

# The Care-of-the-Elderly Health Guide

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## BACKGROUND

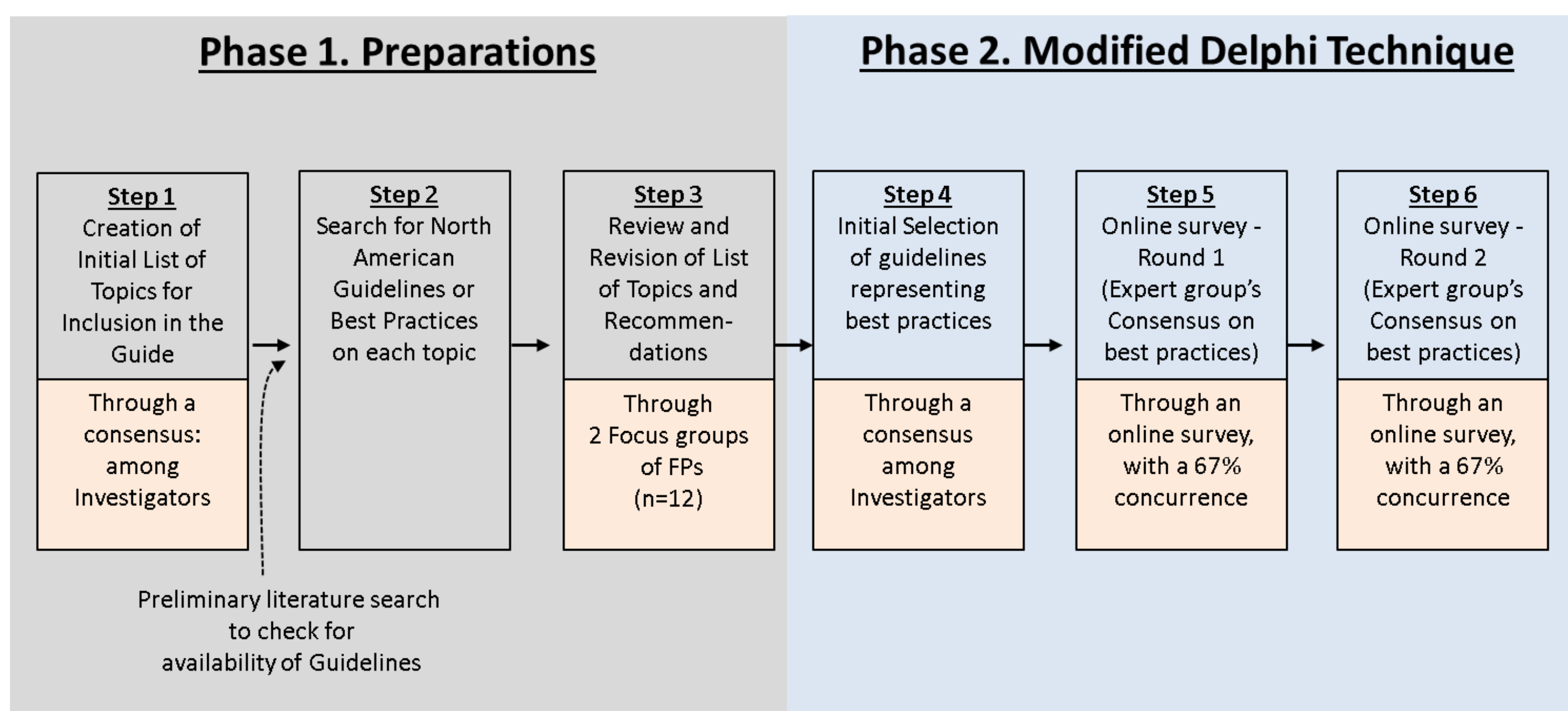
- The Care-of-the-Elderly Health Guide (Triscott J, et al., 2002) is a clinical record with cross-references to care recommendations for the elderly.
- In 2003, the Guide was endorsed by the Health-Care of the Elderly Committee of the College of Family Physicians of Canada.
- Since then, family physicians have used the Health Guide as a checklist and a monitoring tool for care to older persons.

## OBJECTIVE

- To update the Health Guide with current published evidence-based recommendations.

## METHODS

- Mixed methods with two phases.
- In Phase 1, the investigators, through consensus, created an initial list of topics and chose published recommendations on the topics, with consideration to relevance in family practice.
- This initial list was reviewed by family physicians in two focus groups. The investigators then revised the list based on the feedback.
- In Phase 2, a panel of ten Care of the Elderly physicians and geriatricians, through a modified Delphi technique with two rounds of online surveys, reviewed whether the recommendations represented current *Standards of Care*.
- Participants: Twelve family physicians and a panel of ten Care of the Elderly physicians and geriatricians.



## RESULTS

### In Phase 1:

- Initial list of 43 topics and selected recommendations.
- Two focus groups among family physicians (n=12).
- The list of topics and recommendations were reviewed, with overarching themes of user-friendliness, relevance to clinical practice, and quality of evidence.

### In Phase 2:

- In the 1<sup>st</sup> online survey, the panel of physicians was in consensus that 63 of the 66 groups (95%) of recommendations represented current *Standards of Care*. In the 2<sup>nd</sup> survey, three more groups of recommendations achieved consensus.

### Final List of Topics

#### Section A. Geriatric Syndromes

Delirium, Dementia, Mild Cognitive Impairment, Falls, Urinary Incontinence, Polypharmacy

#### Section B. Geriatric-Specific Concerns

Constipation & Fecal Incontinence, Decubitus Ulcer, Depression, Leg Edema, Insomnia, Severe Nutritional Risk, Chronic Pain, Parkinson's Disease

#### Section C. Geriatric Safety & Caregiving Issues

Caregiver Burden, Decision-Making Capacity Assessment, Fitness to Drive, Frailty Scale, Goals of Care, M.A.I.D., Environmental Safety, Elder Abuse

#### Section D. Primary Prevention for Geriatrics

Hearing, Oral Health, Osteoporosis, Vision

#### Section E. Secondary Prevention for Geriatrics

Abdominal Aortic Aneurysm, Atrial Fibrillation, Breast Cancer, Cervical Cancer, Colorectal Cancer, Coronary Heart Disease, Type-II Diabetes, Dyslipidemia, Hypertension, Chronic Kidney Disease, Lung Cancer, Prostate Cancer

#### Section F. Other Preventative Areas

Diet, Physical Activity, Sexuality, Sun Protection, Tobacco-Alcohol Use, Vaccination (Hepatitis A & B, Herpes Zoster, Influenza, Pneumococcus, Tetanus-Diphtheria-Pertussis).

## CARE OF THE ELDERLY HEALTH GUIDE (DRAFT)

### Section A. Geriatric Syndromes

#### 1. DELIRIUM

National Clinical Guideline Centre (UK). Delirium: Diagnosis, Prevention and Management [Internet]. London: Royal College of Physicians (UK); 2010 Jul. Available from <http://www.ncbi.nlm.nih.gov/login.ezproxy.librarygov.login.ezproxy.library.ualberta.ca/books/NBK65558/PubMed> PMID: 22319805.

- 1.1. Diagnosis (specialist clinical assessment). If indicators of delirium are identified, carry out a clinical assessment based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* criteria or short Confusion Assessment Method (short CAM) to confirm the diagnosis. A healthcare professional who is trained and competent in the diagnosis of delirium should carry out the assessment. If there is difficulty distinguishing between the diagnoses of delirium, dementia or delirium superimposed on dementia, treat for delirium first (2010 recommendation from the National Clinical Guideline Centre. No grading).

#### 2. DEMENTIA – BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

Moore A, Patterson C, Lee L, Vedel I, Bergman H; Canadian Consensus Conference on the Diagnosis and Treatment of Dementia. Fourth Canadian Consensus Conference on the Diagnosis and Treatment of Dementia: recommendations for family physicians. *Can Fam Physician*. 2014 May;60(5):433-8. PubMed PMID: 24829003; PubMed Central PMCID: PMC4020644.

- 2.1. Valproate should not be used for agitation and aggression in Alzheimers Disease (Grade 1A) (2012 recommendation from the 4<sup>th</sup> Canadian Consensus Conference on the Diagnosis and Treatment of Dementia – GRADE 1A: Strong recommendation; high-quality evidence).
- 2.2. A trial of antidepressant medications could be considered if the patient has an inadequate response to nonpharmacologic interventions or has a major depressive disorder, severe dysthymia, or severe emotional lability.

## CONCLUSION

The Care-of-the-Elderly Health Guide is a quick reference to geriatric care, reviewed for relevance by family physicians and a panel of experts. The Guide will be useful in primary care.