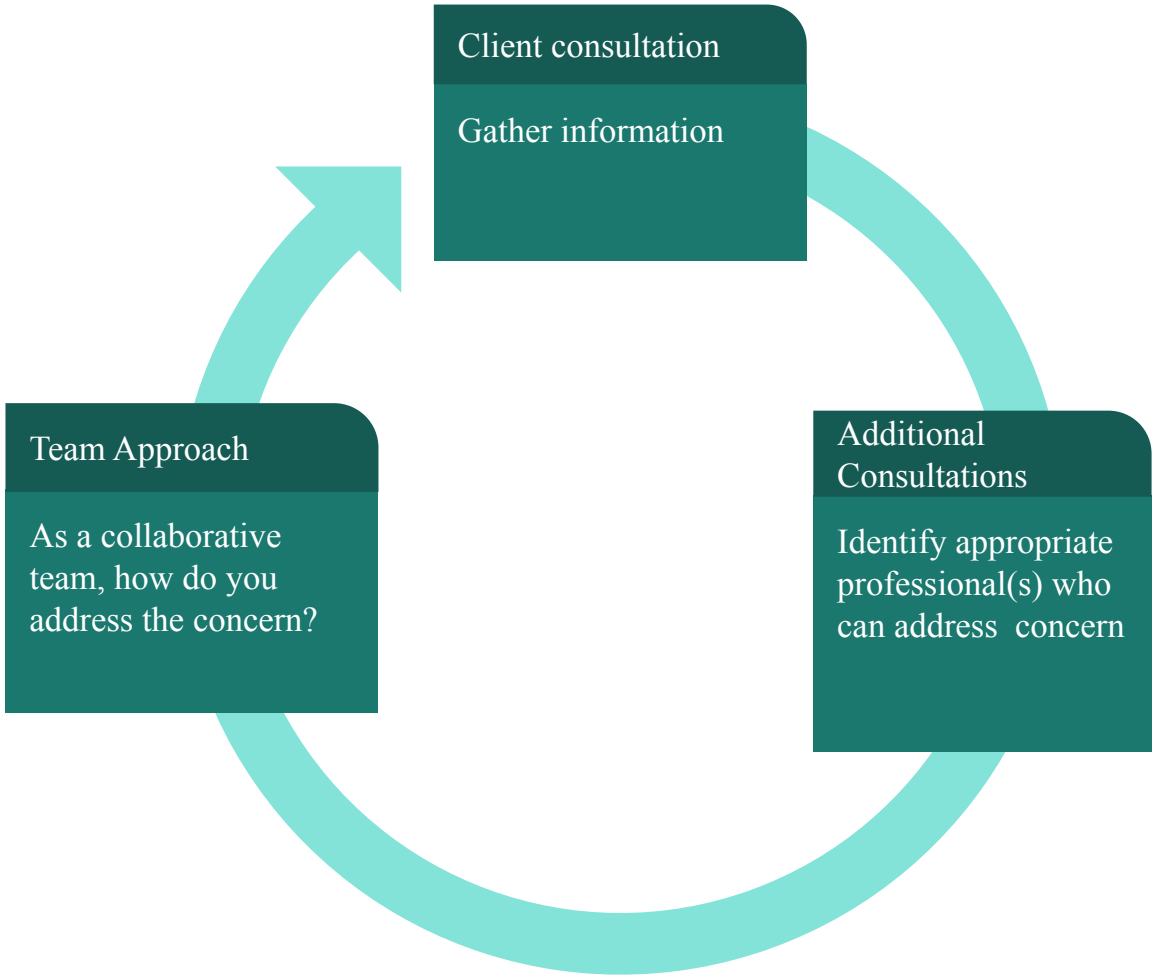
# The Team Approach to Addressing Client Concerns

*Professors: Jennifer Okuno & Bari Turetzky*

Keck School of Medicine of USC
Geriatric Healthcare Collective


POLL

# Addressing the Concern




# Discussion Questions

1. Have you transitioned from a telephone call to Facetime, Zoom, Teams in your weekly meetings?
2. How are your team members helping you in your communication with your older adult?
3. What is working well with your team communication, and what can be improved?
4. Practice conducting/screening for mobility and oral health.
5. What did you learn about medication use and cognition?
6. How would you begin conversations surrounding mobility, oral health, and grief during the holiday season?
7. Students are encouraged to send a holiday greeting card and stay connected during the holidays.

# Reflection Questions

1. How and what are you learning from your interprofessional team member?
2. What mechanisms would you use to begin conversations on mobility, oral health, and grief during the holiday season?
3. Thoughts about the holidays and staying in contact with your older adult partner?

*Friendly reminder: Please review the website for assistance with resources*
*https://gwep.usc.edu/programs/interprofessional-geriatrics-curriculum-egc-2023-2024/*


https://gwep.usc.edu/programs/interprofessional-geriatrics-curriculum-egc-2023-2024/

- Timed Up & Go (TUG)
- The 4-Stage Balance Test
- 30-Second Chair Stand
- BOHSE Oral Assessment of older Adults
- How to Brush
- The 8-Step Oral Cancer Screening
- 5-Steps to Good Flossing and Brushing

# Next IECG Sessions

The IECG course will meet in person for six sessions on Friday afternoons over the academic year.

- Friday, September 8, 2023 1:30 pm – 4:30 pm
- Friday, October 20, 2023 1:30 pm – 4:30 pm
- Friday, November 10, 2023 1:30 pm – 4:30 pm
- Friday, December 1, 2023 1:30 pm – 4:30 pm
- **Friday, January 19, 2023 1:30 pm – 4:30 pm**

**This is a home visit, students will be assigned to a senior housing site. More details will be available in a few weeks.**

- Friday, February 23, 2023 1:30 pm – 4:30 pm

# Questions

Keck School of Medicine of USC
Geriatric Healthcare Collective



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Geriatric Healthcare Collective

# Thank you for attending


Keck School of Medicine of USC
Geriatric Healthcare Collective