

# **TALKING WITH YOUR OLDER PATIENT**

**DR. ALIREZA SEPYANI  
MD, GERIATRIC MED. RESIDENT**

# **EFFECTIVE COMMUNICATION IN CARING FOR OLDER ADULTS**



# **EFFECTIVE COMMUNICATION IN CARING FOR OLDER ADULTS**

- **Good communication is an important part of the healing process.**
- **Effective doctor-patient communication has research-proven benefits**
- **Studies show that good communication is a teachable skill.**
- **Time management skills also improve.**

# EFFECTIVE COMMUNICATION IN CARING FOR OLDER ADULTS

## Special Communication Needs

- How can you effectively interact with patients facing multiple illnesses and/or hearing and vision impairments?
- What's the best way to approach sensitive topics, such as driving abilities or end of life?
- Are there best practices to help older patients experiencing confusion or memory loss?

# HEALTHCARE PERCEPTIONS ABOUT OLDER PATIENTS



# HEALTHCARE PERCEPTIONS ABOUT OLDER PATIENTS

"This is one of the best times of my life..."

Mrs. Hill, age 85, lives in a nursing home. Her adult children think it must be depressing, but they don't know what else to do. One day, Mrs. Hill's doctor asks her about life in the facility. She tells him that this is one of the best times of her life—people prepare and deliver her meals, she has a comfortable room with a view of the gardens, and the place is very peaceful. Mrs. Hill is quite happy. The best way to learn what is and is not acceptable is to communicate directly with patients and caregivers. For Mrs. Hill, a life her children find unacceptable is, in fact, just fine with her.

# HEALTHCARE PERCEPTIONS ABOUT OLDER PATIENTS

- Doctors can make assumptions about their older patients.
- Older people may unwittingly assume the stereotypes of old age.
- Those with treatable symptoms may dismiss their problems as an inevitable part of aging
- The process of aging may be troubling for older adults. It can be especially hard for people who were generally healthy and could bounce back quickly from an illness.

# HEALTHCARE PERCEPTIONS ABOUT OLDER PATIENTS

## Values About Health

- Consider starting an appointment with the following question: "What are your goals for your care?"
- older people generally care most about maintaining the quality of their lives.
- many older people are relatively accepting of the prospect of death and want to make the most of their remaining years.



# UNDERSTANDING OLDER PATIENTS



# **UNDERSTANDING OLDER PATIENTS**

- **Use Proper Form of Address**
- **Make Older Patients Comfortable**
- **Take a Few Moments to Establish Rapport**
- **Try Not to Rush**

# UNDERSTANDING OLDER PATIENTS

- **Avoid Interrupting**
- **Use Active Listening Skills**
- **Write Down Take-Away Points**
- **Demonstrate Empathy**
- **Avoid Jargon**

# UNDERSTANDING OLDER PATIENTS

"Tell me more about how you spend your days."

Although she complains of loneliness and long days in front of the television, Mrs. Lopez refuses to participate in activities at the community senior center. "I don't want to hang around old people who have nothing better to do than compare health problems," she tells her doctor. "Why not give it a try?" her doctor asks. "You might find members who share many of your same interests, including your love of gardening." Six months later, when she sees the doctor again, Mrs. Lopez thanks her. She has joined the garden club and reports that the members all have green thumbs and are lively conversationalists. Better still, Mrs. Lopez's depressive symptoms seem improved.

# UNDERSTANDING OLDER PATIENTS

- Reduce Barriers to Communication
- Be Careful About Language
- Ensure Understanding
- Compensating for Hearing Deficits
- Compensating for Visual Deficits

# UNDERSTANDING OLDER PATIENTS

## Compensating for Hearing Deficits

- Make sure your patient can hear you. Ask if the patient has a working hearing aid. Look at the auditory canal for the presence of excess earwax.
- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice actually distorts language sounds and can give the impression of anger.
- Avoid using a high-pitched voice; it is hard to hear.
- Face the person directly, at eye level, so that he or she can lip-read or pick up visual clues.
- Keep your hands away from your face while talking, as this can hinder lip-reading ability.
- Be aware that background noises, such as whirring computers and office equipment, can mask what is being said.
- If your patient has difficulty with letters and numbers, give a context for them. For instance, say, "'m' as in Mary," "'two' as in twins," or "'b' as in boy." Say each number separately (for example, "five, six" instead of "fifty-six"). Be especially careful with letters that sound alike (for example, m and n, and b, c, d, e, t, and v).
- Keep a notepad handy so you can write what you are saying. Write out diagnoses and other important terms.
- Tell your patient when you are changing the subject. Give clues, such as pausing briefly, speaking a bit more loudly, gesturing toward what will be discussed, gently touching the patient, or asking a question.

# UNDERSTANDING OLDER PATIENTS

## Compensating for Visual Deficits

- Make sure there is adequate lighting, including sufficient light on your face. Try to minimize glare.
- Check that your patient has brought and is wearing eyeglasses, if needed.
- Make sure that handwritten instructions are clear.
- If your patient has trouble reading, consider alternatives such as recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes.
- When using printed materials, make sure the type is large enough and the typeface is easy to read. The following print size works well:  
"This size is readable."

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY





# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## General Suggestions

- If feasible, try to gather preliminary data before the session.
- Try to have the patient tell his or her story only once, not to another staff member and then again to you.
- Sit and face the patient at eye level. Use active listening skills, responding with brief comments such as "I see" and "okay."
- Be willing to depart from the usual interview structure.
- Try to use open-ended questions that encourage a more comprehensive response.
- Remember that the interview itself can be beneficial.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Elicit Current Concerns

- Older patients tend to have multiple chronic conditions. They may have vague complaints or atypical presentations. Thinking in terms of current concerns rather than a chief complaint may be helpful. You might start the session by asking your patient to talk about his or her major concern, "*Tell me, what is bothering you the most?*"

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Resist the Tendency to Interrupt

- Give the patient time to answer your questions.

## Probe

- Ask, "Is there anything else?"
- The main concern may not be the first one mentioned, especially if it is a sensitive subject.
- Encourage the patient (and his or her caregivers) to bring a written list of concerns and questions.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Ask About Medications

- Side effects, interactions, and misuse of [medications](#) can lead to major complications in older people.
- It is crucial to find out which prescription and over-the-counter medications older patients are using and how often.
- Older people often take many medications prescribed by several different doctors, such as internists, cardiologists, urologists, or rheumatologists.
- Remember to ask about any alternative treatments, such as [dietary supplements](#), complementary remedies, or teas that the patient might be using.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Obtain a Thorough Family History

- Be alert for openings to discuss issues such as [advance directives](#).
- The family history not only indicates the patient's likelihood of developing some diseases but also provides information on the health of relatives who care for the patient or who might do so in the future.
- Knowing the family structure will help you to know what support may be available from family members, if needed.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Ask About Functional Status

- The ability to perform basic activities of daily living (ADLs) reflects and affects a patient's health.
- ask about ADLs such as eating, bathing, and dressing and more complex instrumental activities of daily living (IADLs) such as cooking, [shopping](#), and managing finances.
- Sudden changes in ADLs or IADLs are valuable diagnostic clues.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

"Any new issues at home affecting your treatment?"

The health team is puzzled. Mr. Symonds has advanced lung disease and usually manages well with home oxygen. But, he's been admitted to the emergency room three times in as many weeks because of shortness of breath. A home care nurse discovers that because of this winter's bitter cold, Mr. Symonds has been running a kerosene heater in his kitchen. He does not use the oxygen and heater at the same time for fear of fire.

# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Consider a Life History

- A life history is an excellent investment. It helps to understand the patient. It also strengthens the doctor-patient relationship .
- Be alert for information about the patient's relationships with others, thoughts about family members or coworkers, typical responses to stress, and attitudes toward aging, illness, work, and [death](#).



# OBTAINING AN OLDER PATIENT'S MEDICAL HISTORY

## Obtain a Social History

- If you are aware of your patient's living arrangements or his or her access to transportation, you are much more likely to devise realistic, appropriate interventions.
- where he or she lives; neighborhood safety; [eating habits](#); [tobacco](#), drug, and [alcohol use](#); typical daily activities; and work, education, and financial situations.
- Learning about your patient's home life will help you understand aspects of his or her illness and may improve adherence to treatment

# ENCOURAGING WELLNESS IN OLDER PATIENTS



# ENCOURAGING WELLNESS IN OLDER PATIENTS

## Exercise and Physical Activity

- older people may know that exercise is good for their health, but they may not have the motivation or encouragement to do it.
- Whenever appropriate, let them know that regular physical activity—including endurance, muscle-strengthening, balance, and flexibility exercises—is essential for healthy aging.
- Write an exercise prescription, and make it specific, including type, frequency, intensity, and time; follow up to [check progress](#) and re-evaluate goals over time.
- Help patients set realistic [goals](#) and develop an [exercise plan](#).
- Refer patients to community resources, such as mall-walking groups and senior center fitness classes.

# ENCOURAGING WELLNESS IN OLDER PATIENTS

"I'd like you to exercise regularly. Just start low and go slow."

Mr. Gupta has a list of excuses for why he couldn't follow Dr. Lipton's exercise recommendation, like exercise is for young people and equipment costs too much. After listening empathetically, Dr. Lipton explains that physical activity is good for people of all ages and that being sedentary is far more dangerous than exercising. He suggests that Mr. Gupta start by walking for 10 minutes at a time and build up to 150 minutes of physical activity each week. The only equipment he will need is a pair of comfortable walking shoes.

# ENCOURAGING WELLNESS IN OLDER PATIENTS

## Nutrition

- Older patients may develop poor eating habits for many reasons.
- Emphasize that good nutrition can have an impact on well-being and independence.
- If needed, suggest liquid nutrition supplements, but emphasize the benefits of solid foods.
- If needed, suggest multivitamins that fulfill 100 percent of the recommended daily amounts of vitamins and minerals for older people, but not megadoses.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS



# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

- Many older people have a "don't ask, don't tell" relationship with healthcare providers about certain problems, such as [driving](#), [urinary incontinence](#), or [sexuality](#). Hidden health issues, such as [memory loss](#) or [depression](#), are a challenge.
- You may feel awkward and tempted to avoid addressing some of these concerns because you don't know how to help patients solve the problem.
- Start by saying, "You are not alone, many people experience..." or "Some people taking this medication have trouble with..." Try: "I have to ask you a lot of questions, some that might seem silly. Please don't be offended..."

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

- Another approach is to tell anecdotes about patients in similar circumstances as a way to ease your patient into the discussion
- Some patients avoid issues that they think are inappropriate to discuss with clinicians. One way to overcome this is to keep informative brochures and materials readily available in the waiting room.



# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

"Many people your age experience similar problems."

During a regular exam, Mr. Abayo, age 70, acknowledges that trouble with his shoulder started after he had a car accident. "Many of my patients are worried about being safe drivers," Dr. Carli says. "I know it can be hard to stop driving, but maybe your children can help you get around. I can also suggest some transportation services in the area." She gives Mr. Abayo a pamphlet on older drivers and the phone number of a local transportation resource.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Driving

- Driving is associated with independence and identity, and making the decision not to drive is very hard.
- warn patients about medications that may make them sleepy or impair judgment.
- a device such as an automatic defibrillator or pacemaker might cause irregular heartbeats or dizziness that can make driving dangerous.
- You might ask if she or he has thought about alternative transportation methods if driving is no longer an option.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Elder Abuse and Neglect

- Older people caught in an abusive situation are not likely to say what is happening to them for fear of reprisal or because of diminished cognitive abilities.
- If you suspect abuse, ask about it in a constructive, compassionate tone.
- If the patient lives with a family caregiver, you might start by saying that caregiver responsibilities can cause a lot of stress.
- If a family member or other caregiver accompanies the patient to an appointment, you might ask the companion to step out of the exam room during part of the visit so that you can express your concern.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## End of Life and Advance Directives

- You can help ease some of the discomfort simply by being open and willing to talk about dying and related issues or concerns.
- You may feel uncomfortable raising the issue, fearing that patients will assume the end is near. But, in fact, this conversation is best begun well before end-of-life care is appropriate.
- Let your patients know that advance care planning is a part of good health care.
- Encourage your patients to share the type of care they would choose to have at the end of life, rather than what they don't want.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Financial Barriers

- Rising healthcare costs make it difficult for some people to follow treatment regimens.
- If possible, designate an administrative staff person who has good bedside manner to discuss money and payment questions.
- This person can also talk with your patient about changes in health insurance.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Incontinence

- Incontinence may go untreated because patients are often embarrassed to mention it.
- Try the "some people" approach.
- You may want to explain that incontinence can often be significantly improved, for instance through bladder or bowel training, pelvic floor exercises and biofeedback, changes in diet and nutrition, as well as medication and surgery for certain types of incontinence.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Long-Term Care

- Long-term care includes informal caregiving, assisted living, home health services, adult day care, nursing homes, and community-based programs.
- you are helping your patient think about what he or she might need in the future and how to plan for those needs.
- you might talk about what sort of assistance you think your patient will need, how soon in the future he or she will need the extra help, and where he or she might get this assistance

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Mental Health

- Some older adults may find mental health issues difficult to discuss.
- This makes it especially important for you to be alert to the signs and symptoms of depression.
- try a general approach to bringing up mental health concerns.



# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Sexuality

- Try to be sensitive to verbal and other cues.
- Depending on indications earlier in the interview, you may decide to approach the subject directly. For example, "Are you satisfied with your sex life?" Or, you might approach it more obliquely, with allusions to changes that sometimes occur in marriage.
- It is also effective to share anonymous anecdotes about a person in a similar situation or to raise the issue in the context of physical findings.
- Don't forget to talk with your patient about the importance of safe sex.

# TALKING WITH OLDER PATIENTS ABOUT SENSITIVE SUBJECTS

## Substance Abuse

- Alcohol and drug abuse are major public health problems, even for older adults.
- One approach you might try is to mention that some medical conditions can become more complicated as a result of alcohol and other drug use.
- Another point to make is that alcohol and other drugs can increase the side effects of medication, or even reduce the medicine's effectiveness.

# SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITIONS



# SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITIONS

"Let's discuss living with..."

Mrs. Smoley has diabetes and heart disease. Although she takes her medicine as prescribed by the doctor, she has not been able to quit smoking. She recently was diagnosed with emphysema and needs oxygen. Dr. Nguyen suggests that Mrs. Smoley participate in a disease management program at a local hospital. "It could help you quit smoking," the doctor explains. "And you might learn some tips about how to manage your day so that you have some more energy."

# SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITIONS

## Educating the Patient

- The following tips can help you inform patients and their caregivers about medical conditions and their treatment:
  - Doctors' advice generally receives greatest credence, so the doctor should introduce treatment plans. Other medical team members have an important role, including building on the original instructions.
  - Let your patient know you welcome questions. Provide the name of someone on your staff whom the patient can call to have questions answered later.
  - Remember, some patients won't ask questions even if they want more information. Be aware of this tendency and think about making information available even if it is not requested.

Repeat key points about the health problem and treatment at every office visit.

# SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITIONS

- Provide information through more than one channel. In addition to talking to the patient, you can use fact sheets, drawings, models, videos, or audio. In many cases, referrals to websites and support groups can be helpful.
- Encourage the patient or caregiver to take notes. It's helpful to offer a pad and pencil. Active involvement in recording information may promote your patient's retention and adherence.
- Check that the patient and his or her caregivers understand what you say. One good approach is to ask that they repeat the main message in their own words.
- Provide encouragement. Call attention to strengths and ideas for improvement. Remember to provide continued reinforcement for new treatment or lifestyle changes.

# **SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITIONS**

## **Explaining Diagnoses**

- When patients do not understand their medical conditions, they tend not to follow the treatment plans.
- In explaining diagnoses, it is helpful to begin by finding out what the patient believes is wrong, what the patient thinks will happen, and how much more he or she wants to know.

# SUPPORTING OLDER PATIENTS WITH CHRONIC CONDITION

## Discussing Treatment

- Some older patients may refuse treatment because they do not understand what it involves or how it will improve their health.
- They may also be concerned about the cost of the treatment.
- Tell the patient what to expect from the treatment, including recommended lifestyle changes, what degree of improvement is realistic, and when he or she may start to feel better.
- Keep medication plans as simple and straightforward as possible.
- After proposing a treatment plan, check with the patient about its feasibility and acceptability.
- Do not assume that all of your patients are able to read. Make sure the print is large enough for the patient to read.



خېلى خېلى خېلى خېلى  
خېلى خېلى

مەھنەتوڭام

