Meeting the Palliative Care Needs of the Frail Elderly

5 Days in Palliative Care 2016

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1. What is frailty?

2. Where is the frail elderly person on their journey?

3. Setting goals of care.

4. Enhancing dignity in the frail elderly.

5. Recognizing the palliative needs of the frail elderly.
What is Frailty?

- Overall loss of resilience due to accumulated deficits
- Generalized “slowing up” of all systems
- Reduced ability to handle perturbations

“Loss of reserves (strength, cognition) that gives rise to vulnerability. More than sum of the parts, it is the failure to integrate responses in the face of stresses”

(Rockwood)
Measurement of frailty – global impression

(Rockwood)

- Impression of frailty based on difficulty with everyday activities and dependence on others.
- Ease of application but risk of subjectivity
- Predictive of mortality
Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up"; and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.
Linking chronic disease and palliative care

This new model includes a meshing of the chronic disease management models of care with palliative care models. Figure 3 below depicts this connection.

Figure 3: Child & Adult Hospice Palliative Care – Chronic Disease Continuum Model

Generally the intensity of therapies to modify disease diminishes as the illness progresses

Generally the intensity of therapies to relieve suffering and/or improve quality of life increases as the illness progresses
Indicators of Poor Prognosis

- Decline in function (mobility, assistance for ADL’s)
- Cognitive decline
- Swallowing problems
- Incontinence
- Skin ulcers
Choosing Goals of Care in Progressive Chronic Disease
Gillick MR; J Am Med Direct Assoc. 2001 : 2 : 305

- Cure of disease
- Prolongation of Life
- Maintenance or improvement in function
- Staying in control
- Relief of suffering
- Peaceful death
- Support for family

Life > Function > Comfort
Function > Life > Comfort
Function > Comfort > Life
Comfort > Function
Comfort
Assessment of Needs

WHO definition of palliative care

To improve quality of life of patient and family associated with life-threatening illness through the prevention and relief of suffering and the assessment and treatment of physical, psychosocial and spiritual problems.

Unrecognized and unmet needs = avoidable suffering
What are the palliative needs of the frail elderly?

Using the Square of Care.

Matching the common issues in the frail elderly to the challenges of providing care to the patient and family.

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<thead>
<tr>
<th>Physical</th>
<th>Symptom Control</th>
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<tr>
<td></td>
<td>Nutrition</td>
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<td>Psychological</td>
<td>Anxiety/depression</td>
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<td>Dignity</td>
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<td>Spiritual</td>
<td>Meaning of illness</td>
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<td>Spiritual resources</td>
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<td>Social</td>
<td>Support network</td>
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<td>Cultural values</td>
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Physical Suffering

Multiple symptoms accompany advancing frailty

- Pain with multiple etiologies
- Breathlessness
- Aspiration
- Skin ulcers

Increasing fatigue accompanies frailty

Anxiety over relief of symptoms
Physical Suffering

Difficulty in communication, especially in cognitively impaired (over 50% in nursing home population)

Leads to underreporting and undertreatment of symptoms

Often needs surrogate to communicate effectively

Symptoms may manifest as changes in behavior (agitation, rigidity) in cognitively impaired
Psychological Suffering

Fears and anxieties

- What does the future hold in the face of declining health?
- Lack of familiar faces with changing caregivers
- Inappropriateness of interventions and prolongation of dying

Loss of dignity

- Dependency
- Lack of privacy
- Incontinence
Psychological Suffering

Lack of control leading to sense of helplessness
  Change of mood with risk of clinical depression (how to recognize in presence of somatic changes such as weight loss and fatigue)

Sense of vulnerability
Spiritual Suffering

Key areas are:

- Meaning
- Value
- Relationship (Sulmasy 2006)

Frail elderly person questions

- What is the meaning and purpose of my illness?
- Am I still of value to others?
- Can I maintain my connectedness to those things that give me strength (faith, friends)?

“Are you at peace” if not, why not?
Social Suffering

- Time of losses (home, family, friends)

- Loss of sustaining relationships leading to loneliness and a disconnect from familiar surroundings.

- Difficulty in recreating those relationships in new environment.

- Sense of being burden on others

- Interaction with other sources of suffering (some relationships may need mending to feel at peace)
Recognizing and Respecting Dignity

“The quality or state of being worthy, honored or esteemed” Webster’ dictionary

In which ways can the dignity of the frail elderly patient be compromised?

“To feel who we are is being undermined can cause despair affecting body, mind and soul”

Chochinov
<table>
<thead>
<tr>
<th>Area of Dignity</th>
<th>How is this compromised?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of worth</td>
<td>Made to feel they have no useful contribution to make</td>
</tr>
<tr>
<td>Sustaining relationship</td>
<td>Isolation; “Warehousing”</td>
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<tr>
<td>Uniqueness</td>
<td>Treated as a number or a disease</td>
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<tr>
<td>Making personal decisions</td>
<td>Being ignored; having others assume one is incapable</td>
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Ways in which dignity can be compromised

**Area of Dignity**

- Emotions and feelings
- Respect in meeting basic needs
- Need for meaning
- Self reliance

**How this is compromised?**

- Not accepting the validity of feelings
- Any action which depersonalizes the person
- Anything which takes away hope
- Made to feel a burden
Ways in which dignity can be compromised

Area of Dignity

- Personhood

- Respectful Communication

How is this compromised?

- Not acknowledging the many facets of the person in the frail elderly person
  Diminishing the spirituality of the person
  Controlling behaviour in a demeaning way

- Use of disrespectful language; talking over their head as though they were not there