Managing Psychosocial Issues in Clinical Geriatrics

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Presentation Outline

- 1. Review goals and objectives
- 2. Provide overview of geriatric psychosocial issues
  - Definition and domains
  - Impact on health/QOL
  - Detection methods/barriers
- 3. Explore the MD's Role: Case Studies

Goal and Objectives

- Goal: To increase fellows' knowledge about geriatric psychosocial care provision in medicine
- Objectives: To educate about:
  - the spectrum of geriatric psychosocial problems; and
  - the skills needed to manage these problems in the practice of medicine.

What is meant by the term *Psychosocial*?

- Social and psychological aspects of person's life influencing thoughts, feelings, behaviors, health, functioning, well-being and/or QOL

Psychosocial Domains

- Social Support
- External Stressors
- Self-Care Concerns
- Emotional Health
- Alcohol Use
- Drug Use
- Advance Directives
- Religious and Cultural Needs
- English Language Fluency and Literacy
- Educational Background
- Patient-Identified Concerns

What are *Geriatric Psychosocial Problems*?

- Psychological or social adversities that are
  - Associated with substantial morbidity
  - Influence
    - disease progression
    - medical adherence
    - quality of life
  - Interventions available for many of these problems
  - Many psychosocial problems are prevalent

Case Study

- Mr. Smith, 83 yo retired salesman, residing in NYC
- Barely meets monthly expenses
  - Living alone in Manhattan in rental apartment
  - Paying for medications and co-pays for medical visits to manage Parkinson's Disease
- Married > 50 years: wife died 6 mo ago
- No family or friends:
  - Feels helpless to take medications properly or do exercise routine as he did with wife.
- Each night, alone in the quiet of his kitchen, he slowly sips several glasses of wine and ponders the value of his life, wondering if it is worth living.

Case Study: Psychosocial Problems

- What are psychosocial adversities?
  - Grief from loss
  - Social isolation
  - Financial stress
  - Depression
  - Suicidal ideation

Detection of Geriatric Psychosocial Problems

- Older adults regularly visit MDs to monitor chronic illnesses.
  - Opportunity exists for geriatric psychosocial problems to be identified and addressed
- What possible ways would these issues come to the attention of the primary care physician?

Barriers to Communications

- Patient-level Barriers
  - Not wanting to "waste" MD's time
  - Stigma
  - Deference to authority
- MD-level Barriers
  - Unfamiliarity/discomfort with issues
  - Role confusion
  - Time constraints
- Systems-level Barriers
  - Lack of reimbursement

Case Study:First Visit

- Mrs. Martha Apple, patient, female, age 79; retired nurse
- Social Support:
  - Contentedly married to husband 55 years, age 80; retired; husband escorted wife to medical office
  - Son, age 53, lives 30 minutes away; widowed with 2 teen-age sons; self-employed
  - Only sibling died 2 years ago
  - 2 close women friends in building can share worries with; 5 friends in the community sees occasionally and on phone

Case Study: First Visit (continued)

  - Sister-in-law with AD in nursing home; 2 nephews in LA
  - Husband escorts to senior center for exercise 3x per week
- Appearance: Looks younger than years, animated, well-groomed, modestly dressed
- Housing: Lives in rent-stabilized, 1 bedroom apt. in Queens
- Finances: Live on social security, pension and small savings. Modest lifestyle but comfortable and satisfying

Case Study: First Visit (continued)

- Alcohol/Drug Use: 1 glass of wine at dinner each evening
- Religious: Protestant; non-practicing for years

Case Study: First Visit (continued)

- Medical problems:
  - Diabetic, hypertension, arthritis, hearing loss--all being treated
  - Medications for diabetes, hypertension, arthritis
- Ambulates with cane
- Uses hearing aid
- Instrumental Support:
  - Independent of ADLS; husband markets, food prep (arthritis prevents her from doing these tasks); housekeeper 1x per week
- Reason for Medical Visit
  - Prior MD retired; routine; establishing care

Questions

- Any psychosocial issues evident?
  - IADL dependent
  - Adequate emotional support; limited instrumental
- What psychosocial domains need further exploration?
  - Routine screen for anxiety/depression
    - PHQ-9/2 and GAD-7/2
  - Husband's possible caregiver burden
    - How does MD explore the caregiver issues?
    - Should MD ask the husband questions directly if the husband is not the patient?
    - How does MD best manage time during visit so this issue can be addressed?

Questions (continued)

- What medical interventions would you employ?
  - Is the cane adequate—right height, proper tip?
  - Discuss diet, exercise, blood glucose monitoring
- What psychosocial interventions would you employ (depending on assessment findings)?
  - Educate caregiver about need/methods for self-care
  - Referral to social worker for home aide support

Questions (continued)

- What are possible outcomes of these interventions?
  - Reduced caregiver burden
  - Knowledge of resources should need arise
- What are possible outcomes if MD does not intervene?
  - Caregiver burden leading to depression and negative impact on health/QOL

Case Study: Second Visit (Scenario 1)

- Patient returns for scheduled appointment 2 months later
- Husband died suddenly of MI 7 weeks ago
- Patient lost 15 pounds
- Appears withdrawn; untidy appearance; not frequenting senior center/exercising; complains of poor memory, problems concentrating and fatigue
- Patient reluctant to take bus/walk in neighborhood for fear of falling or getting lost

Case Study (continued)

- Records reveal patient missed last medical appointment; did not refill prescription medications, as needed
- Blood sugars low; blood pressure low; hearing aid not functioning; complains of arthritis pain flare-ups
- Son supportive and attentive as much as possible considering his busy schedule
- Close friends and nephews in LA emotionally supportive

Questions

- Any psychosocial issues evident?
  - Depression
  - Reduced social support/ Social isolation
  - Transportation concerns

Questions (continued)

- What psychosocial domains need further exploration?
  - Assess for increased ADL/IADL dependence
    - ADL/IADL assessment instrument
    - If has increase ADL/IADL dependence, another psychosocial concern is loss of independence
  - Assess social support
    - Questions from PSST
  - Assess financial ability/desire to pay for increase home care
    - Question from G-PSST
  - Assess alcohol/drug use
    - Question from G-PSST
  - Screen for depression/suicidal ideation and anxiety
    - PSST: PHQ-9/2; GAD-7/2

Questions (continued)

- How does MD work these assessments into the medical visit? Consider:
  - Patient's engagement/Receptivity
  - Time
  - Physician's attitude/familiarity with issues
  - Availability of other team members
- Screens can impact on coding; proper coding can improve billing practices

Questions (continued)

- What medical interventions would you employ*?*
  - Treat for depression/suicidal ideation (if appropriate)
  - Address anxiety
  - Address arthritis/pain
  - Refer to audiologist for hearing aid needs
  - Anything else?

Questions (continued)

- What psychosocial interventions would you employ (depending on assessment findings)?
  - Empathy regarding her losses
  - Referral to social worker psychosocial interventions for anxiety, depression (grief counseling; referrals for support group); help with ADLs/IADLs; help with transportation issues
  - Encourage attendance at senior center
  - Psychosocial handouts (possibilities include depression, anxiety, loss of spouse; loss of independence; transportation; social isolation)

Questions (continued)

- What are possible outcomes of these interventions?
  - Decreased depression; anxiety
  - Reduction in arthritis pain
  - Social supports/exercise increased due to reengagement with senior center
  - Improved health status due to improved medication adherence and exercise
  - Nutrition and hygiene needs met w/ HHA
  - QOL/social engagement improved with hearing aid problem addressed
  - Mobility within the community, ability to travel to MD appointments

Questions (continued)

- What are possible outcomes if MD does not intervene?
  - Depression deepens
  - Nutrition negatively impacted without IADL support
  - Continued poor adherence to medical treatment so health status worsens with unstable blood sugars, hypertension
  - More socially isolated as result of difficulty traveling outside the home and inability to hear others, tv, radio
  - Deconditioning, reduced health status due to lack of exercise

Case Study: Second Visit (Scenario 2)

- Patient returns for scheduled appointment 2 months later
- Husband died suddenly of MI 7 weeks ago
- ***Son's business not going well.***
  - ***Son and his 2 teenage boys moved in with mother to help her and to reduce his monthly costs***
- Patient lost 15 pounds
- Appears withdrawn; untidy appearance; not frequenting senior center/exercising; complains of poor memory, problems concentrating and fatigue
- Records reveal patient missed last medical appointment and did not refill prescription medications as needed
- Blood sugars low; blood pressure low; hearing aid not functioning; complains of arthritis pain flare-ups
- Patient reluctant to take bus/walk in neighborhood for fear of falling or getting lost

Questions

- Any psychosocial issues evident?
  - Depression
  - Reduced social support/ social isolation
  - Transportation concerns
  - ***QOL negatively influenced by crowded living conditions***

Questions

- What psychosocial domains need further exploration?
  - Assess for increased ADL/IADL dependence
  - If has increase ADL/IADL dependence, another psychosocial concern is loss of independence
  - ***Assess abuse/neglect***
    - ***See G-PSST Questions/AMA Guidelines***
  - Assess social supports
  - Assess financial ability/desire to pay for increased home care.
  - Assess alcohol/drug use.
  - Screen depression/suicidal ideation and anxiety

Questions (continued)

- How does MD work an elder abuse assessment into the medical visit? Consider:
  - Make sure interview patient privately
  - Accept time intensive nature of elder abuse assessment: This conversation may take time
  - Be prepared: Learn assessment questions in advance to improve discussion with patients when needed

Questions (continued)

- What medical interventions would you employ?
  - Treat depression/suicidal ideation
  - Address anxiety
  - Address arthritis/pain
  - Refer to audiologist for hearing aid needs
  - Anything else?

Questions (continued)

- What psychosocial interventions would you employ (depending on assessment findings)?
  - Empathy regarding her losses
  - ***Information about abuse/neglect, including planning for safety***
    - ***Proper documentation***
  - Referral to social worker psychosocial interventions for depression (e.g., grief counseling; referrals for support group); anxiety; assistance with ADLs/IADLs; help with transportation issues; ***elder abuse***
    - ***Including help for son***
  - Encourage attendance at senior center
  - Psychosocial handouts (possibilities include depression, anxiety, transportation, loss of spouse; loss of independence; ***abuse/neglect***)

Questions (continued)

- What are possible outcomes of these interventions?
  - Decreased depression
  - Reduction in arthritis pain
  - Social supports increased due to reengagement with senior center
  - Improved health status due to improved medication adherence
  - Nutrition and hygiene needs met
  - QOL/social engagement improved with hearing aid problem addressed
  - Mobility within the community, ability to travel to MD appointments
  - ***Increased safety***

Questions (continued)

- **What are possible outcomes if MD does not intervene?**
  - Depression deepens
  - Nutrition negatively impacted without IADL support
  - Continued poor adherence to medical treatment so health status worsens with unstable blood sugars, hypertension
  - More socially isolated as result of difficulty traveling outside the home and inability to hear others, tv, radio
  - ***Imperiled financially if supporting grandkids and son***
  - ***Physical injuries***
  - ***Increased mortality risk***

Wrap-Up