Illness can accelerate trip to residential care

BY GILLIAN SHAW
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Dr. Janet McElhaney wants to see B.C. seniors age well.

The head of geriatric medicine at the University of B.C., holder of the Allan M. McGavin chair in geriatric research at UBC and head of geriatric medicine for Providence Health Care, sees prevention as key to keeping seniors independent and active.

McElhaney is also behind VITALiTY, a research orientation to support healthy aging which stands for the Vancouver Initiative To Add Life to Years.

The point, she said, "is that we need to be looking at transitions in the health of older individuals and really understand how we manage risk to get preventable loss of independence.

"We can do that through vaccines, we can do that through a more comprehensive approach . . . a more goal-centred approach to the care of seniors, for instance, in the emergency department."

Going into emergency could be one transition point of risk.

"One in every three persons over the age of 70 admitted to hospital is discharged at a higher level of disability than before they got sick," said McElhaney, citing a U.S. study, but one she said probably translates into the Canadian experience as well.

"There has got to be something preventable there."

McElhaney said while people usually think about frail individuals when they think of geriatrics, geriatric specialists must also concern themselves with the task of preventing disability in the majority of older people who are out there and active in the community.

"There is a thing called catastrophic disability," she said. "This is, by definition, you lose up to three of your basic self-care activities of daily living — like bathing, walking and toileting.

"The leading causes of those things are heart attacks, heart failure, influenza and pneumonia and strokes."

McElhaney said older people can lose up to five per cent of their muscle power for every day they spend in bed, typically with their legs most affected. So even a bout of influenza can be catastrophic.

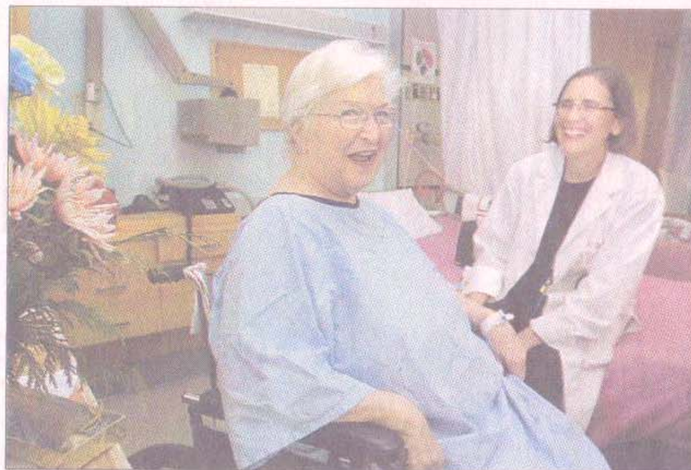
"If you are in hospital 10 days and spend most of the time in bed you have lost 50 per cent of your strength," said McElhaney. "It doesn't take long to figure out how we get to this catastrophic disability.

"It is shocking. I think that every older person needs to understand the risk when they get sick."

Illness can accelerate the path to needing residential care, said McElhaney, who points to diet, exercise and vaccinations as key primary prevention strategies.

She said the job of geriatric health care won't fall only to the geriatricians, but to others in the health care system and the community as well.

Canada has 180 to 200 geriatricians — probably about one-quarter of what it needs — but among those, she said, many are not practising full-time but instead divide their time between



PETER BATTISTONI/VANCOUVER SUN

Dr. Janet McElhaney chats with hospital patient Maureen McGuire, 76.

research, administration and other academic roles.

"We have to get the whole health-care system to understand this requires a different kind of approach than we have in the past," McElhaney said.

There is a shift taking place here to a more collaborative practice among different health care disciplines, she said. "To keep people walking, to rehab them, requires more than a nurse-physician model."

McElhaney said there are initiatives aimed at making it easier to care for the frail elderly, but with the very brief exposure students get to it, the training period is too short.

Instead of tackling the entire issue of geriatric medical care, McElhaney said focusing on the transitions, such as entry to the hospital, is the first step.

The acute-care-of-the-elderly unit at Vancouver General Hospital is based on a successful model of care developed in the U.S., she said.

There is also a focus on seniors in the emergency department to ensure their needs are fully understood.

"It is to try and provide a little more comprehensive assessment in the emergency department to serve the needs of these individuals," said McElhaney. "You can't just hand them a prescription and send them home."

Elderly patients in major centres such as Vancouver may have better access to services, but outside of those centres, access can be sadly lacking.

"The challenge is that they [the elderly patients] usually have quite complicated needs and the treatment is difficult to access locally," said Dr. Chris Frank, president of the Canadian Geriatric Society.

"Multi-disciplinary approaches tend to be easier to access in larger centres and it leaves people having to travel quite far for treatment."

Frank is director of the Care of the Elderly program, clinical director of the Southeastern Regional Geriatric Program in Ontario, and an assistant professor in the medicine department at Queen's University with a cross-appointment in family medicine.

He recalled a recent patient who was in the hospital for "fairly basic physiotherapy and fairly basic occupational therapy," that wasn't available in his community.

"Realistically, if he had lived in Kingston he would have come to our out patient clinic a couple of days a week," he said. "Instead, his wife had to drive 2½ hours each way twice a week, and at one time she had to sleep in their car because they were financially strapped. They were both in their late 70s."

Frank said when nursing staff learned of the woman's dilemma, they stepped in to help her find sleeping arrangements to get her out of her car.

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