

SUNSHINERS: WHAT'S WRONG

With Health Care of Older People?

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FRAILITY:

“irremediable
dependence for
activities of daily
living”

What's a SUNSHINER?

FRAIL, plus:

- I don't want to be a burden on the people I love.
- I care more about being comfortable than I do about living longer.
- I don't want to take medication (unless I really need it).
- I don't want to go to the hospital (unless I really need to).

SUNSHINERS

are frail elderly who have made a
critical decision
about their future.

The SYSTEM'S PRIORITIES

- 1. Prevention**

- 2. Rescue**

Are PREVENTION and RESCUE
what frail Sunshiners
want and need?

LET'S REVIEW THEM

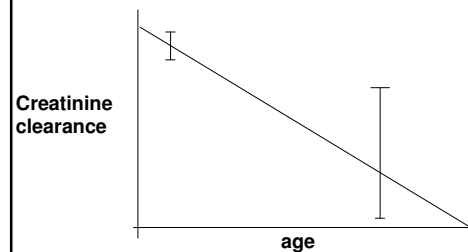
First,

**Prevention
Doesn't Work
if you're Frail**

**FOUR
GOOD REASONS
WHY NOT**

1. No prediction in the unpredictable

EVERYBODY'S DIFFERENT
example: kidney function



DIFFERENCE



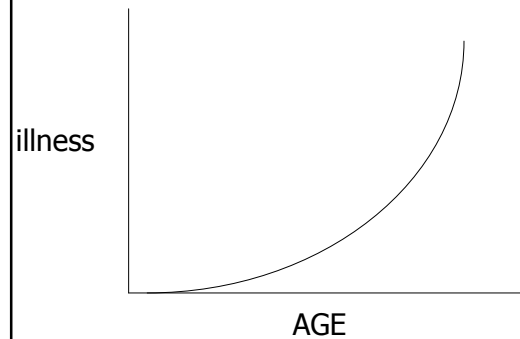
UNPREDICTABILITY

**...YOU CANT PREDICT
for someone who is
UNPREDICTABLE**

**FOUR
GOOD REASONS
WHY NOT**

2. NO FRAIL IN TRIALS

MULTIPLE PATHOLOGY



The QUORUM EPIPHANY

Clinical trial exclusion criteria are
unbelievably comprehensive

**Trials have
EXCLUSION CRITERIA**

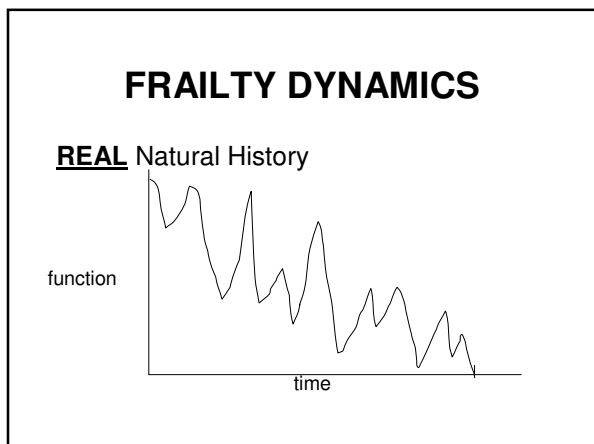
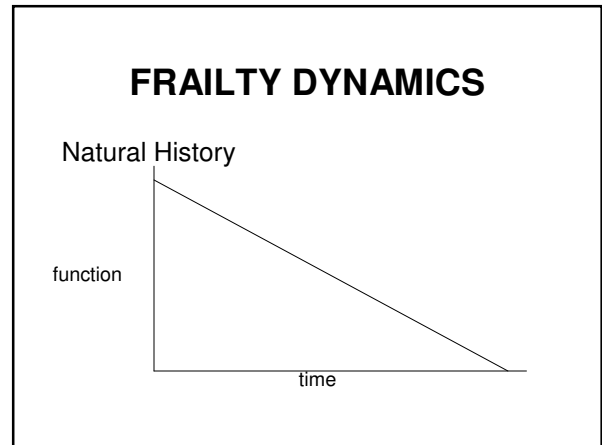
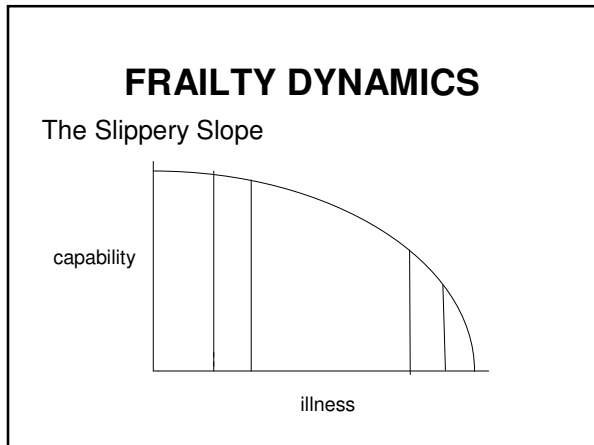
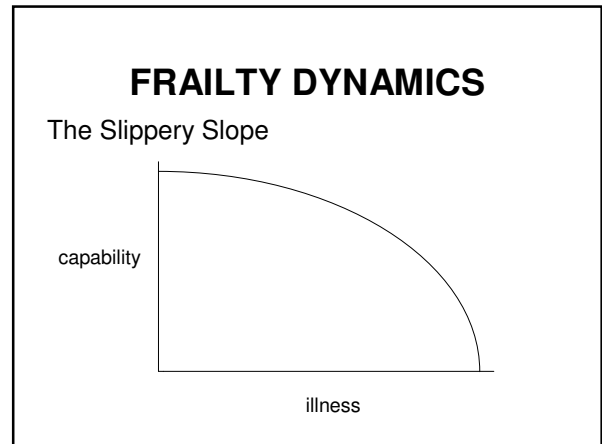
You
CAN'T DO
studies to support prevention
in frailty

**FOUR
GOOD REASONS
WHY NOT**

- 3. LIMITED CHANCE OF BENEFIT**
- 4. OFFSETTING DANGER**

Bottom Line:

**FRAILTY
lives in an
EVIDENCE-FREE
ZONE**



CRISIS

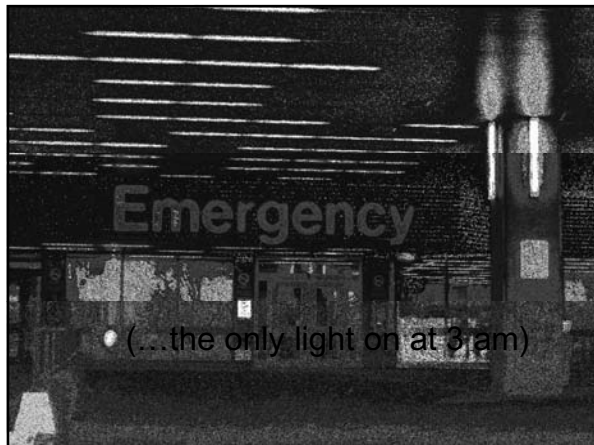
in FRAILITY

small change in health,
big change in function

"She can't get down for meals, so we just can't cope."

The crisis is a crisis of FUNCTION

How does the system
RESPOND
to that kind of crisis?



Typical Hospital Course (a true story)

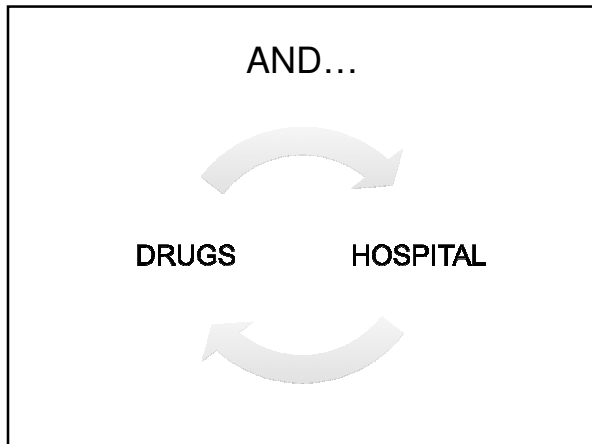
- Admitted to medicine
- Treated with antibiotics
- Confused and noisy day 3
- Diarrhea day 4
- Climbs over side rail, breaks arm day 5

Hospital Course (cont'd)

- SPECIALISTS (cardiology, infectious disease, wound nurse, swallowing-evaluation OT, geriatric psychiatry, rheumatology, alternate-care-level manager)
- 11 medications day 15
- Low blood pressure and not speaking day 18
- Family declines ICU
- dies day 21

PREVENTION = DRUGS

RESCUE = HOSPITAL



Predictors of Hospitalization

- Previous admission**
- Morbidity (“health needs”)**
- Depression**
- Alcohol**
- Eating problems, weight loss**
- Walking, Timed Manual Performance**
- Cognitive impairment**
- Caregiver dissatisfaction**
- Distance from the hospital**

***Reducers* of Hospitalization**

- Multidisciplinary program**
- Rapid access to home-based service**
- “GP hospitals” (Norway)**
- Access to home psychiatric services**
- MD visits**

DOES HOSPITAL HELP?

Randomized trial home versus hospital: no difference.

Caplan G et al. Hospital in the home: a randomised controlled trial. MJA 1999;170: 156-160

Tell me something I don't know

1. Frailer: likelier to have a crisis and go to hospital, less likely to get out.
2. More support: less likely to have a crisis and go to hospital.
3. Hospital doesn't improve outcome.

A LITTLE HOME-GROWN EVIDENCE

“Home VIVE” program Vancouver

- Three physicians, one nurse
- About 250 patients
- Average age 85
- All homebound

Emergency Admissions

131 patients compared before and after
Total Visits Prevented: 74

SOURCE: Dr. Reva Adler, Program Director

When we ask,

**What does a
“sunshiner”
*want?***

WHAT SHE FEARS

**INTOLERABLE SYMPTOMS
BEING A BURDEN
TERRIFYING FUTILE HOSPITAL
EXPERIENCE**

WHAT SHE WANTS

1. Keep me comfortable
2. Keep me functioning
3. Don't abandon me
4. Let me make the DECISIONS

OKAY,

WHAT SHOULD WE DO?

1. **IDENTIFY THE FRAIL
(AND THE SUNSHINERS)**
How do you feel about
**MEDICATION?
HOSPITAL?
BEING A BURDEN?**

2. HAVE the tough conversations

Advance directives
Caregiving contract

ADVANCE DIRECTIVES

“KISS”

ADVANCE DIRECTIVES 2

ARE YOU A SUNSHINER?

comfort and function priority
want to stay home
not keen on medication

ADVANCE DIRECTIVES 3 Just Two Questions:

Comfort versus prolonging life?
Substitute decision-maker?

3. Do Their Care at HOME

- not office
- **PRIMARY** care
- **A Team, not just a nurse or a doctor**
- **24/7**
- **Flexible caregiver Support**

THE DOCTOR AND HOME CRISIS

1. You CAN assure comfort
2. SUPPORT FUNCTION
3. Your chance of curing major event is SMALL but about equal to hospital's
4. Share these expectations
5. **ALLEVIATE the burden of treatment**

4. Integrate Services for Frailty



BUT FIRST CHANGE THE MINDSET

About hospital default in crisis
About preventive meds
About primary care at home
About integration and responsibility

sunshiners.ca

