

# Elderly care

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## History (OLDER AND WISER)

Be mindful of the following mnemonic when taking a history from an older patient:

- O** 'Old dear' stereotyping is to be avoided – be respectful
- L** Lighting should be optimised to make your face more visible, avoid light glare
- D** Dentures, eyeglasses and hearing aids, if usually worn, should be used
- E** Extra time may be needed
- R** Reliability of the history may need to be determined with a Mental state examination (MSE), may require a collateral history
- A** Activities of daily living (ADLs), able to cope at home?
- N** Nutrition history including type, quantity, frequency<sup>1</sup>
- D** Depression, loneliness
- W** Weight loss (intentional or unintentional)
- I** Increased rate of urination, nocturia, dysuria<sup>2</sup>
- S** Social history/social supports/care givers
- E** Episodes of dizziness, falls
- R** Roids (haemorrhoids), indigestion, constipation, diarrhoea, melaena, PR bleeds

<sup>1</sup> Patients having <2 meals a day are at risk of under-nutrition

<sup>2</sup> UTIs are more common in the older age groups

## Examination

### Inspection

#### General (ABC)

- A** Appearance – cyanotic, pallid (anaemia), hyperpigmented (haemochromatosis cardiomyopathy, addisonian hypotension), syndromes: Down's, Marfan's, Turner's
- B** Behaviour – comfortable at rest, leaning forward
- C** Connections – oxygen, nebuliser, cigarettes or nicotine supplements, sputum cup (check the contents), cardiac monitor, ECG leads, drug cardex, observation chart contains vital signs such as temperature, BP, pulse, respiratory rate, oxygen saturations, GCS, MEWS/PARS score, energy drinks/soft diet/NBM sign, walking stick/Zimmer frame/roller frame/wheel chair, glasses, catheter, hearing aid, IVI

#### Hand and arm

- Absent crescent-shaped lunula is a normal age-related finding
- AF
- Bruises (unexplained bruises could be due to abuse)
- Ecchymoses on forearm
- Liver spots
- Longitudinal ridges on nails are normal
- Refill of capillaries may show dehydration
- Steroidal skin

#### Face (HEAD)

**H** Hairs (thin dermal) on ears, nose, upper lip and chin

**E** Eyebrows drop below superior orbital rim

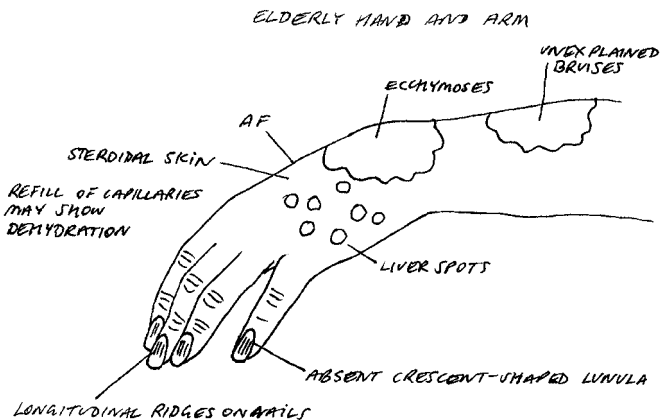


FIGURE 4.1

- A Age-related wrinkling of skin
- D Dry skin

### Eyes

- Acuity decreases
- Cataracts
- Entropion (in-turning of eyelid) ectropion (eversion of lower lid margins).
- Infection
- Light reflex decreases
- Presbyopia
- Senile arcus (arcus senilis) is a normal finding
- Small pupils (often an age-related change)

### Mouth

- Angular cheilitis
- Cancer (leucoplakia, erythroplakia, ulcer, mass)
- Dentures should be removed to examine the mouth
- Erythema migrans (geographic tongue)
- Fissured tongue (xerostomia)
- Gums might bleed or be swollen

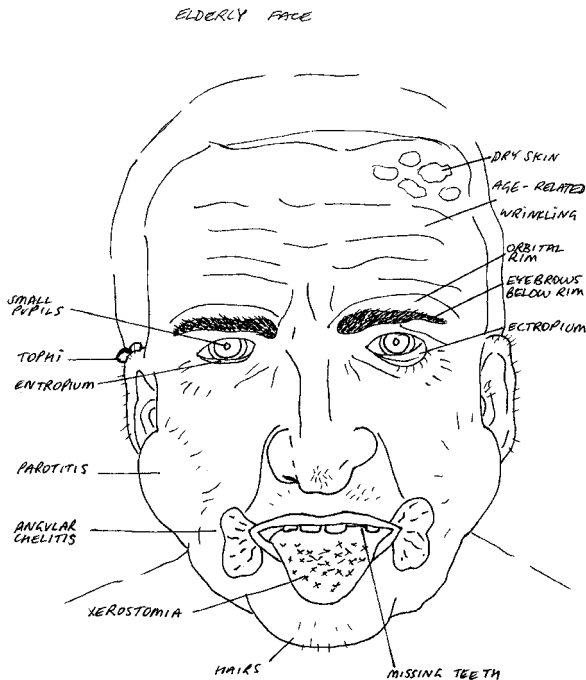


FIGURE 4.2

- Infections are usually fungal
- Parotitis (particularly in dehydrated patients, pus may be expressed from Stensen's duct when the interior of the mouth is palpated)

**Ears (WAT?)**

W Wax in the external auditory canal

A Aid (hearing) examined, battery might be dead if there is an absence of whistle (feedback)

T Tophi, normal age-related finding

**Neck**

- Check for full range of movement (ROM)

**Back**

- Osteoporotic fractures especially in the sacrum
- Scoliosis or kyphosis
- Tenderness of the spine could be due to metastatic infiltration

**Heart**

- Palpate the heart for cardiomegaly, lateral displacement of the apex

**Abdomen**

- Abdominal muscles weak? – may result in hernias
- Suprapubic tenderness, urinary retention secondary to prostatitis
- Should complete the examination with a PR

**Feet (TOUCH IT)**

- Trophic changes, venous eczema
- Oedema (peripheral) due to heart failure
- Ulcers, infected?
- Chronic cellulitis
- Hallux valgus/hammer toe/claw toe
- Infections, look between toes
- Thickened yellow toenail, onychomycosis (a fungal infection)

**Motor functions (I Tickle Patients Get Really Cool Smiles)**

I Inspection

T Tickle      Tone

P Patients    Power              Symmetrical is normal

G Get          Gait                Romberg's (+/-)

R Really      Reflexes           (+/-)

C Cool        Coordination

S Smiles      Sensation

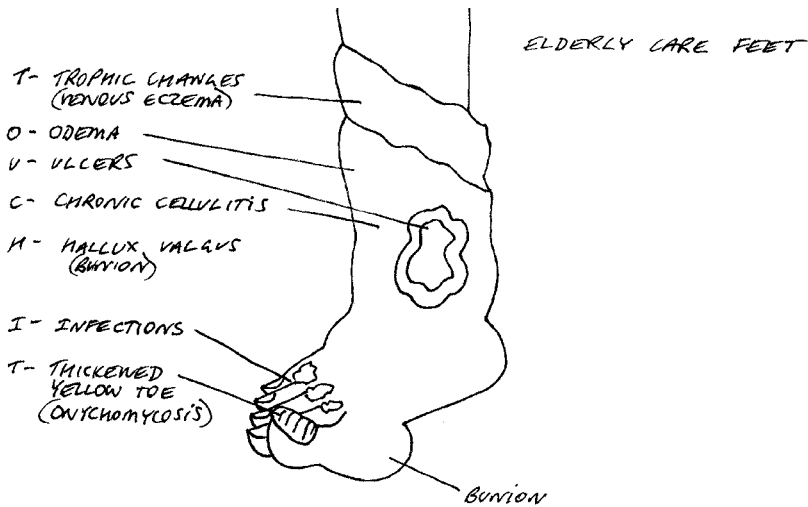


FIGURE 4.3

**Percussion**

- Abdomen, lung bases

**Auscultation**

- Auscultate the heart for murmurs – systolic murmur is most commonly AV stenosis
- Auscultate the lung bases, any abdominal aneurysm, carotids and renal arteries

**Mental state examination**

- Orientation
- Registration
- Attention and calculation
- Recall
- Language

Maximum score is 30

**Orientation**

- Knowledge of time (1 mark each) – date/day/season/year/month
- Knowledge of location (1 mark each) – country/district/town/hospital/ward

### Registration

- Ask patient to name three objects, such as pen, tie, cup (1 mark for each correctly identified object)

### Attention and calculation

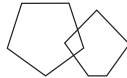
- Count backwards from 100 by 7s (1 mark each for first five correct)
- Not everyone has good numerical skills and therefore offer the option of spelling – spell DOCTOR backwards (1 mark for each correct letter).

### Recall

- Patient is asked to recall the three objects they named in the registration section (1 mark for each correct item).

### Language

- Patient is asked to follow a series of commands and is given 1 mark for each correct step: Take the paper in your right hand. Fold it in half. Put it on the table
- The patient reads the phrase ‘CLOSE YOUR EYES’ and can do it (1 mark).
- The patient reads the phrase ‘WRITE A SENTENCE’ and can do it (1 mark).
- Copy the design below – 1 mark is given if all angles present and figures intersect.



### Alzheimer’s disease (3As and 1E)

#### Well-known people with Alzheimer’s disease

Actor Charles Bronson, artist Willem de Kooning, actress Rita Hayworth, actor Charlton Heston, author Iris Murdoch, former American president Ronald Reagan

#### Definition

An irreversible dementing illness due to the development of ‘plaques’ and ‘tangles’ in the brain. It is a clinical diagnosis and can only be definitively diagnosed as Alzheimer’s on autopsy. Diagnostic criteria – amnesia and at least one of the following: (3As and 1E)

- A Agnosia (cannot recognise people or objects although the senses are intact, I-Knows-U?)
- A Aphasia (language problems – A-Phrase-ia)
- A Apraxia (difficulty performing motor tasks, even though the physical ability to move the limbs and joints is normal – **Prax** is from the Greek word for Practical)
- E Executive function (the ability to plan and organise)