THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

The Aging Population: Considerations and Strategies to Maximize Care and Quality Outcomes for the Older Adult

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Why is Geriatrics Different Than Adult Health?

- Functionality versus mortality
- Geriatric Syndromes
- Ageism
- Collaborative practice
- Preventive care
- Family and support system
- Complex care
- Treatment decisions

What Makes Older Cancer Patients Different Than Younger Patients?

- Many seniors are on multiple medications
- Multiple pre-existing conditions
- Less physical reserve
- Less social support
- Living alone
- Limited income
- Multiple healthcare providers

The Aging Population

Facts About Aging CDC Data

- People aged 75 years and over go to the PCP 21% more than younger people.
- In 2011, older people averaged $4,769 of out-of-pocket medical expenses which is 46% more than 2000.
- People over age 75 years are the primary consumer of healthcare

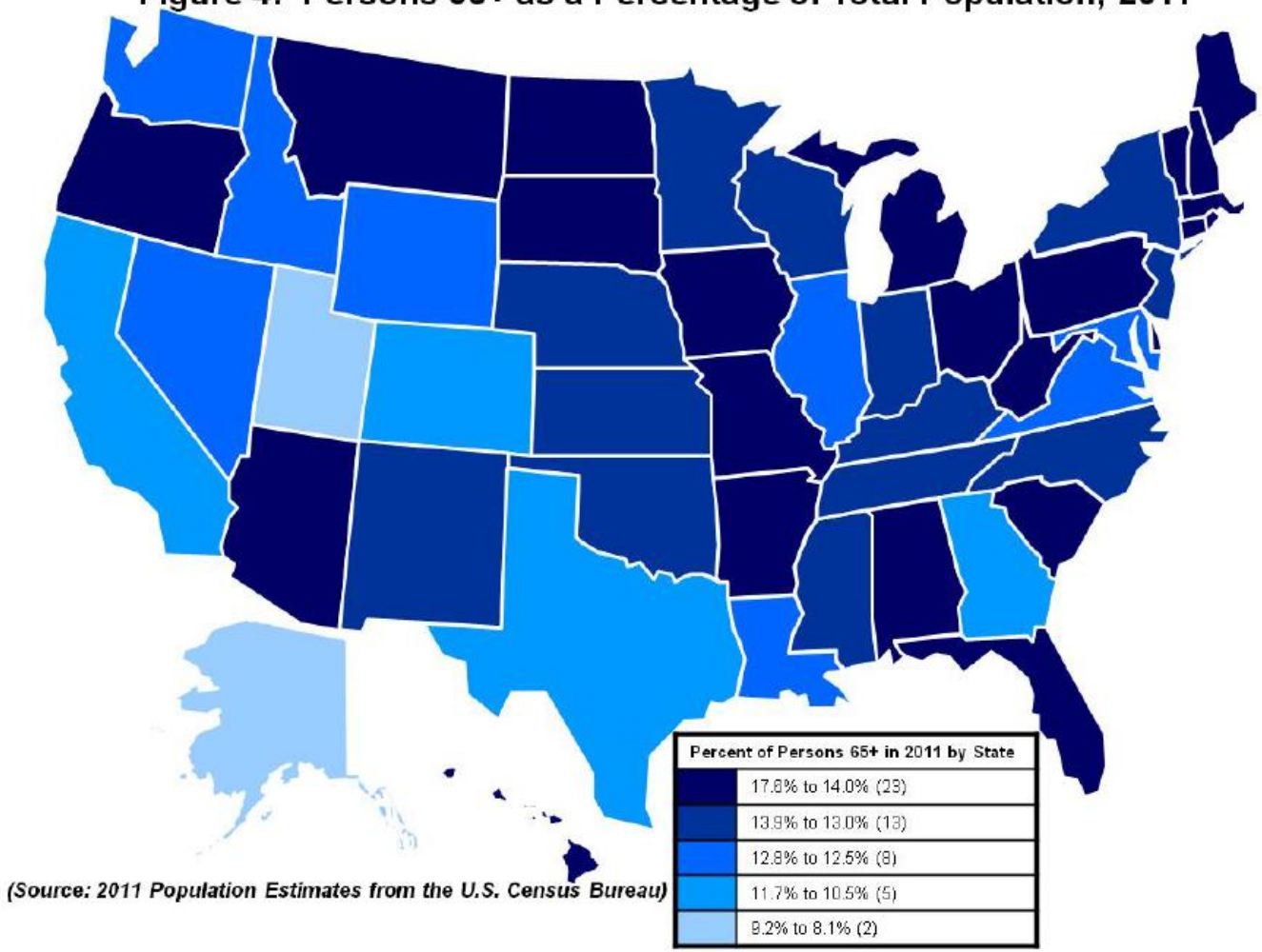
Facts About Aging CDC Data

- People aged 65 years have a 20 year life expectancy
- Only 3.5% of seniors aged 65 and over live in nursing homes
  - 1% for people aged 65-74 years
  - 3% for people aged 75-84 years
  - 11% for people aged 85 years plus
- Nearly 9% of seniors live in poverty

Life Expectancy; CDC

- Age 65, FE is 16 years for men and 19 years for women.
- Age 70, LE is 13 years for men and 15 years for women
- Age 75, LE is 10 years for men and 12 years for women
- Age 80, LE is 7 years for men and 9 years for women.
- Age 85, LE is 5 years for men and 6 years for women.

Figure 4: Persons 65+ as a Percentage of Total Population, 2011



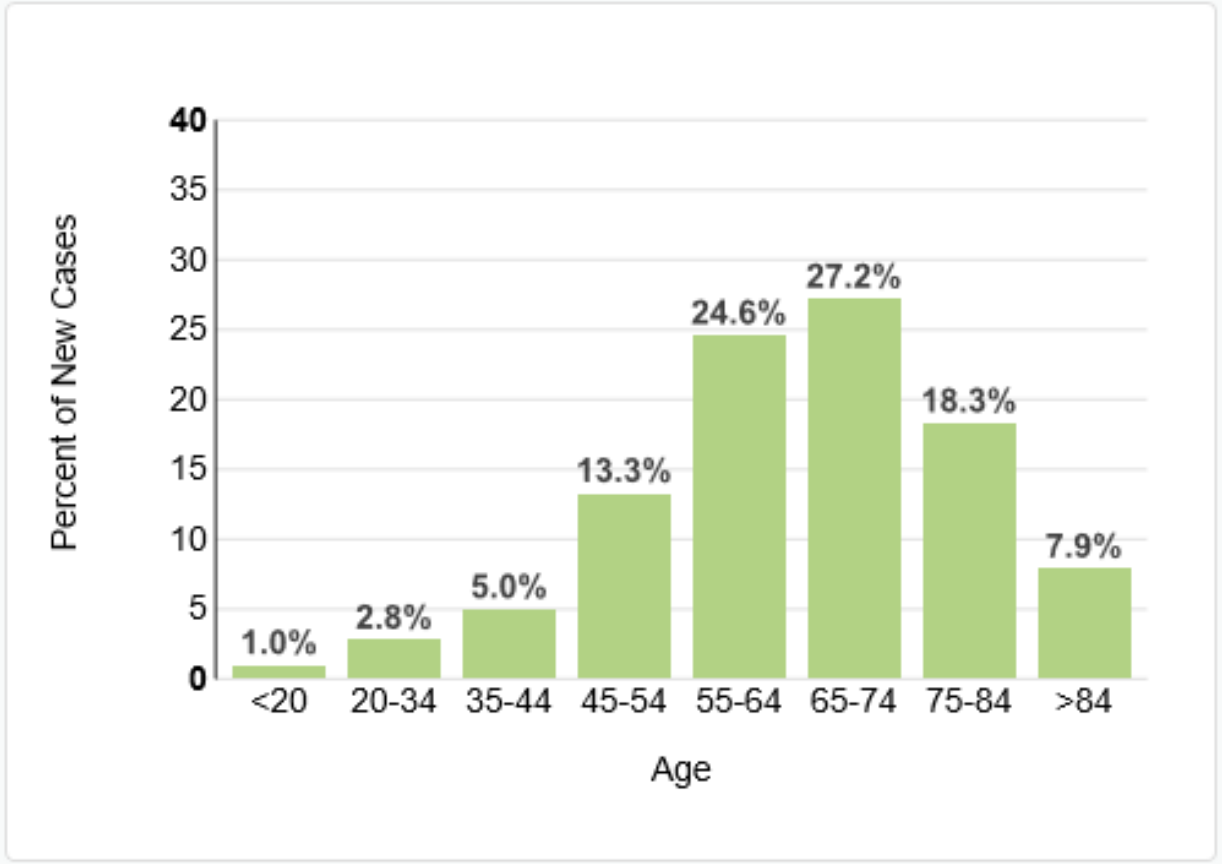
(Source: 2011 Population Estimates from the U.S. Census Bureau)

Healthy People 2020: **Emerging Issues in the Health of Older Adults**

- Person-centered care planning that includes caregivers
- Quality measures of care and monitoring of health conditions
- Fair pay and compensation standards for formal and informal caregivers
- Minimum levels of geriatric training for health professionals
- Enhanced data on certain subpopulations of older adults, including aging LGBT populations

Aging and Cancer

Percent of New Cases by Age Group: Cancer of Any Site



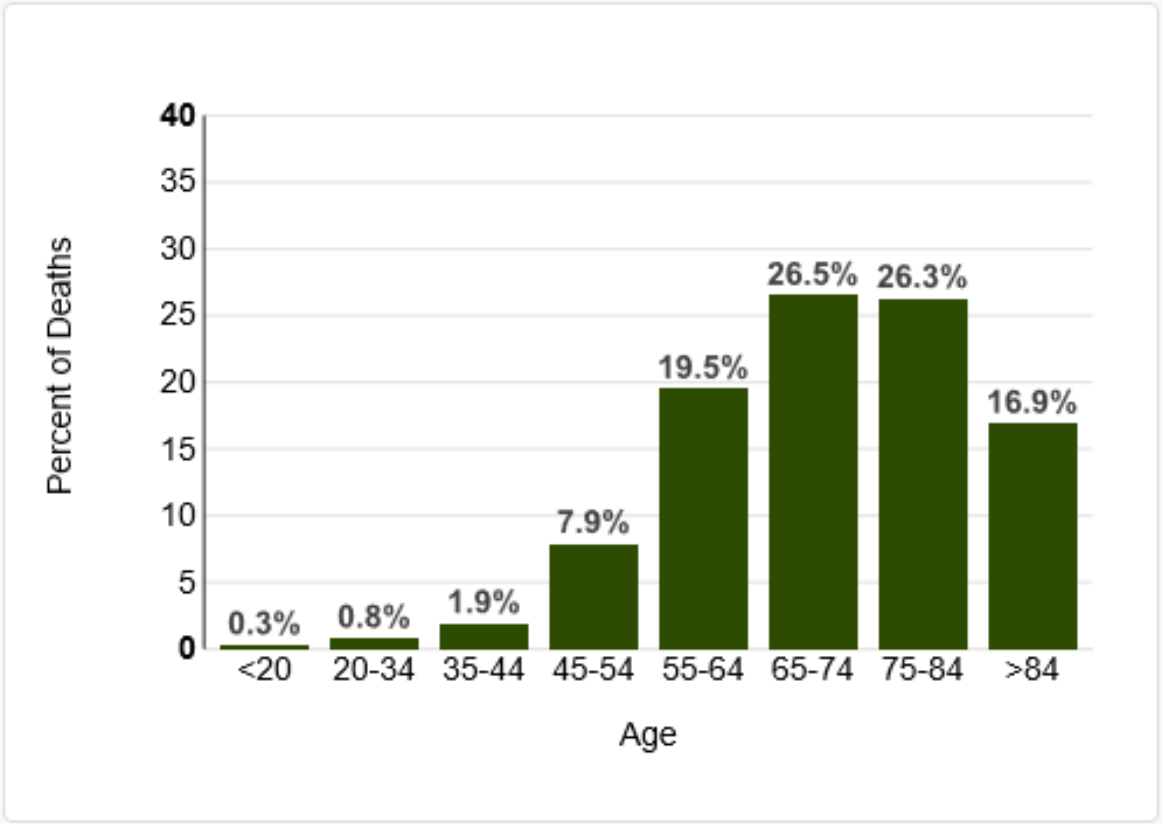
Cancer of any site is most frequently diagnosed among people aged 65-74.

Median Age At Diagnosis

66

SEER 18 2011-2015, All Races, Both Sexes

Percent of Deaths by Age Group: Cancer of Any Site



The percent of cancer of any site deaths is highest among people aged 65-74.

Median Age At Death
72

U.S. 2011-2015, All Races, Both Sexes

Cancer Treatment Decision Making

National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2019
Older Adult Oncology

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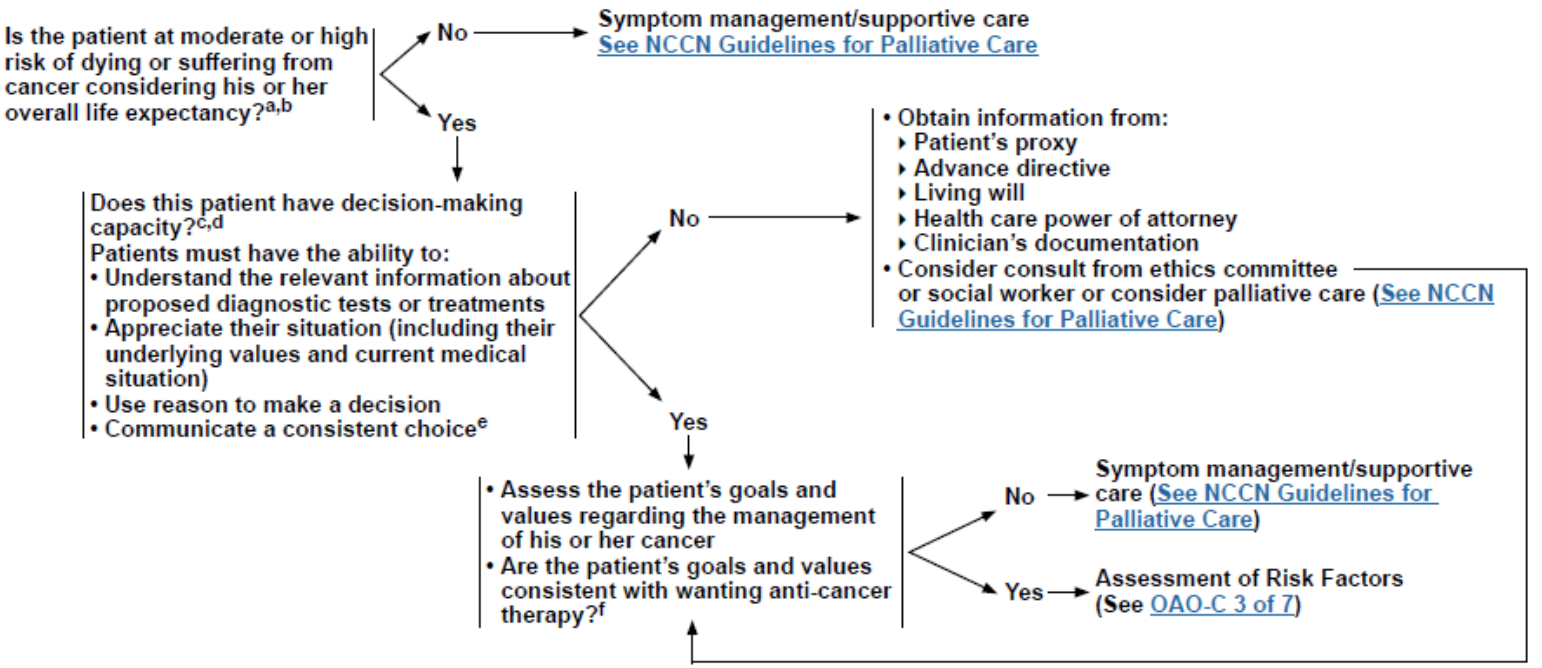
APPROACH TO DECISION-MAKING IN THE OLDER ADULT[e]



[a] Life expectancy calculators are available at www.eprognosis.com. Note that these calculators are used to determine anticipated life expectancy (independent of the cancer). They could be utilized in clinical decision-making to weigh whether the cancer is likely to shorten the patient's life expectancy or whether the patient is likely to become symptomatic from cancer during his or her anticipated life expectancy. Note that these calculators should be used in conjunction with clinical judgment.

[b] See histograms for age-specific life expectancy (OAO-A).

[c] Sessums LL, Zembrzuska H, Jackson JL. Does this patient have medical decision-making capacity? JAMA 2011;306(4):420-427. Copyright © (2012) American Medical Association. All rights reserved.

[d] McKoy JM, Burhenn PS, Browner IS, et al. Assessing cognitive function and capacity in older adults with cancer. J Natl Compr Canc Netw 2014;12(1):138-144.

[e] See Optimizing Communication with Older Adults (OAO-B).

[f] Harrington SE, Smith TJ. The role of chemotherapy at the end of life: when is enough, enough? JAMA 2008;299:2667-2678.

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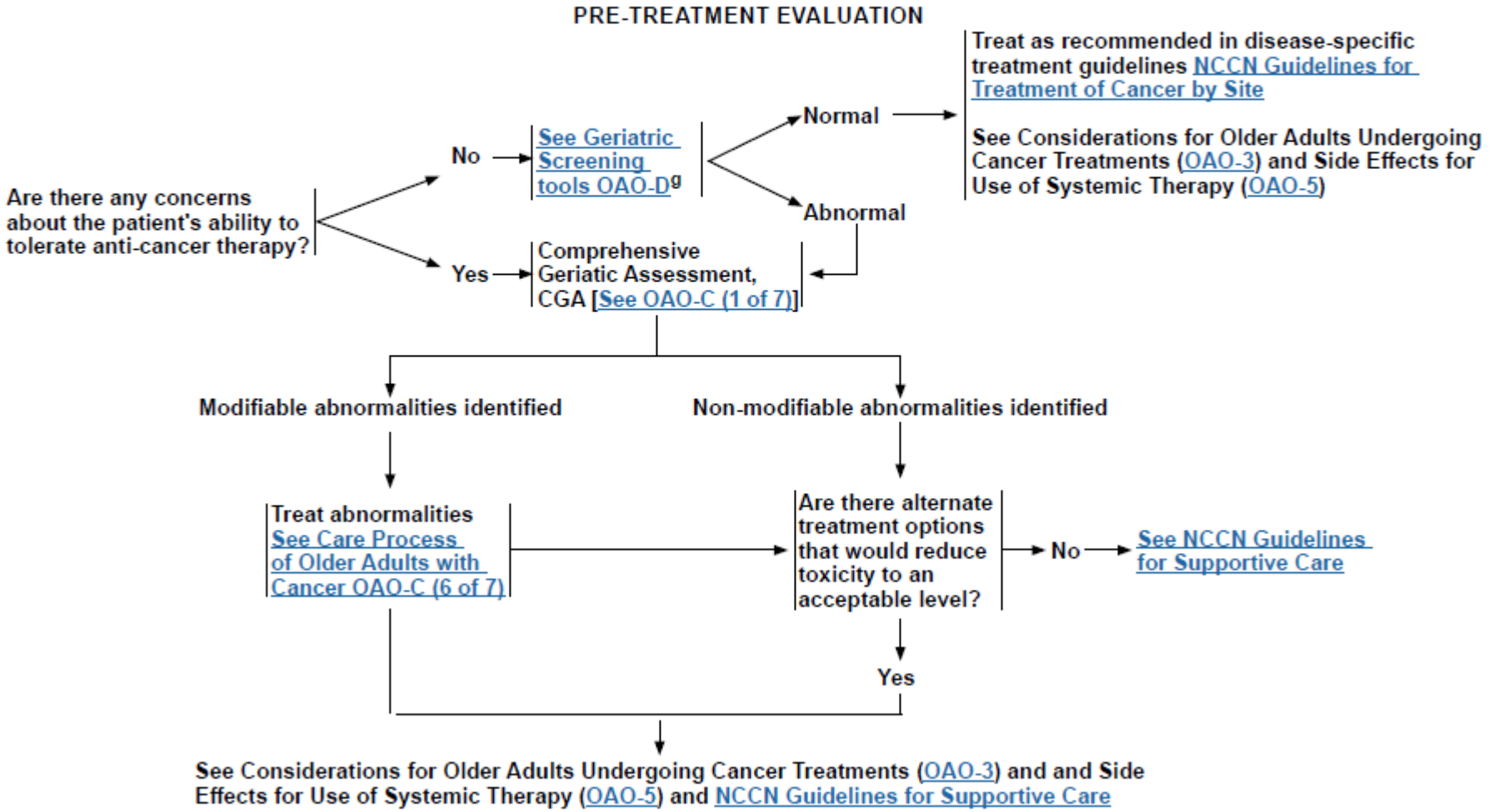


Key to treatment decisions are life expectancy and functional health

Functional/Physical Reserve

Functional Reserve Balducci, 2007

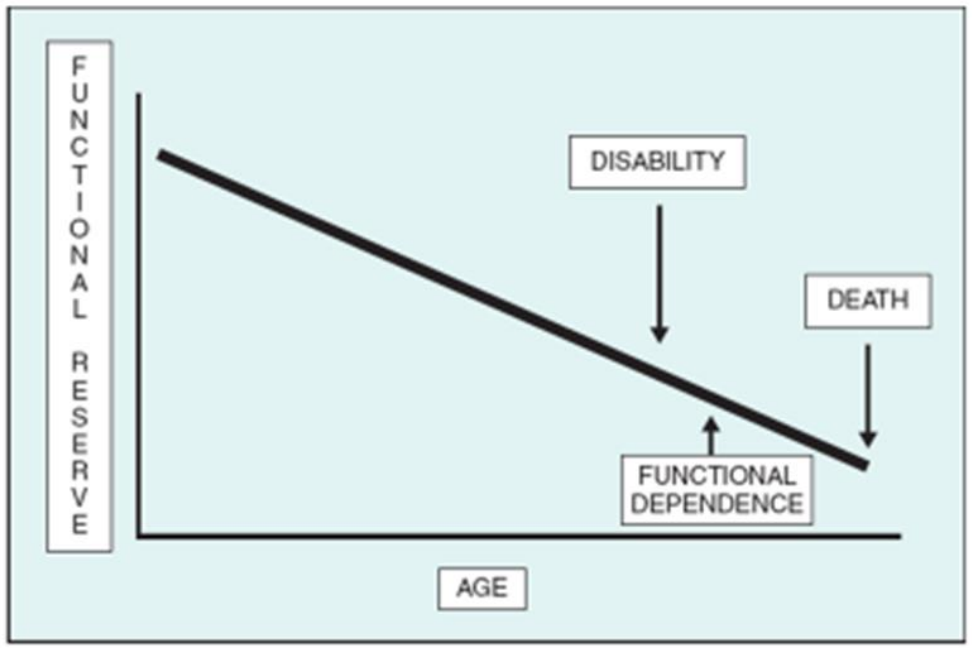


Fig 1. — The trajectory of aging.


E
F

Vulnerability

Be #Fit4Function with *Go4Life*®

Exercise and be active every day so you can keep doing what's most important to you.

Practice all 4 types of exercise for the most benefits.

Endurance

So you can

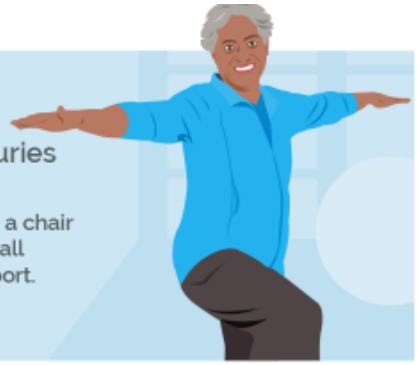

climb steps

dance the night away

Balance

So you can prevent falls and related injuries


TIP: Use a chair or the wall for support.



Flexibility

So you can


drive

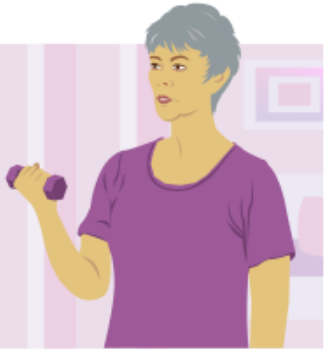

get dressed

Strength

So you can


lift groceries


carry grandchildren



Visit go4life.nia.nih.gov and be #Fit4Function.

Get exercise ideas, motivational tips, and more from ***Go4Life***®, an exercise and physical activity campaign for older adults from the National Institute on Aging at NIH.

Go4Life®

Healthy People 2020: Physical Activity

When ***Functional Ability*** is compromised bad things can happen:

- Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall.
- The nation spends $50 billion a year treating older adults for the effects of falls; Medicare and Medicaid pay for 75% of these costs.

Considerations and Strategies to Maximize Care and Quality Outcomes for Older Adults

Integrating Geriatric Care into the Oncology Setting

- Benefits
  - Determine fitness for treatment (Hurria & Siccion, 2014)
  - Existence of comorbidity (Klepin, et al. 2014)
  - Live expectancy (NCCN, 2019)
  - Functional capability (Hurria et. Al. 2014).
  - Research promotion and data collection
  - Teaching experience

Models of Geriatric Oncology Care

- Outpatient ambulatory care
  - Assess for toxicity using geriatric assessment (Biesma et al, 2011). Dutch
  - Assess for geriatric conditions while treating for cancer
  - Consider social support elements
- Inpatient hospital care
  - Address specific problems
  - Reduce geriatric syndromes
  - Discharge planning (Klepin et al 2011). US
- Home Care
  - Reduce re-hospitalizations (McCorkle et al. 2000) US

Geriatric Care in Oncology

(Tremblay, Charlebois, Terret, Joannette, Latreille, 2012). Canada

- Geriatric Oncology
  - toxicity associated with cancer treatment.
  - preservation of independence
  - multi- disciplinary teamwork
  - comorbidity
  - impact of social support

Social Support

Geriatric Care Integration in Hospitalized Patients

- Patients who receive a CGA while in the hospital:
  - Are more likely to be alive in 1 year
  - Regain cognition
  - Are less likely to be institutionalized (Ellis et al. 2011). UK
- Geriatric assessment is feasible while in the hospital (Klepin et al, 2011). US
- In frail patients, geriatric assessment can predict mortality, nursing home placement or discharge to home (Evans, 2013). US

Geriatric Care Integration in Hospitalized Patients

- 93% of seniors admitted through the ED, 67% benefited from geriatric assessment and intervention (Morin et al. 2012). France
- CGA yielded a mean of 7 recommendations, with a mean adherence rate of 78%.
- The recommendation least adhered were
  - Cognitive 62%
  - Medical referrals 95%

Integrating Geriatric Care in Home Care

- In late-stage surgical gastric cancer patients home visits by a NP compared 2-year survival in the experimental group at 67% to 40% among controls (McCorkle, et al. 2000). United States
- Assessment and intervention at home following discharge from an ED can improve health for older people at risk for re-admissions (Caplan et al. 2004) Australia
- Phone follow-up and exercise intervention decreases readmissions and ED visits in seniors who experienced an acute medical hospitalization (Courtney et al. 2009) Australia

Keeping ACTIVE

- A sedentary lifestyle is the new smoking (Melnyk, 2018).
- Movement medicine
  - Lifestyle movements (taking the stairs, parking place)
  - Low to vigorous movement activities (Fanning 2019)
  - 180 minutes a week of movement exercise increases functionality and QOL (improvement in frail patients as well) (Kaushal et al. 2019).
  - Mindfulness exercise can reduce fall risk (Li, F, 2019).

What Older People Do for Fun