Medications, Pain and Mood Distress for Frail Older Adults Module

June 7, 2022

Seniors Health & Continuing Care

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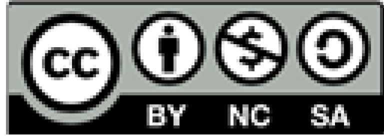

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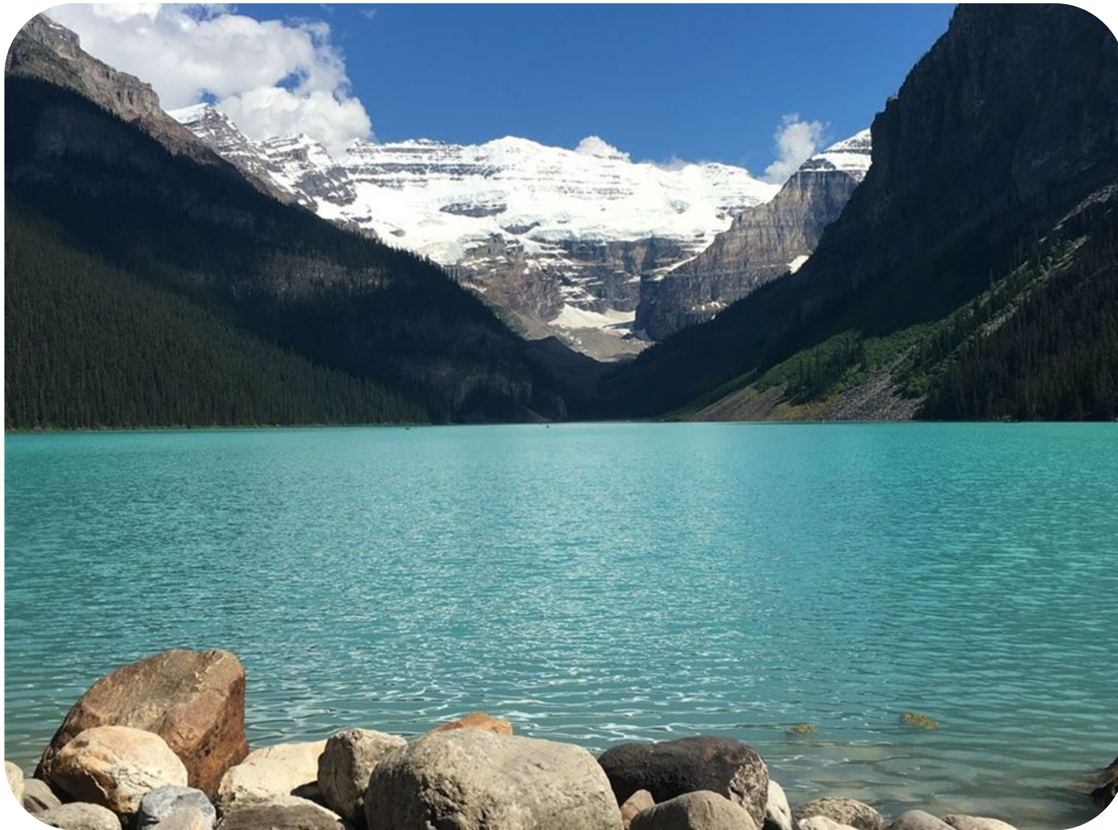

Provincial Seniors Health and Continuing Care would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8 and the homeland of the Métis.

Mood Distress Module Outline

- Success stories
- Medication-related contributors to distress
- Recognize & assess
- Intervention strategies
- Evaluate

How Much is Too Much: Dusty's Story

When Do You Assess Distress?

- Admission assessment, care plan
- Interdisciplinary team meetings
- Quarterly assessment, care plan
- Restraint review
- Annual resident/family conference
- Physician rounds

Pharmacologic Restraint Management Worksheet

AHS form-19676

Alberta Health Services

Pharmacologic Restraint Management Worksheet

Affix patient label within this box

Date *(yyyy-Mon-dd)* ☐ **Initial Review** ☐ **Reassessment**

Target behaviour: *description, time, frequency, why is this behaviour a problem? What is the risk of harm? What is the goal?*

Family/Alternate Decision-maker: goals, possible underlying needs and care strategies:

Supportive interventions attempted, and effectiveness

Possible underlying reasons for target behaviour

☐ Delirium and other medical conditions *(e.g. dehydration, blood sugar management, nutrient deficiencies)*

☐ Unmet needs & patterns informed by behavior map, health record, staff: Physical *(e.g. lack of sleep, constipation, pain, elimination, hunger, thirst, too hot or cold)*, Psychosocial *(e.g. stress threshold, loneliness, depression, post-traumatic events)*, Environmental *(e.g. over/under stimulation, inconsistent routine)*, Staff *(e.g. approach, gender)*

☐ Medication review by pharmacist/prescriber *(e.g. possible side effects/interactions, PRN usage, anticholinergic effects)*

Interdisciplinary team recommendations

☐ Assessment *e.g. behaviour map*
☐ Additional supportive interventions
☐ Further investigation *e.g. consults, lab work*
☐ Medication changes
☐ Other
☐ Next review

Reviewer Name *(Last Name, First Name)*	Signature	Reviewer Name *(Last Name, First Name)*	Signature

Next Steps, by whom
☐ Side-effect monitoring
☐ Updates to care plan
☐ Updates to family/alternate decision maker
☐ Communicate with prescriber
☐ Communicate with staff, all shifts

Physician or Nurse Practitioner Name	Signature	Date *(yyyy-Mon-dd)*

19676(Rev2019-03) Side A

Pharmacologic Restraint Management Worksheet

AHS form-19676

Alberta Health Services

Follow-up Assessments

Date *(yyyy-Mon-dd)*	Notes

Antipsychotics: appropriate for	Antipsychotics: not appropriate to treat/may worsen
• Confirmed mental health diagnosis *(e.g. schizophrenia, delusional disorder, major depression, Psychiatrist involvement recommended for dosage adjustments).* • Distressing hallucinations and delusions *(first assess for delirium, attempt non-pharmacologic strategies)* • Behaviour that places self/others at risk of injury *(Short term use may be appropriate while person-centred approaches are explored)*	• Paces, appears upset/fearful, restless, wanders • Sleep disturbance, sun downing • Shouting, screaming, calling out, cursing • Repetitive questions • Social or sexual disinhibition *e.g. spitting, masturbation* • Aggressive behaviour during personal care *(consider distraction, approach/re-approach, offering choices)* • Protective of territory, hoarding

Medications that may contribute to cognitive impairment, sedation, falls and/or responsive behaviours	
Highly anticholinergic* or sedating • Anticonvulsants *(e.g. carbamazepine*, gabapentin)* • Antidepressants* *(e.g. tricyclics, paroxetine)* • Antiemetics/Antivertigo* *(e.g. dimenhydrinate)* • Antihistamines/antipruritics* *(e.g. diphenhydramine)* • Medications for bladder control* *(e.g. oxybutynin)* • Antiparkinsonian medications* *(e.g. levodopa)* • Antipsychotics* *(e.g. quetiapine, risperidone, haloperidol)* • Antispasmotics* *(e.g. hyoscine)* • Muscle relaxants* *(e.g. cyclobenzaprine)* • Sedatives/Hypnotics *(e.g. zopiclone, benzodiazepines*)* • Opioids*	Possible anticholinergic* • Antibiotics* *(e.g. ampicillin, gentamicin)* • Cholinesterase inhibitors *(e.g. donepezil)* • Cardiovascular agents* and diuretics *(e.g. digoxin, diltiazem, furosemide, metoprolol)* • Lithium*, Steroids*, NSAIDS, Warfarin • Statins *(e.g. muscle & nerve pain)* Consider additive effects of multiple medications with high and/or low anticholinergic burden. Consider possible side effects of all prescribed medications, and impact on appetite/nutrition. See www.deprescribing.org

Possible Antipsychotic Side Effects - Notify prescriber if you see

Non-Movement Side Effects
Confusion, disorientation, new or increased agitation, insomnia, hallucinations, constipation, difficulty urinating, loss of appetite or dehydration, sedation or lethargy, decreased social contact, blurred vision, change in blood pressure or weight

Movement-type Side Effects
Motor restlessness (akathisia), muscle stiffness, spasm of neck, back or face (dystonic reaction), movement of mouth, tongue, jaw, face (tardive dyskinesia), tremors, slow movements, shuffling, stooped posture (pseudoparkinsonism) weakness, drooling or spitting, difficulty swallowing, change in mobility, falls

19676(Rev2019-03) Side B

Frailty

AHS Clinical Knowledge Topic: Seniors Guidance Document

Table 1 Edmonton Frail Scale – Abbreviated Version[7]

Frailty Domain	Item	0 point	1 point	2 points
Cognition	Please imagine that this pre-drawn circle is a clock. I would like you to place the numbers in the correct positions then place the hands to indicate a time of 'ten after eleven'	No errors	Minor spacing errors	Other errors
General health status	In the past year, how many times have you been admitted to a hospital?	0	1–2	≥2
	In general, how would you describe your health?	'Excellent', 'Very good', 'Good'	'Fair'	'Poor'
Functional independence	With how many of the following activities do you require help? (meal preparation, shopping, transportation, telephone, housekeeping, laundry, managing money, taking medications)	0–1	2–4	5–8
Social support	When you need help, can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication use	Do you use five or more different prescription medications on a regular basis?	No	Yes	
	At times, do you forget to take your prescription medications?	No	Yes	
Nutrition	Have you recently lost weight such that your clothing has become looser?	No	Yes	
Mood	Do you often feel sad or depressed?	No	Yes	
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	
Functional performance	I would like you to sit in this chair with your back and arms resting. Then, when I say 'GO', please stand up and walk at a safe and comfortable pace to the mark on the floor (approximately 3 m away), return to the chair and sit down'	0–10 s	11–20 s	One of >20 s, patient unwilling, requires assistance
Totals	Final score is the sum of column totals			
Interpretation	Mild Frailty 6-7	Moderate Frailty 8-9	Severe Frailty 10 or more	

Rolfson DB, et al, Validity and reliability of the Edmonton Frail Scale, *Age and Ageing* 2006; 35 (5): 526–529 doi:10.1093/ageing/afl041: The Edmonton Frail Scale – Abbreviated Version. By mutual agreement of the author and Oxford University Press, the Abbreviated Version of the EFS is available under the Creative Commons license CC BY-NC-ND.
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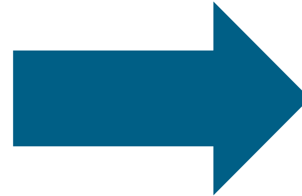
https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-seniors-guidance-document-geriatrics-all-locations.pdf; https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-frailty-seniors-acute-care.pdf

Aging & Medications

Blood brain barrier more permeable



Brain is more sensitive to drugs

Less muscle and water, more body fat

Medications can become more concentrated

Liver and kidneys less efficient

Increased risk of toxicity

https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-seniors-guidance-document-geriatrics-all-locations.pdf

Case Study: Gladys

<u>Her starting point:</u>

- Sleeps 2 hours every 24 hours
- Paces all day and night
- Sleeps 18 – 20 hours every 10 days
- Frequent falls

https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aua-curbside-2016-04.pdf

Person-centered Care Plan

Assess	Intervention	Reassess	Evaluation
• Sleeps 2/24 hrs • Paces 22 hrs/day • Falls 6+/week • At risk for malnutrition & dehydration	• Acetaminophen for pain • Lorazepam for anxiety • Avoid caffeine • Evening tub bath • Bed alarm • High protein shakes	• No change in sleep or pacing • Falls 11+ per week • Attempts to refuse medications	• Bed alarm wakes her up when she rolls over • Tylenol and Lorazepam aren't helping • Falling more often

Report & Document

Assess

Intervention

Recognize

Assess

Care Plan

Communicate

Provide Care

Document

Recognize

Medications

- Amlodipine
- Simvastatin
- Pantoprazole
- Furosemide
- Metoprolol
- Senna
- Sertraline
- Donepezil, Risperidone
- Lorazepam
- Trazodone
- Quetiapine and Zopiclone

Diagnoses and Indications

- Hypertension
- To prevent heart disease
- GERD
- Congestive heart failure
- Constipation
- Insomnia, depression
- Alzheimer's disease
- Anxiety
- Insomnia, agitation

Medications

- Amlodipine
- Simvastatin
- Pantoprazole
- Furosemide
- Metoprolol
- Senna
- Sertraline
- Donepezil, Risperidone
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- Hypertension
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- Congestive heart failure
- Hypertension
- Constipation
- Insomnia, depression
- Alzheimer’s disease
- Anxiety
- Insomnia, agitation
- Indication unknown

Reconciliation	Review
Clarify medications and dosages being taken. **Assumption:** accurate diagnoses; appropriate prescribing. **Goal:** Accurate medication list.	**Critical review** of entire medication regimen to identify mis-prescribing, under and over prescribing. **Assumption:** Inaccurate diagnoses and inappropriate prescribing. **Goal:** Reduce adverse drug reactions due to aging physiology; optimize comfort & wellbeing. Inform about risks, benefits and alternatives.

Ask Questions about Medications "ISEA"

I	Indicated?	Why is the medication being taken? Aligns with the person's goals/Goals of Care Designation?
S	Safe?	Any actual or potential harms?
E	Effective?	Improves comfort and/or wellbeing?
A	Able and willing?	Does the client think they're on too many pills, try to refuse, or have difficulty swallowing?

Adapted from: Alberta College of Pharmacy, Chat, Check, Chart. https://abpharmacy.ca/sites/default/files/ccctoolcard_web.pdf

	Guidelines for Adults	Risks for Frail Adults
Blood Pressure (BP) Medications	• less than 140/90 • multiple BP medications • salt restriction	• feeling tired &/or dizzy • falls • water retention • delirium (low sodium) • poor bladder control

Alternate Approach for Frail Adults:

- No optimal BP target. Consider adverse effects, Goals of Care Designation.
- BP check: sitting and standing, after meals to identify postural and post-prandial hypotension.
- Usual salt intake; support hydration.

https://myhealth.alberta.ca/Alberta/Pages/Blood-pressure-meds.aspx; https://www.rxfiles.ca/rxfiles/uploads/documents/Hypertension in Older Adults - Highlights.pdf

	Guidelines for Adults	Risks for Frail Adults
Cholesterol medications (statins)	• LDL <2.0 (younger adult) • Prevent heart attacks/stroke • Diet restriction saturated fats	• Muscle pain • Muscle weakness (falls) • Possible memory concerns and confusion • Possible increased blood sugar

Alternate Approach:

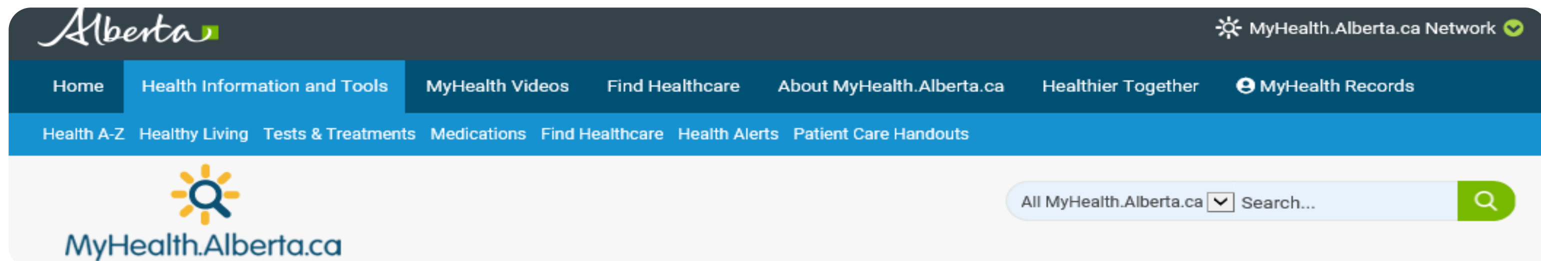
- No clear benefits for older adults
- Support a healthy diet and physical activity

	Indications	Risks for Frail Older Adults
Sedatives, Benzo-diazepines	• Insomnia • Anxiety	• Feeling tired during the day • Dizziness, blurred vision, falls • Confusion, memory loss • Constipation • Dry mouth • Delirium

Alternate Approach:

- Complete medication review to identify and address inappropriate prescribing
- Support daytime activity and exposure to light, wind-down time in the evening, and sleep at night

https://myhealth.alberta.ca/Alberta/Pages/Depression-anxiety-mood-related-meds.aspx; https://myhealth.alberta.ca/Alberta/Pages/Sleep-meds.aspx



Medicine Check-Ups for Older Adults

https://myhealth.alberta.ca

Includes medicines for:

- Pain
- Depression, anxiety, mood
- Sleep
- Diabetes
- Heartburn
- High blood pressure
- Heart disease
- Fracture prevention
- Vitamins, minerals, supplements

https://myhealth.alberta.ca/Alberta/Pages/Medicine-check-ups-for-older-adults.aspx
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-continuing-care-med-admin-hcs-219.pdf

What Matters to Patients and Families

- “A written note about why a medication is started would be helpful.”
- “If a drug is extremely beneficial yet has a high risk of side effects, it should be the patient’s choice to choose whether to take the drug or not.”
- “The hospital doctor said that medications were added and that the family doctor would sort it out.”

Person-centered Care Plan

Assess	Intervention	Reassess	Evaluation
• Sleeps 2/24 hrs • Paces 22 hrs./day • Falls 11+/week	• Stop/taper sedatives, blood pressure and cholesterol medications • Stop bed alarm, support sleep at night • Mattress on floor	• Sleeping 3-5 hours at night • Alternating sitting and pacing q20min • Falls 1/week • Pacing 4-6 hrs./day	• Sleep and restlessness have improved but are not resolved • Falling less – but still falling once per week

Person-centered Care Plan

Assess	Intervention	Reassess	Evaluation
• Consult geriatric psychiatry • Sleeping 3-5 hours at night • Alternating sitting and pacing 20 min • Falls 1/week	• Continue tapering sedatives • Stop memory drug • Taper antidepressant	• Sleeping 5-7 hours per night • Regaining ability to speak, enjoying meals and activities	• Most of Gladys's symptoms were caused by medications – not diseases

Goal has been met!

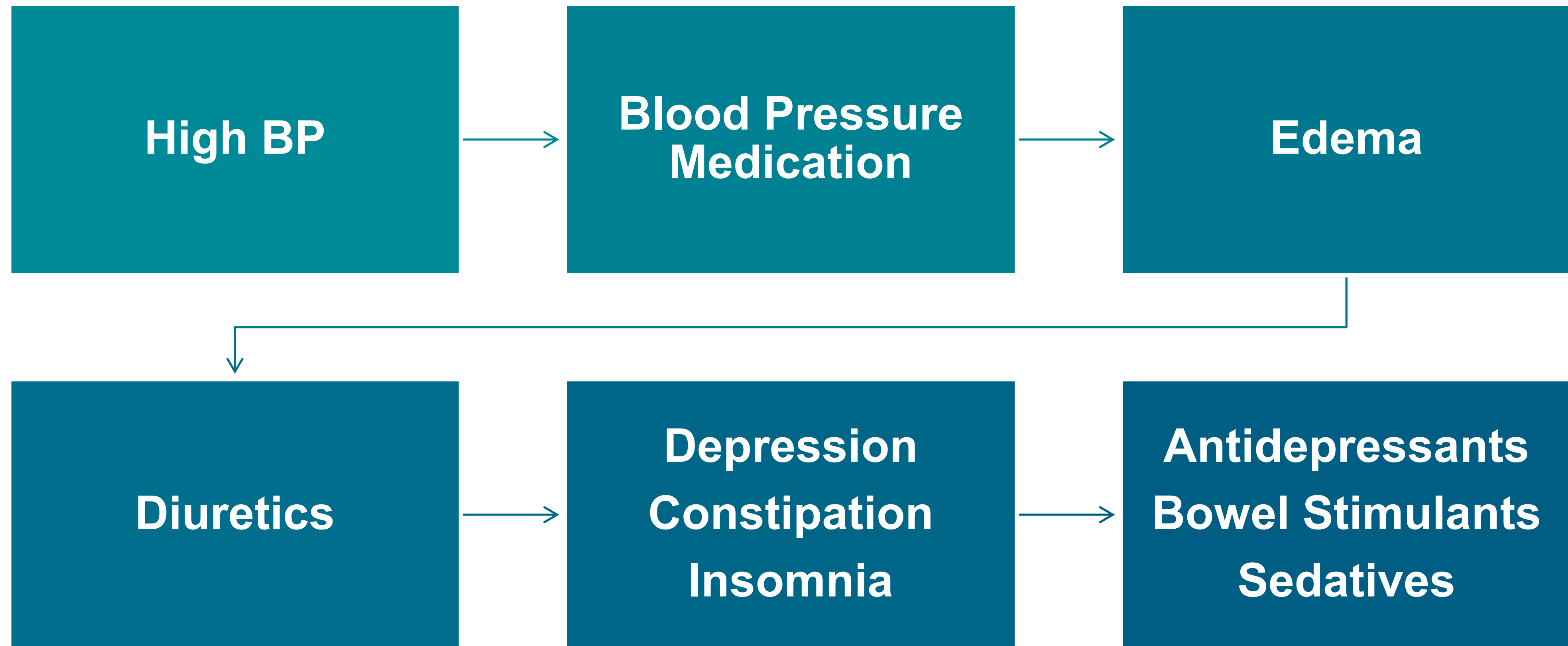
Medications

- Amlodipine
- Zocor
- Pantoprazole
- Furosemide
- Metoprolol
- Senna
- Sertraline
- Donepezil, Risperidone
- Lorazepam
- Trazodone
- Quetiapine and Zopiclone

Diagnoses and Indications

- Hypertension
- Prevent heart disease
- GERD
- Congestive heart failure
- Hypertension
- Constipation
- Insomnia, depression
- Alzheimer’s disease
- Anxiety
- Insomnia, agitation
- Prescribed in hospital

Prescribing Cascades



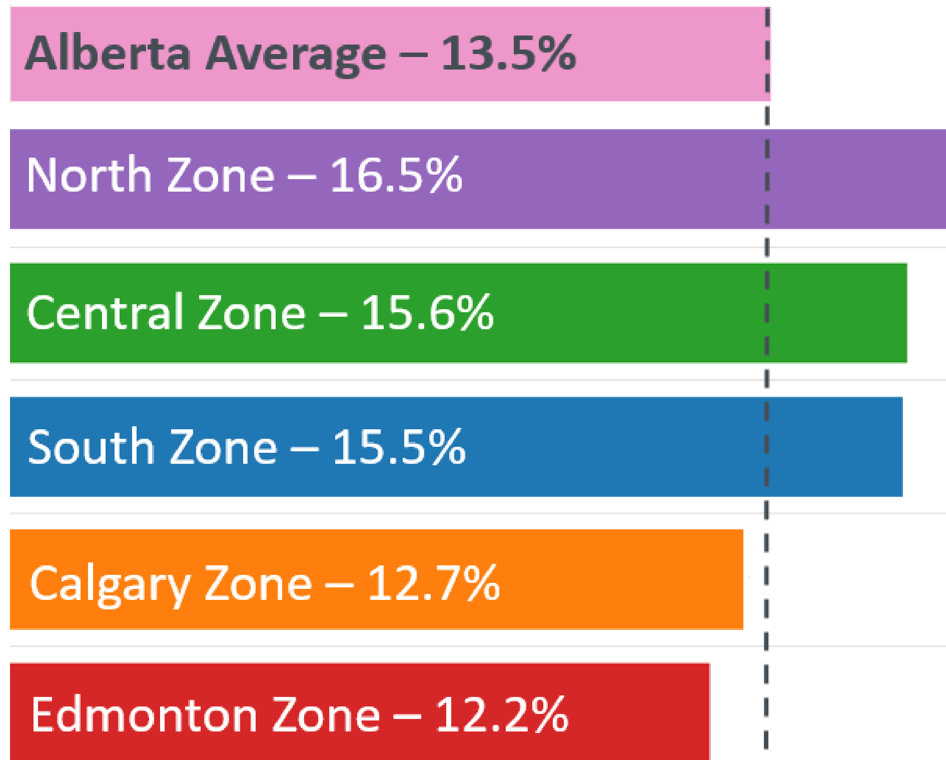
https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-seniors-guidance-document-geriatrics-all-locations.pdf

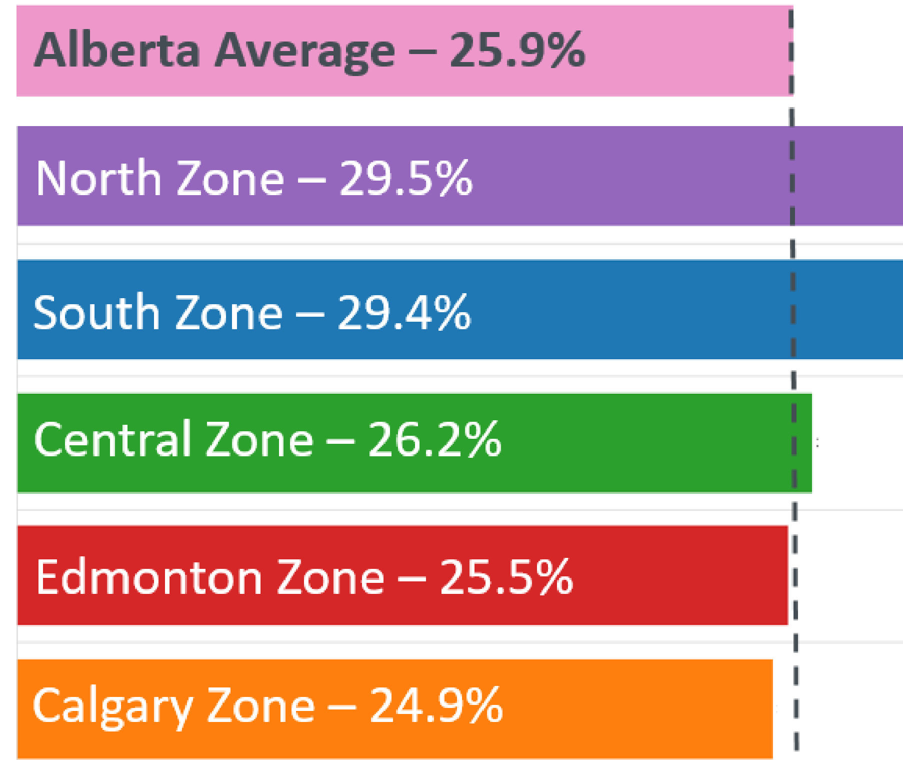
Delirium

- Can be mistaken for dementia or depression
- **Hyperactive:** psychomotor agitation, heightened anxiety, increased vigilance and/or hallucinations. Confusion, inability to attend.
- **Hypoactive:** reduced psychomotor functioning, lethargy, low affect
- **Increased risks** (e.g., age, dementia, frailty, dehydration, medications)

https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-delirium-seniors-inpatient.pdf

Alberta's Quality Indicators





Report & Document

Assess

Care Plan

Communicate

Provide Care

Document

Recognize

Recognize & Document

- Repetitive anxious complaints about medications
- Attempts to refuse pills
- Inability to pay attention
- Difficulty sleeping
- Falling & low blood pressure
- Weak, dizzy, drowsy
- Poor appetite

 https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-seniors-guidance-document-geriatrics-all-locations.pdf

Which Medications Increase Falls Risk?

Medication	Medication impact on falls risk
Polypharmacy (4 or more medications)	75
Opioid painkillers	60
Antidepressants	57
Antiepileptics (e.g., Gabapentin)	55
Antipsychotics	54
Sleeping pills/ benzodiazepines	42
Diuretics	36

www.deprescribingnetwork.ca; https://findingbalancebc.ca/wp-content/uploads/2017/10/Medications-and-the-Risk-of-Falling-2017-FINAL.pdf

Assess

Assess

Care Plan

Communicate

Provide Care

Document

Interdisciplinary Assessment

Individual Factors

Social and Environmental Factors

	Guidelines for Adults	Risks for Frail Adults
Diabetes medication	• Blood sugar 4-8 (younger adult) • Daily/scheduled glucose testing • Fasting glucose	• Hypoglycemia • Weakness, dizziness • Falls • Confusion • Pain (finger pokes)

Alternate approach for frail and/or with dementia

- Blood sugar target 6-9 before meals, less than 14 after
- Hydrate before testing to avoid falsely high blood sugar
- Occasional testing only, if stable

http://guidelines.diabetes.ca/Browse/Chapter37; https://www.cdc.gov/diabetes/library/spotlights/blood-sugar.html

Standardized Assessment

- Behaviour Mapping (AHS Form 19895)
- Symptoms to monitor (e.g., withdrawal or improvement)

Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
Time	Obs.	Init	Obs.	Init	Obs.	Init
00:00			R	RS	R	RS
01:00			R	RS	R	RS
02:00			S	RS	S	RS
03:00			S	RS	S	RS
04:00			S	RS	S	RS
05:00	R	RS	S	RS	S	RS
06:00	R	RS	R	RS	R	RS
07:00	A	TL	A	TL	A	MN
08:00	AG	TL	A	TL	AG	MN

Identify: Possible Interventions

- Identify medications not **Indicated**, **Safe** or **Effective**, or un**willing**/un**able** (e.g., to swallow)
- Risks and benefits discussed with resident/client and alternate decision-maker
- Supportive strategies
- When to reassess

Communicate and Implement

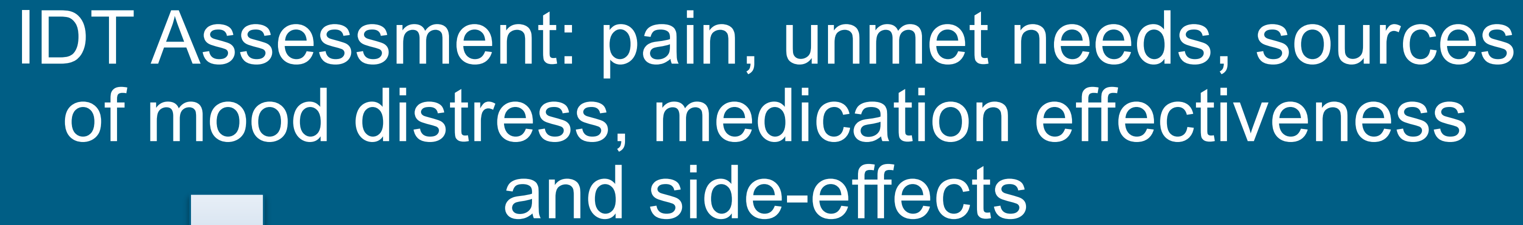
- Care Plan
- Medication Administration Record
- Bedside Care Plan
- Report
- Team Huddle

Reassess and Evaluate

- Was the intervention implemented?
- Reassess using the same measurements
- Any functional changes?

Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
Time	Obs.	Init	Obs.	Init	Obs.	Init
00:00			R	RS	R	RS
01:00			R	RS	R	RS
02:00			S	RS	S	RS
03:00			S	RS	S	RS
04:00			S	RS	S	RS
05:00	R	RS	S	RS	S	RS

What can you try next?



Therapeutic Interventions

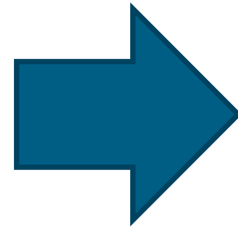
Meaningful Activities

Reduce medications with more harms than benefits.

Consider trial of analgesic / adjust dose and frequency

Assess and Evaluate: pain, mood and/or behaviour tracking, resident reporting, IDT reassessment

Consult other HCPs: for chronic illness follow up, limited success or urgent issues



Assess	Intervention	Reassess	Evaluation

- Review the Pain & Mood modules
- Invite the ID Team to review the modules
- Start with 1 resident who expresses distress
- Keep learning; involve more residents
- Consider common contributors to distress, implement a unit-wide improvement

Success Story: Devonshire

Concerns:

- Professional staff not available at mealtime
- Medication delivery 4 times/day, average 5 hours
- Polypharmacy: 65% on 9+ medications

Outcomes:

- 2 LPNs available in dining room
- Main medication pass at 1000, second at 1600
- Time for medication delivery 3.5 - 4 hours
- 40% on 9+ medications

Staff Response

- “Less medications gave us time to focus on residents, their assessments and documentation.”
- Staff picked up on changes in resident medical condition sooner.
- Staff recaptured the passion for their work. Their time was spent on care and improving resident quality of life.

“Staff had time to answer questions and were not always running.”
-Resident

Pain Mood Toolkit: www.ahs.ca

Resources for

- Quality Boards
- Enhancing resident assessment
- Sparking quality improvement discussions

Mood and Low Blood Sugar

When you see someone in distress, do you offer a snack and beverage? Low blood sugar can look like crying, anger, anxiety, confusion and falls. Frail older adults are more likely to have *low* blood sugar as appetite and nutrient absorption decline, and diabetic medications stay in the body longer.

Canadian Practice Guidelines for frailty recommend blood sugars of 6-9 before meals and less than 14 after.

To maintain healthy blood sugar levels, involve your interdisciplinary team:

- Offer a snack and hydration mid-morning/late afternoon (e.g., with medication passes).
- Ask the pharmacist or prescriber to review and adjust diabetic medications.
- Consult a dietician about increasing dietary protein and fats.
- Assess for pain, mood distress, and medications, which could interfere with meal enjoyment.

To minimize painful and unnecessary blood sugar tests, always hydrate first, to avoid false highs. Avoid bruised or sensitive areas (e.g., the very tip of the finger). Ask your medical practitioner to stop or reduce testing frequency if blood sugars are stable.

Looking for more resources?

- Canadian Family Physician: Diabetes in the Frail Elderly
- Antihyperglycemic deprescribing algorithm and patient handouts
- Medicine check-ups for older adults: Diabetes medicines

Seniors Health & Continuing Care

Enhancing Sleep to Improve Mood and Wellbeing

Father Lacombe Care Centre

The Problem: Residents were sleepy & unhappy during the day.

Challenges were identified... How can we keep our residents safe & comfortable while supporting sleep at night?

Solutions were proposed!

We got ready for a small test...

We watched a webinar about good sleep habits

We engaged families

We reviewed incontinence products to make sure they were the right size

Our pharmacist reviewed sleeping pills and medicine schedules

We changed staff duties so stocking was done on evenings instead of nights

We gained support from doctors

We dimmed flashlights with a red filter

The wound nurse identified residents who needed repositioning

Seniors Health & Continuing Care

Pain Mood Toolkit: www.ahs.ca

Digital Stories for

- Staff meetings
- Resident and family council meetings
- Sparking quality improvement discussions

And more…

Image References

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Alberta Health Services Forms: Behaviour Mapping Chart (2020) https://www.albertahealthservices.ca/frm-19895.pdf

Alberta Health Services Forms: Pharmacologic Restraint Management Worksheet (2019) https://www.albertahealthservices.ca/frm-19676.pdf

Alberta Health Services, Seniors Health Strategic Clinical Network (2020) Medicine Check-ups for Older Adults https://myhealth.alberta.ca/Alberta/Pages/Medicine-check-ups-for-older-adults.aspx

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