How to limit “avoidable” disability

Associate professor Susanne S Hernes
Sept.22. 2017
CONFLICT OF INTEREST DISCLOSURE

I have no potential conflicts of interest to report
Avoidable?
Learning goals

• Understand two different approaches to disability and illness

• Relate this to common diseases in older adults

• Have knowledge of how to limit disability at system level
Important for whom?
Important for whom?

PATIENT CENTERED APPROACH
Important for whom?

PATIENT CENTERED APPROACH

DISEASE CENTERED APPROACH
Disease centered approach

Patient centered approach

Patient Concerns and Priorities
- Maintain independence
- Relieve suffering
- Spend time with family
- Prevent disease progression
- Improve survival

Kidney damage, ↓ GFR

Functional Status

Geriatric Syndromes

Symptoms

Social Support

Outcomes
- Individualized and based on patient preferences
- Not determined by specific disease
- Outcomes including, but not limited to, kidney failure and death

When looking at an organ...
When looking at an organ...
…..remember the macro perspective
Heart failure – patient’s views

- Managing physical symptoms
- Managing treatment
- Information of prognosis/diagnosis
- Progressive losses
- Social isolation
- End of life care

Survival in Chronic Heart Failure

Survival in Chronic Heart Failure

No difference between groups in:
- Left ventricular ejection fraction
- Coronary artery disease
- Hypertension
- Valvular disease

Deterioration group more likely to be:
- Depressed
- Have COPD
- Have previous admissions for HF
- HF for a longer time

Comorbidity “depression” in heart failure – Potential target of patient education and self-management

Renato De Vecchis, Athanassios Manginas, Ewa Noutsias, Carsten Tschöpe and Michel Noutsias

BMC Cardiovascular Disorders  BMC series – open, inclusive and trusted  2017  17:48
https://doi.org/10.1186/s12872-017-0487-4  © The Author(s). 2017
Received: 30 November 2016  Accepted: 27 January 2017  Published: 15 February 2017

Abstract

The progress of the pharmacological and device treatment of heart failure (HF) has led to a substantial improvement of mortality and rehospitalization. Further potential for improvement may be heralded in the post-discharge management of HF patients, including patient education for self-management of HF. The study by Musekamp et al. is among the first publications providing evidence that improvements in self-management skills may improve outcomes of HF patients. It is concluded that multimodal approaches addressing comorbidities in HF patients with novel concepts, and by optimal and specific HF management, including patient education, may ultimately contribute to substantial improvement of HF prognosis.
COPD – patient’s views

- Good/bad days
- Breathlessness
- Fatigue
- Restricted ADL
- Pain
- Anxieties
- Fear of dying
- Loss of independence

Quality of life and management issues

- Activity limitation
- Airflow obstruction
- Airway inflammation
- Anemia
- Anxiety
- Cardiac dysfunction
- Co-morbidity
- Depression
- Dysfunctional breathing
- Dyspnea
- Exacerbation management
- Exercise intolerance

- Frequent chest infections
- Frequent oral corticosteroids
- Inappropriate drug prescription
- Inadequate Inhaler device technique
- Oxygen desaturation
- Mucus hypersecretion
- Non-adherence to treatment
- Nutrition
- Pathogen colonization
- Smoking
- Systemic inflammation

Quality of life and management issues

Quality of life and management issues

- Activity limitation
- Airflow obstruction
- Airway inflammation
- Anaemia
- Anxiety
- Cardiac dysfunction
- Co-morbidity
- Depression
- Dysfunctional breathing
- Dyspnoea
- Exacerbation management
- Exercise intolerance
- 73% reported inability to achieve activity goals
- 50% three or more different inhalers
- 48.5% inadequate inhaler technique
  - Reduced airflow speed
  - Incorrect inhalation pattern
- Frequent chest infections
- Frequent oral corticosteroids
- Inappropriate drug prescription
- Inadequate inhaler device technique
- Oxygen desaturation
- Mucus hypersecretion
- Non-adherence to treatment
- Nutrition
- Pathogen colonisation
- Smoking
- Systemic inflammation

Undernutrition – Patient Perspective

- Soreness
- Lack of memory
- Physiological indifference
- Nausea
- Pain
- Bad taste in mouth

Undernutrition

Feeling hungry while hospitalized?

• 50% of patients hungry during hospital stay

• Difficulties
  • Reaching food
  • Managing utensils
  • Feeding oneself

Undernutrition

Feeling hungry while hospitalized?

- 50% of patients hungry during hospital stay
- Difficulties
  - Reaching food
  - Managing utensils
  - Feeding oneself

Loss of lean body mass:

- Immune suppression
  - Increased risk of infections
- Impaired wound healing
  - Altered body composition
  - Pharmacological challenges
  - Increased risk of pneumonia
  - Spontaneous wounds

Lack of wound healing

Nutritional intervention

• Malnourished hospitalized individuals
  • High protein reduced 90 day mortality and increased nutritional status as compared with placebo.


• Hip fracture in older adults
  • Oral supplements started before or soon after surgery may prevent complications after hip fracture in older people but may not affect mortality.

Nutritional support in hospitalized patients at nutritional risk

• Low-quality evidence for the effects of nutrition support on mortality and serious adverse events.

• Very low-quality evidence for an increase in weight with nutrition support at the end of treatment in hospitalized adults determined to be at nutritional risk.

• Effects of nutrition support on all remaining outcomes are unclear.

• Future trials ought to be conducted with low risks of systematic errors and low risks of random errors, and they also ought to assess health-related quality of life.

Limiting avoidable disability at system level
Travelling between health care levels

- Consistency of personnel
- Ongoing patient-provider relationship
- Information transfer
- Accumulated knowledge
- Consistency of care
- Accessibility
- Flexibility

Ordinary pathway and ward

Specialized pathway and ward
Patient’s views - CGA at Acute Medical Unit

• Perceived lack of treatment on the acute medical unit

• Unclear grasp of the role of the geriatrician

• Ongoing needs

Comprehensive Geriatric Assessment

- ↑ likelihood to be home and alive at 3 and 12 months (RR 1.06 (1.01-1.10))

- ↓ likelihood of being admitted to a nursing home at 3 and 12 months (RR 0.80 (0.72-0.89))

- No difference in mortality at 3 and 12 months (RR 1.00 (0.93-1.07))

Take home message

• Remember the patient centered approach!

• Surrounding factors might have a great impact on disease and disease progression

• Choice of health care system impacts disability
No older LEGO persons were injured during the preparation of this lecture