

Rotation objectives for Care of the Elderly Rotation/ Clinical Experience

The CFPC Priority Topics that focus particularly on Care of Elderly topics include:

- Elderly
- Behavioural Problems
- Chronic Disease
- Dementia
- Mental Competency
- Multiple Medical Problems

In addition:

- The following objectives have been generated by extracting other Key Features that mention care of the elderly after reviewing all the 99 Topics of the Canadian College of Family Physicians: "Priority Topics and Key Features". The specific Priority Topic referenced is denoted in *blue*.
- We have also extracted the pertinent "**Choosing Wisely Canada**" guidelines and inserted them in the relevant. These are also referenced in *blue*.

Medical Expert

Prevention/screening

- Be able to apply the College des medicine de Quebec Periodic Medical Exam **screening** guidelines for patients aged 60+
→ <http://www.cmq.org/publications-pdf/p-1-2015-07-01-fr-fiche-de-prevention-clinique.pdf?t=1456336182711>
- Recognize that **treatment targets** for hypertension, diabetes, and dyslipidemias must be assessed based on an individual patients' risk of serious morbidity and mortality from overtreatment and/or polypharmacy
- Avoid using medications known to cause hypoglycemia to achieve hemoglobin A1c <7.5% in many adults age 65 and older; moderate control is generally better.
.....[Choosing Wisely Canada \(Geriatrics\)](#)
- In the elderly patient taking multiple medications, avoid **polypharmacy** by:
 - monitoring side effects
 - periodically reviewing medication (e.g. "is the medication still indicated?", "is the dosage appropriate?")
 - monitoring for drug interactions
 - to work collaboratively with pharmacists both in the community and in family medicine units (when available)

- Actively inquire about non-prescription medication use (e.g. herbal medicine, cough drops, over the counter drugs including sleeping pills, vitamins)

..... *Elderly*

- Know the **immunizations** recommended for older patients to reduce the risk of:
 - Post-herpetic neuralgia
 - Pneumonia:
 - Flu vaccine, pneumovax, pneumococcal conjugate 13

..... *Immunizations, Pneumonia*

- Screen elderly patients for **disability risks/functional status** (e.g. falls, gait impairment, cognitive impairment, immobilization, decreased vision, impaired hearing,) on an ongoing basis

.....*Disability; Elderly*

- Assess **osteoporosis risk** of all elderly patient as part of their periodic health assessment
 - Counsel about primary prevention (dietary calcium, vitamin D supplementation; physical activity; smoking cessation)
 - Know how to screen elderly patients for **risk of falls** by tests like the “get up and go”, “Berg Balance Scale”
 - Recognize the signs of possible silent vertebral compression fractures with serial heights; occiput-wall test.
 - Consider a home assessment by Occupational therapy to determine a patient’s home environment that might put them at risk for fall
 - For patients with a high risk of fracture and those with fragility fracture, know how discuss treatment options, while knowing both the risks and benefits of pharmacological treatment and to safely consider and prescribe first line treatments for secondary prevention of osteoporosis (e.g. bisphosphonates, denosumab)

.... *Osteoporosis*

- Know when (and when not) to assess a patient for **cognitive impairment** according to guidelines
 - To be able to detect the subtle signs of cognitive impairment
 - To be able to recognize and clinically diagnose the different types of dementia
 - To be aware of the hereditary forms of dementia and how to screen for them

..... *Dementia*

- In patients with subtle symptoms or signs of **cognitive impairment** (e.g. family concerns, medication errors, repetitive questions, decline in personal hygiene):

- use the Mini-mental status examination and other measures of cognitive function
- to know when it is appropriate to use MOCA exam
- to be able to properly administer a Mini Mental exam
- to be aware of norms for the Mini Mental exam (ie. age, previous education level)
- Use the Geriatric depression scale along with a careful history and physical examination to make an early and positive diagnosis of dementia
- Select proper laboratory investigations
- To determine whether neuroimaging is indicated

..... *Dementia; Mental competency*

- Recognize atypical grief reactions in the elderly (e.g. behavioural changes)

.... *Grief*

- In patients with dementia, distinguish **Alzheimer's disease** from other dementias, as treatment and prognosis differ

- Recognize that some early-onset dementia, including fronto-temporal dementia and Huntington chorea are hereditary
- To be aware of the different treatment options for each type of dementia
- To know which medications to avoid in certain types of dementia
- To be able to explain to families the expected outcomes with the use of cholinesterase inhibitors

- In patients with dementia or other condition affecting cognitive function like recent stroke, **assess competency** and identify intact decision-making abilities, as many may be retained.

- To know how to properly assess competency
- To be aware of the 2 main components of competency (person and belongings)
- To know the difference between a living will, a mandate and a will.
- To know the importance of collaborative information from caregivers, friends, family and para-professionals involved in the patients' care
- To know the importance and legal implications associated with declaring competency
- To know the role and the limitations of the physician competency assessment
- To know when to make use of the para-professionals to assess competency (ie. Psycho-geriatrics, "competency clinics", social workers, occupational therapists)
- To know when to make use of occupational therapists for competency assessment

.....*Mental competency*

- Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral feeding.

..... *Choosing Wisely Canada (Geriatrics)*

- Report to appropriate authorities patients with dementia who you suspect should not be driving

- To know where and how to report

- To know how to approach the patient with your decision
- To recognize your limitations as a physician in this matter
- To recognize the differences between provinces for this issue

..... *Dementia*

- In elderly patients known to have dementia, do not attribute **behavioural problems** to dementia without assessing for other possible factors (e.g., medication side effects or interactions, delirium caused by treatable medical conditions such as sepsis, or depression).

... *Behavioural problems; Dementia, Depression*

- Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

..... *Choosing Wisely Canada (Geriatrics)*

- Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.

..... *Choosing Wisely Canada (Geriatrics)*

- In an elderly patient with a deterioration in functional status, look for and recognize **Parkinson's disease** when it is present, as it is a potentially reversible contribution to the deterioration

- In a patient with a **tremor**, do an appropriate physical examination (e.g. observation, use of techniques to enhance the tremor) to distinguish a resting tremor from essential tremor, or causes of intentional tremor (e.g. hyperthyroidism, alcohol overuse)

- To be aware of the treatment options for the different types of tremors

- In patients with suspected **Parkinson's disease**, accurately distinguish idiopathic Parkinson's disease from atypical Parkinson's disease as the treatment and prognosis might be different

- As part of the management of patients with Parkinson's disease, identify anticipated side effects of medications, especially those with which you are unfamiliar

- As part of the ongoing follow-up care of patients with Parkinson's disease:
 - Assess functional status
 - Look for other problems (e.g. depression, dementia, falls, constipation), as they are more common

.....*Parkinsonism*

- In all patients with a history of **transient ischemic attack** or completed stroke, and in asymptomatic patients at **high risk for stroke**:

- treat modifiable risk factors (e.g. atrial fibrillation, diabetes, hyperlipidemia, and hypertension)
- offer antithrombotic treatment (e.g. acetylsalicylic acid, clopidogrel) to appropriate patients to lower stroke risk
- In patients' with atrial fibrillation, discuss anti-coagulation options (e.g.. NOAC versus Coumadin) taking into consideration renal function and patients functional status, access to nursing care to do blood tests

..... *Stroke*

- Provide **anticipatory guidance**, particularly to those living in their home.
 - anticipate and discuss the eventual need for changes in the living environment
 - anticipate and discuss the eventual need for walking aids
 - to discuss/assess available social supports
 - to be aware of available social supports in the patient's area and to know how/when to refer them
 - ensure that social support is adequate
 - Discuss advanced directives

Illness

- Assess **Level of Care (Code Status)** upon admission (as a means to prevent unwanted resuscitations and invasive interventions)
 - Speaking with patient if they are apt
 - Speaking with caregivers and families
 - Collaborating with social worker when there are disagreements within a family about the code status/level of care
 - to stress the importance that caregivers and other family members are well aware of the patients' wishes in advance

.....*ACLS*

- In elderly patients requiring **resuscitation**, assess their circumstances (e.g., asystole, long code times, poor pre-code prognosis, living wills) to help you decide when to stop. (Avoid inappropriate resuscitation/invasive interventions)

.....*ACLS*

- In older persons recognize that some diseases are prone to **atypical presentations**
 - Do not exclude these diseases without a thorough assessment (e.g. pneumonia, appendicitis, depression, urinary tract infections)

..... *Elderly; Infections*

- Be aware that no good correlation exists between the presence or absence of **fever** and the presence or absence of serious pathology in the elderly

.....*Fever*

- For **nursing home patients** with a confirmed diagnosis of pneumonia, arrange for contact tracing of nursing home residents

..... *Pneumonia*

- Recognize the specific challenges of prescribing **antibiotics** to elderly patients

→ <http://www.rgpeo.com/media/51695/zvonar%20use%20of%20antibiotics.pdf>

- Prescribe **antibiotics** to adults and elderly in a way that considers:

- a) Creatinine clearance
- b) Cardiac QT interval that may be prolonged with clarithromycin
- c) Medications (particularly Coumadin) that might significantly be affected by antibiotics

..... *Antibiotics; Pneumonia*

- In elderly patients with upper respiratory infections, know the indications for Tamiflu - oseltamivir phosphate, amantadine

... *Upper respiratory tract infection*

- In an elderly patient diagnosed with a **urinary tract infection**, modify the choice and duration of treatment according to risk factors (immuno-compromised, very elderly)

..... *Urinary tract infection*

- Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

..... *Choosing Wisely Canada (Geriatrics)*

- In patients with recurrent **dysuria or vaginitis**, look for a specific underlying cause (e.g., atrophic vaginitis, retention, lichen sclerosus, vulvar cancer, contact dermatitis, colovaginal fistula, uterine prolapse, bladder prolapse). Do not assume the symptoms are just a yeast infection or urinary tract infection

..... *Dysuria; Vaginitis*

- Know potentially dangerous causes of **abdominal pain** that particularly affect the elderly, recognizing that these causes can have vague presentations

..... *Abdominal pain*

→ <http://www.acep.org/Clinical---Practice-Management/Tips-Help-Evaluation-of-Abdominal-Pain-in-Elderly/>

→ <http://intjem.springeropen.com/articles/10.1186/s12245-014-0043-2>

- Pursue investigation, in a timely manner, of elderly with unexplained **diarrhea**, as they are more likely to have pathology

..... *Diarrhea*

→ *BMJ* 2011; 342 doi: <http://dx.doi.org/10.1136/bmj.c7339>

- In addition to other causes of **anemia**, identify causes that particularly affect the elderly (e.g. myelodysplastic syndrome; chronic leukemia, anemia of chronic disease)

..... *Anemia*

→ <http://www.aafp.org/afp/2000/1001/p1565.html>

- Consider serious causes in the differential diagnosis of an **earache** (e.g. tumours, temporal arteritis)

..... *Earache*

- Be aware that a new onset headache in the elderly is more likely to represent a serious pathology.

..... *Headache*

→ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2327499/>

- In patients complaining of **dizziness**, rule out serious cardiovascular, cerebrovascular, and other neurologic disease (e.g. arrhythmia, myocardial infarction, stroke, seizure disorders)
- In patients complaining of dizziness, take a careful history to distinguish vertigo, pre-syncope, and syncope
 - In a dizzy patient, review medications (including prescription and over-the-counter medications) for possible reversible causes of the dizziness
 - In patients complaining of dizziness, measure postural vital signs
 - Examine patients with dizziness closely for neurologic signs
 - In hypotensive dizzy patients, exclude serious conditions (e.g., myocardial infarction, abdominal aortic aneurysm, sepsis, gastrointestinal bleeding) as the cause
 - Investigate further those patients complaining of dizziness who have:
 - Signs or symptoms of central vertigo
 - History of trauma
 - Signs, symptoms, or other reasons (e.g. anticoagulation) to suspect a possible serious underlying causes

.....*Dizziness*

- In patients, presenting with symptoms and/signs suggestive of **stroke**,
 - Also consider in the differential diagnosis (e.g. transient ischemic attack, brain tumour, hypoglycemia, subdural hematoma, subarachnoid bleed, seizure disorder)
- In a patient with a stroke, differentiate, if possible, hemorrhagic from embolic/thrombotic stroke (e.g. through the history, physical examination, and ancillary testing, such as scanning and electrocardiography), as treatment differs
 - Assess patient presenting with neurological deficits in a timely fashion to determine their eligibility for **thrombolysis**
- In patient who have suffered a stroke, diagnose **“silent” cognitive deficits** (not associated with sensory or motor symptoms or signs, such as inattention and impulsivity)

- Involve other professionals as needed (e.g. physical therapist, an occupational therapist, social service personal, a physiatrist, a neurologist) to ensure the best outcome for the patient
- In stroke patients with disabilities, evaluate the resources and supports needed to improve function (e.g. a cane, a walker, home care)
- In the continuing care of stroke patients with deficits (e.g. dysphagia, being bedridden), include the prevention of certain complications (e.g. aspiration pneumonia, decubitus ulcer) in the treatment plan
- In assessing elderly patients with an **acute change in mobility** (i.e., those who can no longer walk) and equivocal X-ray findings (e.g. no obvious fracture), investigate appropriately (e.g. with bone scans, computed tomography) before excluding a fracture

..... *Fractures*

Communicator Role

- Demonstrates ability to develop rapport and trust with patients and families
 - Particular skill is required in dealing with “difficult patients” and families
- Articulates the principles of the “patient-centred” method and demonstrate that they consistently incorporate this into their clinical assessments
- Accurately and clearly conveys needed information and explanations to patients, families, and colleagues
- Provides clear and accurate written documentation of clinical encounters and plans
- Discloses the diagnosis of dementia compassionately, and respect the patient’s right to autonomy, confidentiality, and safety

.... *Dementia*

- When caring for a stroke patient with severe/serious deficits, involve the patient and her or his family in decisions about intervention (e.g. resuscitation, use of a feeding tube, treatment of pneumonia)
 - Provide realistic prognostic advice about their disabilities to stroke patients and their families

... *Stroke*

Advocate Role

- When caring for patients with complex, chronic illness, disabilities, or from difficult psychosocial situations, ensure the patient and family have access to available community resources to assist them

... *Disability*

- Recognizes when a patient has social, cultural, and/or physical causes of vulnerability (also called 'determinants of health')
- Recognizes patients' and community assets
- Mobilizes additional support and resources for patients and families when vulnerable

Collaborator

- When managing a patient with complex medical or psychiatric conditions, demonstrates a team-based approach by:
 - making clear the roles of different "intervenants"
 - maintaining regular communication
 - Familiarize yourself with the other specialists that are important for care of elderly patients with physical disabilities and cognitive impairment.
- Effectively consult other specialists (both written and verbal consultations) by:
 - Formulating very clear question
 - Providing the necessary information and prior investigations that allow the consultant make their best clinical evaluation
- Engages patients and those involved in their care as active participants
- Maintains a positive working environment
- Transfers care in a way that ensures patient safety

Scholar role

- Demonstrates intellectual curiosity by asking relevant clinical questions and study
- Reads and acquires knowledge consistent with their ongoing needs (derived from personal reflection and feedback from supervisors)
- Teaches junior learners

Manager/ Leader role

- Manages their work-flow in a way that balances volume with comprehensive patient care.
- Manages their practice in a way that ensures patient safety. This includes signing off labs in a timely manner and providing follow-up assessments.
- Allocates finite healthcare resources by applying the Choosing Wisely Canada recommendations when appropriate
- Understands the importance of continuity of care in discharge planning. This is particularly true for vulnerable elderly patients.

Professional role

- Is honest
- Is on time for shifts and clinics. When anticipates being late or absent, informs the right people in a timely manner
- Recognizes own limitations and asks for help
- Is polite and respectful even during periods of stress and conflict
- Maintains patient confidentiality
- Demonstrates an awareness of own attitudes, feelings, and impact on their practice
- Reflects on clinical events to deepen self knowledge
- Demonstrates awareness of their own attitudes that can influence their patient assessments and therapeutic relationships
 - In the event of being late or absent, informs their staff or identified administrator in a timely manner
- Is aware of own strengths and limitations and seeks help when unsure
- Is respectful and polite to colleagues, administrative staff, and patients, even in stressful situations

Updated October, 2017