

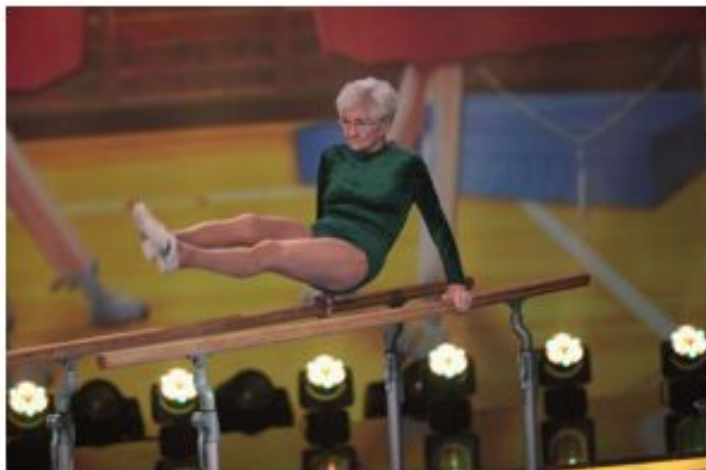
Communication with the Elderly Patients in the Geriatric Unit

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No two older people are the same.....




IN REAL LIFE





What is your perception of communicating with the older person?

- A. It's usually quite easy to do so
- B. It's usually very difficult to do so
- C. It's sometimes easy and sometimes difficult to do so



How confident are you in communicating with an older person?

- A. Not confident at all
- B. A little bit confident
- C. Moderately confident
- D. Very confident



Name as many factors as possible
that can make communicating with
an older person challenging

- You've got one minute!

- Let's go through a few potential challenges in
Communicating with and Assessing the Older Person
in Hospital (or anywhere else)

Lack of a suitable venue to interview/assess the older person

- Emergency department



Lack of a suitable venue to interview/assess the older person

- Crowded waiting room of a clinic



Lack of a suitable venue to interview/assess the older person

- Sharing wards
- Large open concept ward with curtains
- Noisy with activity and other patients and carers
- Lack of privacy



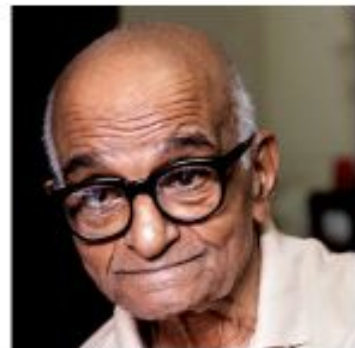
Lack of suitable venue

- Unsuitable chairs and examination couches
- Chairs too low or high, no arm rests, has moving wheels
- Exam couch too high, and not adjustable in height



Dialect Challenges

- Different accents and pronunciations.



Communicating with an older person

- Find out if the person can understand you – simple questions, What's your name?, how old are you?
- Try and gauge if there is
 - A **hearing** problem?
 - A problem with **vision**?
 - Is the person orientated, evidence of **cognitive problem**?
 - Does the person have a problem understanding **speech** or speaking?



Remember to maintain patients' dignity

- Some patients may be very embarrassed by their communication difficulties
- Remember to act patiently, watch our body language and facial expressions



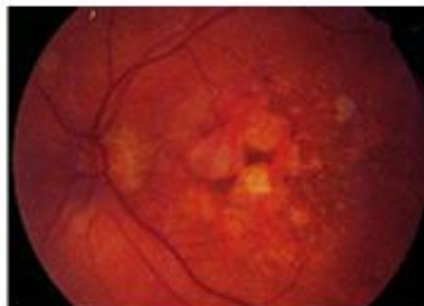
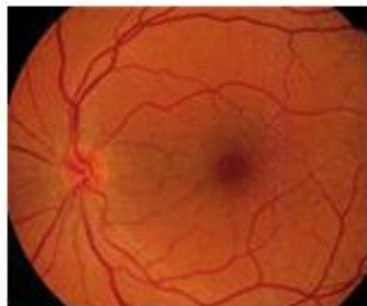
What can be causes of an older person's hearing problem?

- Sensorineural deafness
- Compacted hard wax in the ear
- Damaged hearing due to toxicity from drugs
- Previous repeated infections
- Occupational damage in youth
- Nerve Tumour



What can be causes of an older person's visual problem?

- Age related macular degeneration
- Diabetic retinopathy
- Cataracts
- Glaucoma
- Presbyopia



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What can be causes of an older person's cognitive problem?

- Delirium
- Dementia
 - Alzheimer's
 - Vascular
 - Parkinson's Disease Dementia
 - Lewy Body Dementia
 - Frontotemporal
- Depression with poor concentration, anxiety and mood
- History given may be **completely inaccurate**



Delirium

- Medical term for confusion
- Can happen with a new illness
 - Infection – (Urine, lung, gallbladder, etc)
 - Heart attack
 - Stroke
- Hypoactive delirium
 - Tired, drowsy, not sustaining attention
- Hyperactive delirium
 - Nervous, aggressive, uneasy
- Nurses and doctors may need help from family members and carers to examine the patient
- Avoid non-essential interviews at this time



Inability to give consent

- A person with advanced dementia or severe delirium cannot give consent to participate in a study or treatment



Patients with multiple conditions....

- They may not tolerate a long session of interview or assessments



Delirium

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Sensitive questions

- Income/Finances
- Marital status
- Personal activities
 - Contenance (Urine and bowels)
 - Sexual activity
 - Ability to go to toilet/bathe/dress
- Patients may get offended.....



Speech and language problems

- A few patients may have a problem **understanding** speech (receptive dysphasia)
- A few can understand but have difficulty speaking or **expressing** themselves (expressive dysphasia)
- A few have problems with **pronunciation** (dysarthria)/slurred speech
- The above may a result of a stroke, Parkinson's Disease or other medical problems



Basic tips.....Solutions



- Remember to allow a bit more time for interviewing an older person
- Try to listen without interrupting too much, redirect the topic gently if required
- Stick to one topic at a time
- Simple instructions, write down if required



Continue

- Be polite and respectful
- Address the person by the appropriate title if we know.....
 - Eg Mr., Madam, Mrs ..etc
- Not everyone likes to be called Auntie, Uncle, grandma etc

Solutions...older person has a hearing problem?

- Does he/she have a hearing aid?
- Sound/hearing amplifier using headphones and a microphone/pick-up device
- Pen and paper for those who can read and write
- Avoid rooms with distractions (including machine noises, music)
- Better with one to one conversations instead of big group interviews/discussions



Solutions.. Older person has a visual problem

- Does the person have spectacles?
- Larger print for patient information sheets
- Magnifying glass or magnifying sheet
- Good lighting in the room



Solutions.. Older person has difficulty with speech?

- Simple one stage instructions or questions
- Communication board with pictures or yes/no or ticks/crosses
- Pain score
- Give the person time to answer
- Pen and paper



I Want...



Wong-Baker FACES® Pain Rating Scale



Some communication problems are temporary.....

- The delirium can resolve when medical illness is over
- The person may have gotten appropriate hearing aids/spectacles
- Don't assume the older person will be the same as the last time you met him/her



Suitable venue to speak to an older person

- Quiet room, privacy – patient confidentiality
- Little disturbance or distractions
- Comfortable safe chairs and temperature



Patients with multiple conditions....

- They may not tolerate a long session of interview or assessments
- Plan well and be considerate
 - Concise questionnaire
 - If lengthy, split into 2 sessions
- Have water available (be careful of those with swallow problems)



What do we do when the person has cognitive impairment/dementia?

- For those with mild dementia, they may still be able to answer simple questions and make simple choices
 - Eg about what they would like to eat/drink
 - What they would like to wear etc
- For an accurate history, we may need to confirm with a family member/carer who knows the patient well
- A person with advanced dementia cannot give consent to participate in a study, needs nominated person

Summary

- Be kind and polite
- Patience required
- Appropriate venue
- Appropriate length of time
- This all may take a bit longer, but it is very important to take an accurate history and perform a satisfactory physical examination