Elder Friendly Care (EFC) in Acute Care
Letter for Physicians, Nurse Practitioners and Pharmacists

Our unit is working to enhance care of older adults. This will include efforts to reduce restraint use (including antipsychotics), support sleep and prevent delirium. This work is part of the Elder Friendly Care project sponsored by the Seniors Health Strategic Clinical Network.

Restraints as a Last Resort and Appropriate Use of Antipsychotics
Responsive behaviours in dementia (i.e. behavioural and psychological signs and symptoms of dementia [BPSD]) can be difficult for both the patient/family and staff. The Restraints as a Last Resort provincial policy requires non-pharmacologic strategies to be the primary approach to address these behaviours. We will collaborate with families, care partners, community facilities and/or case managers when these behaviours arise to understand, and best manage, these behaviours. Behaviour mapping will be used to identify triggers, patterns and potential management strategies.

Support of Sleep
Non-pharmacologic strategies are more effective than sedatives to promote sleep, and include a dark, quiet environment at night, day time activity and light exposure, and evaluation/timing of medications, treatments and tests. Sedatives have many risks and few benefits in older adults:

- Cause day time sedation leading to night time wakefulness
- Increase light sleep at the expense of REM and deep sleep
- Contribute to confusion, falls and increased risk of delirium

Delirium prevention
We will consider factors such as problematic polypharmacy, sleep, hydration, nutrition, stress reduction and antimicrobial stewardship:

- Older people taking five or more medications are at higher risk of delirium and falls, independent of medication indications.[i] Medications alone may account for 12%-39% of all cases of delirium.[ii] Drug-induced delirium is being increasingly identified in hospitalized patients. The findings suggest that interventions focusing on preventing adverse drug effects have the greatest potential for preventing delirium.[iii] [iv]
- UTIs are frequently misdiagnosed in the elderly and antibiotic treatment has many unwanted side effects. By age 80, more than 50% of women and 30% of men have bacteria in their urine (100% with indwelling catheters). Urine culture and sensitivity is intended to guide antibiotic selection when UTI is confirmed by clinical assessment.[vi]

In discussions around medication reconciliation and review, we will encourage:

- A collaborative approach that includes patient/family/care team input on pill burden, falls, confusion and side-effects.
- Informed consent discussions with patients and families about risks versus benefits of medications, and the risks of polypharmacy (e.g. 5 or more medications)
- Cumulative anticholinergic burden and its impact on cognitive, physical and psychological function. Growing evidence from experimental studies and clinical observations suggests that drugs with anticholinergic properties can cause physical and mental impairment in the elderly population.[vii] Patients will be prioritized for medication review if on 5 or more medications, or any medications with anticholinergic effects.

We hope to see improvements in quality of life, medical stability, responsive behaviours, falls and length of stay. We welcome any observations or suggestions you may have for enhancing care of older adults on our unit.

Sincerely,

References:

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[ii] Alagiakrishnan K, Wiens CA. An approach to drug induced delirium in the elderly. Postgrad Med J 2004;80:388–393
[iii] Lin R Y, Heacock LC, Fogel JF. Drug-Induced, Dementia-Associated and Non-Dementia, Non-Drug Delirium Hospitalizations in the United States, 1998-2005. Drugs Aging 2010;27(1):51-61
[iv] Wimmer, Barbara C; Dent, Elsa; Bell, J Simon; et al Medication Regimen Complexity and Unplanned Hospital Readmissions in Older People. Annals of Pharmacotherapy, 2014;48(9):1120-8
[vi] www.dobugsneeddrugs.org
[vii] Collamati A, Martone AM, Poscia A, Brandi V, Celi M, Marzetti E, Cherubini A, Landi F. Anticholinergic drugs and negative outcomes in the older population: from biological plausibility to clinical evidence. Aging Clin Exp Res, 2016;28(1):25-35