

The graying of America.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. Hello I'm Steven Clark.

More than 40 million Americans or about 15% of the population are now over the age of 65. By the year 2030, only 11 years from now, that number is expected to hit 20%. The baby boomer generation, those born between 1946 and 1964, now ages 55 to 73, and this constitutes the fastest growing population in America. To discuss the care of this generation and their parents is Sheri Klass a nurse practitioner who works in geriatric care and is board-certified in geriatric care. Welcome Sheri.

I want to start out by reading an excerpt of what you wrote me regarding the importance of geriatric education: "The need for geriatric education is a growing issue as our geriatric population continues to increase as our parents and grandparents become older their cognitive and functional status begin to decline. As in medicine, education is a significant factor in preventing the progress of disease and organ damage. Disease impacts our quality of life; whether it happens to ourselves or our loved ones. Elderly people who are disabled place a strain on family members and our health care system." I think you summed it up very well there. It comes down to education doesn't it?

It does.

And by education I guess that starts with families and caregivers, right?

It does and also seeing providers that are trained in this particular area especially geriatrics because it's a new and growing issue in our society.

Now you work in the Center for Comprehensive Care at St. Barnabas Hospital and you see elderly people every day you know in your work life. Is there a single biggest issue that you see?

Lack of knowledge and really I also do consults in the hospital and this is where I see the most need. Many of these patients are hospitalized from falls. They have delirium. They have adverse side effects of medications and the caregivers do not know about all these things that contribute to decline of the elderly.

Is there something they should be doing proactively?

Yes, come to our comprehensive clinic because we are very big with education and just teaching them about culprits that really make our elderly patients decline. Medications, that's the most important thing. Arthritis is very important. Many of the elderly patients have poorly controlled arthritis and this contributes to their falls and it also contributes to them becoming de-conditioned and not walking and really declining.

Let's talk about medication because that's a major issue and I read somewhere that the average elderly individual can take anywhere from what six to a dozen medications daily so it must be very hard for a patient and also probably for their caregiver to keep track of that, right?

It is and especially because many of them are not familiar with the drugs that they're taking and really there's a term in geriatrics called polypharmacy and this is taking more than nine medications and this confuses people and it also causes adverse side effects particularly with interactions of the drugs.

Also medication I guess can also lead to an increase in falls, right?

Definitely. There is a doctor his name is Dr. Beer who initiated a Beer's criteria and this is a series of medications at over 20 years that he's discovered that there are adverse effects linked to these medications and you would be surprised to see how many of these patients are taking these medications, for example antihistamines, allergic medications. Not even prescription medication.

This is also over-the-counter.

Exactly. There are certain even blood pressure medications like alpha blockers called clonidine that also should not be given to patients.

I guess part of the problem also is that a lot of elderly people see multiple doctors. They see a doctor for their heart, for their eyes, for their feet, for the ears, across the board they don't always talk to each other, right?

They don't, unfortunately, but thank goodness at St. Barnabas we have our EMR system so we're able to see notes from other providers. However, that's why I really believe that when you have children you go to a pediatrician and when you have older parents you go to a geriatrician because we specialize specifically in the needs of older patients.

And I guess also you know you hear about elderly people who may still live independently and you check their refrigerator and they have a jar of mayonnaise and a bottle of water and that's it. So I guess nutrition is also a big part of what you look for, right?

It's very important because patients who are malnourished have increased risk of cognitive and functional decline. They fall more and cognitively-wise they aren't really able to function and, unfortunately, their children do not live in the area and they're by themselves.

The loss of independence must be difficult for a lot of elderly people which can lead I assume to depression and anxiety and that sort of thing, I see that with my mother-in-law who is now 91. What can be done to make sure these people are treated as they should be?

Depression, it's such a treatable disease and really it's a lack of serotonin. Most of it that's usually the problem and it can be chemically repaired and also two medications or another issue that will also create depression. Also too, just the under diagnosis from primary doctors not really giving what we do it's called the phq-9, it's an evidence-based screening tool that we use to diagnose depression and it's a very good tool. It's got a high sensitive and specificity rate and it is something that can be treated and you would be surprised on the components that contribute to depression. For example, again I mentioned poorly controlled pain, people that have pain are depressed most of the time so what came first the chicken or the egg? Are they depressed because of the pain or do they have pain because of the depression and also to the anxiety and at this point you go over the medications and this definitely and many times patients are given wrong medications for their diseases for pain.

I guess also you know when you think about people who are in their 80s or their 90s they're also going through loss. I mean they've had loved ones and friends you know I know people who were in that age group who they look around they don't have any friends anymore they don't have any family and people sort of I would think don't see the sense of loss that they're going through which can lead to depression and other things like that, right?

It does and generally if you ask an older patient are you depressed they'll say no because they don't really want to be involved in that stigma of a psychiatric illness.

So there's resistance there.

Definitely, is anxiety to is also something that contributes to just decline and it's like I said it's all treatable.

Okay now I know at St. Barnabas Hospital they're undergoing some new construction. They are putting in five or six new hospital beds for geriatric patients, they're setting up an area in the ED which will be dedicated to geriatric patients. Why is that important?

Because when they go to the emergency room many times patients that fall become, especially if they have history of memory loss, dementia, they become delirious and then when they go into the ER it becomes worse and the new geriatric ER will be conducive to the geriatric population. The lighting will be less because it'll be less of a stimuli. It'll be less noisy because noise also increases delirium. There'll be rails that the patients can reach, the flooring which will have certain patterns that won't confuse patients when they're ambulating and there will be more effective pain management within the ER. There'll be more geriatric sensitive toward their issues.

What about cognitive issues? I would think there are certain signals that a caregiver or a loved one would see that indeed that may indicate that you know their grandmother, their mother, their spouse is transitioning into another chapter?

Definitely. If you notice that your family member was always really astute regarding their checkbook. They always did their checkbook meticulously and all of a sudden they started

making errors or they're not as social as they used to be. They start repeating things over again. Cognitive loss is very vague and it's not until really the patients go to the provider and then the provider starts asking them questions. "Well, do you notice they're repeating themselves? Do you notice that they're forgetting where they put their key? That they're leaving their stove on?" Just little things like that.

Now it's not reversible. I know there are things, there's medication you can take to at least slow down the progress, right?

Some memory loss is reversible really and if it has to do with maybe a thyroid vitamin b12, a medication depression. These are all treatable instances that can be reversed.

So again if you see that in a loved one you shouldn't just say wow they're getting old. Maybe you should go look into it and go see a geriatrician

Definitely and have lab work done. Have a geriatrician look at the medications to see if maybe that's a contributing factor because many times it is. And then if it's not there are medications that definitely slow down the process.

Is there a time that again a family member, a loved one, should consider that maybe the status quo is not working and they need to look into further help?

Yes, when they start to see changes that they notice that they have to start giving their parent pills, for example, like the parents were always independent and taking their pills and now they've been forgetting to take their pills or especially if they complain about their vision and they're diabetic and they're filling that insulin syringes maybe at that point we need to investigate "okay what can we do to maintain their independence however still make things accessible to them, so it's still safe.

Maybe it means looking into daycare or home care or something like that. Are those some of the options that we're talking about?

Yes and there's also adult day programs that are great, where they pick them up, they socialize, they meet new friends.

If someone is interested in making an appointment with the geriatrician at SBH Health System is there a phone number they can call?

There is. 718-960-3100 and it's the Comprehensive Care Center and not only is it very good fit in terms of the geriatric aspect of it, but we have navigators and what happens is when they come to our clinic we help them with other appointments to make sure that they go to the other follow-up appointments. We talk to the caregivers when we see the patient we like to have the family there so we can discuss everything and the patient is there so we discuss in front of everybody what is going on so we were able to give them the dignity and respect that they

deserve.

Thank you Sheri for joining us on SBH Bronx Health Talk. This was very interesting. Again for more information on geriatric care or other services available at SBH System visit www.sbhny.org and thank you for joining us. Until next time.