

Help for the Disruptive Elderly Patient

Concrete advice for handling elderly patients with psychiatric and behavioral problems was offered by Mary Jane Blaustein, RN, C, at a two-day conference last March, "Meeting the Mental Health Needs of the Elderly." Held in Annapolis, Maryland, it was sponsored by the Health and Education Council. Blaustein, an assistant professor in the Department of Psychiatry and co-director of the Dementia Research Clinic at Johns Hopkins School of Medicine, outlined a comprehensive nursing assessment, including these care-intervention guidelines:

Shouting and yelling

- Allow the patient maximum freedom to move.
- Evaluate and treat any physical pain.
- Give the patient quiet time, reducing outside stimulation.
- Remove the patient from contact with peers.



Sleep disturbance

- Make sure the patient is active during the day.
- See that the patient has a nap if he or she seems to need sleep.
- Supply a night light to reduce anxiety.

- Put the patient in a quiet room.

Suicidal ideas or threats

- Observe the patient closely, and question family members on the person's state of mind.
- Reassure the patient.
- Refer the patient for psychiatric consultation.
- Move the patient to an area where he or she will have increased social interaction.

Hallucinations, delusions

- Supply eyeglasses or a hearing aid when necessary to minimize withdrawal and paranoia.
- Involve the patient in diversional activities.
- Orient the patient verbally to the present.
- Reassure the patient.
- Elevate the head of the bed at night.
- Refer the patient for psychiatric consultation.

Family Caregivers Often Feel Overwhelmed

Family caregivers with a demented older relative at home often feel that they just can't cope, according to Peter V. Rabins, M.D., M.P.H., an associate professor of psychiatry at Johns Hopkins University School of Medicine. Rabins spoke at a conference on the mental health needs of the elderly last March in Annapolis, Maryland. He cited a Michigan study of 152 elderly patients who were institutionalized: The vast majority of caregivers—72 percent—said the reason for institutionalization was that they were "totally overwhelmed" by the demands of 24-hour care. Only 16 percent blamed behavior problems, and another 18 percent cited incontinence

as the reason for relinquishing care in the home.

In his own study of the family caregivers of 55 patients with irreversible dementia, Rabins found that 87 percent of those caregivers reported feeling chronic fatigue, anger, and depression; 56 percent said that the illness had caused conflict within the family; 55 percent complained of the loss of friends, hobbies, and leisure time; 31 percent feared that they themselves would become ill; and 25 percent felt guilt.

Rabins also noted that a strongly supportive social network and deep religious faith (independent of actual church attendance) helped caregivers cope with caring for an ill elderly relative.

Gene D. Cohen, M.D., Ph.D., associate director of aging for the National Institute of Mental Health, who led a discussion at the recent Surgeon General's Workshop on Health Promotion and Aging, says the mental health committee recommended that specific funding for mental health care for caregivers be incorporated into legislation—possibly the rural-health bill, long-term-care bills, the catastrophic-health-care bill, and the existing Medicaid program.

Simple Aids Can Help With Vision Problems

When eyesight is impaired because of a medical condition like cataracts, macular degeneration, glaucoma, or diabetic retinopathy, patients should be reassured that they can continue to perform visual tasks without fear of in-

creased eye damage, advises ophthalmologist Jeffrey S. Hillman, D.O., of St. James's University Hospital in Leeds, England.

If reading is a problem, says Hillman, the best visual aid is a 60-watt reading light positioned over one shoulder. That usually allows the pa-



tient to read at least one size smaller type than with a ceiling light alone. Many people are also helped by the use of a large magnifying glass, Hillman advises. The best magnifier is often the weakest one, which, together with reading glasses and a good light, normally enables the patient to read comfortably.

Source: "Aids for Low Vision in the Elderly," British Medical Journal, January 1988

Depression: A Difficult Diagnosis

Late-life depression deserves more attention, suggests a report by Bob Baldwin, Ph.D., a consultant psychiatrist for the elderly at the Manchester (England) Royal Infirmary. Baldwin says doctors often fail to diagnose depression in older people for three reasons: **1.** Characteristic physical signs of depression such as weight loss and fatigue may already be present due to physical ill-

ness. **2.** Elderly patients may minimize feelings of sadness and instead become preoccupied with their physical problems. **3.** Neurotic complaints caused by depression—including the recent onset of anxiety, obsessiveness, hysteria, or hypochondriasis—may obscure it.

To avoid missing the diagnosis, doctors should ask patients if they feel any of the characteristic symptoms of depression—helplessness, hopelessness, low self-esteem, or a pervasive loss of pleasure. Questioning close relatives may also uncover those symptoms.

Studies indicate that at least three-quarters of elderly patients recover or improve appreciably after drug or electroconvulsive therapy.

Source: "Late-Life Depression: Undertreated?" British Medical Journal, February 1988

New Study Emphasizes Risk From Obesity

A new report from the Framingham Heart Study indicates that even when cardiovascular risk factors are controlled, obesity is a serious, life-shortening health problem for older people.

Tamara Harris, M.D., and her colleagues studied the relationship of weight and subsequent mortality in 1,723 nonsmoking men and women over periods of one to 23 years (mean 9.5 years).

For men and women at the high extreme of the body-mass index—at or above the 70th percentile—the risk of death at both 55 and 65 years of age was almost twice as high over the entire follow-up

On the Horizon: Delayed Aging?

Scientific advances to avert or postpone the diseases that plague older Americans are within our grasp. That's the optimistic prediction of a report by 58 top U.S. scientists titled "Aging Research on the Threshold of Discovery," published by the nonprofit organization Alliance for Aging Research in Washington, D.C.

The report predicts some startling successes over the next 20 years:

- **Cloning** and therapeutically manipulating genes for longevity
- **Extending** the lives of cells through recombinant DNA techniques
- **Curing** heart disease and cancer
- **Delaying** aging and age-related diseases through the use of the steroid hormone dehydroepiandrosterone (DHEA), whose production declines with age
- **Prolonging** healthy brain function with drugs that speed up learning and perhaps with implanted microchips that duplicate parts of the brain.

"These and other advances could permit our species to live its full life span of 100 years or more, with a relatively shorter period of decline at the end of life," says David R. Carpenter, national chairman of the Alliance.

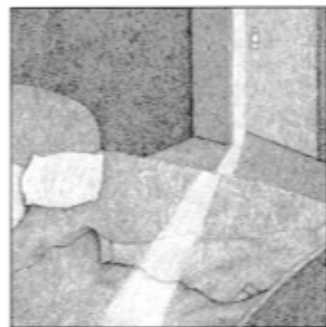
period as it was for normal-weight individuals.

The relationship of weight in middle age to weight at an older age was also important, the authors report. People who were heavy at age 55 and 65 were at significantly higher mortality risk than those who were heavy only at 65—even after other risk factors, including glucose and cholesterol levels and blood pressure, were accounted for.

Source: "Body-Mass Index and Mortality Among Nonsmoking Older Persons," *Journal of the American Medical Association*, March 1988

Nocturia— Potential Cause Of Fatigue

Nocturia—the need to urinate at night—is a fact of life for most elderly people. In a survey of 140 adults over 65, Judith C. Barker, Ph.D., and Linda S. Mitteness, Ph.D., of the University of California at



San Francisco found that 72 percent of their subjects rose at least once a night to urinate, and 24 percent routinely rose three or more times a night. Older people who made frequent bathroom trips during the day were most likely to rise often at night.

Many of the survey participants complained about the

poor quality of their sleep and the daytime fatigue that they directly attributed to nocturia.

Source: "Nocturia in the Elderly," *The Gerontologist*, February 1988

Women More Prone to Drug Errors

"More often than not, women over 85 live alone, and those who do make more medication errors," geriatric-pharmacology expert Peter P. Lamy, Ph.D., told participants at the "Meeting the Mental Health Needs of the Elderly" conference last March in Annapolis, Maryland.

In that age group women outnumber men almost three to one, says Lamy, director of the Center for the Study of Pharmacy and Therapeutics for the Elderly at the University of Maryland School of Pharmacy. Since females on the average outlive males by about eight years, older men are more likely to have spouses to help care for them and guard against medication errors, he says.

Yet despite the higher risk, Lamy says, health professionals should not assume that all of an older woman's complaints relate to drug therapy. The challenge is to watch for drug-related problems without letting them become an all-purpose diagnosis.

Mental Ills of Elderly Need Attention

Americans 55 and older with mental health problems are being neglected, charges a highly critical report from the U.S. House of Representa-

tives' Select Committee on Aging, "Mental Health and Aging: The Need for an Expanded Federal Response."

If seven million older Americans who need mental health services talk about their problems at all, they often mask their emotional needs as physical symptoms, the report says. "Potentially treatable mental health conditions among elderly adults too often go unrecognized," it concludes.

The House committee offers the following evidence of undertreatment:

- Although people 65 and over make up almost 12 percent of the U.S. population, they represent only about 6 percent of the people served by community mental health centers and only about 2 percent of those counseled by private mental health professionals.
- Men over 75 have the highest rate of suicide of any American age group.
- Nursing-home residents rarely receive active treatment for mental health disorders.
- Homebound people 65 and up have virtually no access to mental health treatment.
- Minorities 65 and older are in double jeopardy: they are more likely to have mental health problems but less likely to have the resources for adequate care.

In response to the committee's findings, chairman Edward R. Roybal (D-Calif.) has introduced legislation to broaden Medicare coverage of inpatient, outpatient, and community mental health services. The bill also requires nursing homes receiving federal reimbursement to include mental health services in patient-care plans.



Wider Role for Pharmacists Urged

"In geriatric medication pharmacists should have an expanded partnership with physicians as essential members of the caregiving team," recommends Hugh H. Tilson, M.D., Dr.P.H., chairman of the recent Surgeon General's Workshop on Health Promotion and Aging. In a potentially controversial move participants in the workshop said that the new role should include withholding a prescription pending consultation with the physician if the pharmacist has strong concerns about whether the patient should take the medication.

The workshop group seemed willing to put its money where its mouth is: it recommended that third-party payers that reimburse pharmacists for prescription-drug dispensing begin to reimburse for drug counseling and the keeping of up-to-date patient drug profiles. Workshop members also proposed expanding the Medicare program, which doesn't reimburse for drugs, to cover prescription and over-the-counter medications.

Asked whether Medicare reimbursement of pharmacists' counseling services and of prescription drugs will really happen in an era of fiscal restraint, Surgeon General C. Everett Koop responded, "I don't quit easily...I will do the best I can."

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