

**Family Caregiver Education Series** 

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## Understanding Advanced Illness: A Palliative Care Perspective

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## Session Agenda

- Introduction/Definitions
- Medication Issues and Management
- Vaccinations
- Common Conditions in the Elderly
  - Congestive Heart Failure
  - Edema
  - Stroke
- Cancer
- Pneumonia
- Dehydration
- Skin Care
- Urinary Tract Infections
- Arthritis
- Dementia
- Depression
- Palliative Care



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## Terms to Know

- **Mortality:** relating to death.
- **Morbidity:** relating to disease.
- **Acute:** an illness with a sudden onset; lasting a relatively short period of time.
- **Chronic:** an illness that persists for a long time or constantly recurs.
- **Multi-morbidity:** coexistence of chronic diseases.
- **Multi-morbidity in the elderly** is estimated to occur in 55 – 98% of the population.



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## Addressing the Whole Person

- Physical symptoms.
- Emotional needs.
- Spiritual issues or concerns.
- Practical or sociological elements.
- Personal wishes or preferences.



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## Medication-Related Problems

- 25% of SNF admissions related to medication issues.
- Polypharmacy: multiple medications, including OTC, herbals, cannabis (THC) or CBD (cannabidiol).
- “Natural” does not always mean safe.
- Adverse reactions, drug interactions.
- Dosage too high or too low.
- Challenges to compliance.



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## Warning Signs of MRP

- |                        |                               |
|------------------------|-------------------------------|
| ■ Excessive drowsiness | ■ Shakiness; tremors          |
| ■ Confusion            | ■ Loss of appetite            |
| ■ Depression           | ■ Falls and fractures         |
| ■ Insomnia             | ■ Changes in speech or memory |
| ■ Incontinence         |                               |
| ■ Muscle weakness      |                               |

Source: *A Caregiver's Guide to Medication and Aging*  
Family Caregiver Alliance [www.caregiver.org](http://www.caregiver.org)



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## Meds Management: Key Role of Caregivers

- Administering medications.
- Filling and refilling prescriptions.
- Recognizing symptoms of medication-related problems.
- Supervising OTC meds, herbals (awareness of potential interactions with prescription meds).
- Communicating with health care professionals.
- *Medscape* website.



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<https://reference.medscape.com/>

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## Recommended Vaccinations

<p><b>PNEUMOCOCCAL PNEUMONIA</b></p> <ul style="list-style-type: none"> <li>• PPSV23 (Pnumovax23®) age 65+</li> <li>• PPSV13 (Prenar13®) ages 19-64</li> <li>• If get both vaccines, need to be one year apart.</li> <li>• Medicare Part B covers 100%.</li> </ul>	<p><b>INFLUENZA (6 months+)</b></p> <ul style="list-style-type: none"> <li>• Annual injection (Sept-March).</li> <li>• 65+ high dose – Fluzone.</li> <li>• Protects against 4 strains.</li> <li>• Medicare Part B covers 100%.</li> </ul>
<p><b>SARS-CoV-2 (COVID-19)</b> (currently 16+)</p> <ul style="list-style-type: none"> <li>• Pfizer (2 doses); Moderna (2 doses); Johnson &amp; Johnson (1 dose).</li> <li>• Probably annual injection(s); possibly a booster.</li> <li>• All insurances cover 100%.</li> </ul>	<p><b>SHINGLES (50+)</b></p> <ul style="list-style-type: none"> <li>• Shingrix – two doses six months apart.</li> <li>• 97% effective – 50s and 60s; 91% effective – 70+</li> <li>• Insurance co-pay varies; can be costly.</li> </ul>

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## Congestive Heart Failure (CHF)

- A chronic, progressive condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen.
- Symptoms:
  - Fatigue.
  - Edema (swelling in tissues).
  - Shortness of breath.
  - Rapid heart rate, even at rest.
  - Weakness, dizziness, light-headedness.
  - Weight gain >2 lb./day or 4 lb./week.
  - New cough.



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## Congestive Heart Failure

- Complications:
  - Irregular heart rhythm.
  - Enlarged heart.
  - Heart attack.
- Treatment: Diet, lifestyle, medications.



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## Edema

- Medical term for swelling, excessive fluid retention in tissues.
- Common sites:
  - Limbs (peripheral edema).
  - Abdomen (ascites).
  - Chest
    - Pulmonary edema (in lungs).
    - Pleural effusion (in space surrounding lungs).



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## CVA/Stroke

- Interruption or reduction in blood flow to brain.
- Types of Stroke
  - Ischemic: blockage of an artery (85% of CVA).
    - Thrombotic: blood clot forms in an artery in the brain.
    - Embolic: blood clot forms elsewhere in the body.
  - Hemorrhagic: rupture of a blood vessel.
  - Transient Ischemic Attacks (TIAs): short episodes of stroke symptoms; can resolve.
- Symptoms: F A S T  
(FACE—ARMS—SPEECH—TIME)



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## CVA/Stroke

- Risk Factors:
  - Hypertension.
  - Smoking.
  - High cholesterol.
- Diagnosis: First 24-48 hours is crucial.
- Treatment/Rehab Goals:
  - Minimize permanent damage.
  - Reduce physical, perceptual, and language deficits.



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## Effects of CVA/Stroke

- Physical.
- Emotional roller coaster/depression.
- Cognitive deficits.
- Communication deficits.
- Maximal recovery is in first 3 months.
- Caregiving Role:
  - Advocate.
  - Provide for physical needs.
  - Facilitate communication.



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## Cancer

- Goals of cancer care: Prevention, recognition, treatment.
- Survival: US > 13 million; Worldwide > 30 million.
- Assessment Criteria:
  - Type of cancer.
  - Location.
  - Metastasis.
- Treatment Options:
  - Surgery.
  - Chemotherapy and radiation therapy.
- Considerations for the elderly and/or chronically ill.



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## Pneumonia

- Inflammation of lungs.
- Bacterial or viral most common in elderly.
- Elderly more susceptible due to co-morbidities, weakened immune system.
- Complications can be life-threatening.
- Symptoms – may manifest differently in elderly:
  - Tired, weak
  - Cough; green or yellow sputum
  - Chest pain
  - Shortness of breath
  - Fever; chills
  - Confusion



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## Pneumonia

- Treatment depends on cause.
- Viral
  - About 50% of cases.
  - Usually treated with rest, fluids, healthy foods.
  - Can be less severe but can lead to secondary bacterial pneumonia.
- Bacterial
  - Treated with antibiotics.
  - Antibiotic-resistant bacteria complicates treatment.
  - Pneumococcal pneumonia (streptococcus) causes about 40K deaths/year (CDC); vaccine recommended.
- Other causes: Fungal; aspiration.



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## Dehydration

- Elderly are especially at risk:
  - One of most frequent causes of hospitalization after age 65.
  - Lose sense of thirst with age.
  - Appetites decrease, eat less, get less fluids from solid foods.
  - More susceptible to temperature changes due to reduction of subcutaneous layer of fat (insulation).
  - Some medications make more susceptible to dehydration.
  - May lead to urinary tract infections.
- Symptoms:
  - Can be similar to dementia symptoms; mimics other conditions.
  - Persistent fatigue, lethargy, muscle weakness/cramps.
  - Headaches, dizziness, nausea.
  - Forgetfulness, confusion.
  - Rapid breathing; increased heart rate.



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## Preventing Dehydration

- Drink at least 48 oz. of water or non-caffeinated beverage daily.
- Keep water available, especially if person is not mobile.
- Encourage to sip water throughout the day.
- Other options for staying hydrated:
  - Sugar-free powdered drink mixes added to water; Jello.
  - Pedialyte Advanced Care Plus.
  - Low-sodium soups and broth.
  - Most fruits and vegetables: melons, berries, oranges, peaches, apples, applesauce, lettuce, cucumbers, celery.



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## Skin Care

- Skin Changes in the Elderly
  - Thinner and drier.
  - Loss of adipose tissue (fat).
  - Reduced circulation.
  - Increased healing time.
  - Capillaries more fragile – easier bruising.
- Protective Measures
  - Sunscreen and protective clothing.
  - Regular skin checks.
  - Application of moisturizer.
  - Foot care/diabetes management.
  - Avoidance of cigarette smoke.



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## Urinary Tract Infections (UTIs)

- Very common in elderly.
- Bacterial infection.
- Symptoms (may present differently in elderly):
  - Frequent and/or painful urination; blood in urine.
  - Urge to urinate, but inability to do so.
  - Behavioral and/or cognitive symptoms; confusion; often mistaken as dementia or Alzheimer's.
  - Motor weakness; dizziness.
  - Low-grade fever.
- Causes:
  - Loss of muscle tone.
  - Urinary retention.
  - Incontinence.
  - Poor hygiene practices.



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## Arthritis

- Symptoms: Joint pain, swelling, stiffness, tenderness, change in motion, warmth or redness.
- Osteoarthritis (degenerative joint disease affecting joints and cartilage).
- Rheumatoid arthritis (autoimmune inflammatory disease).
- Gout (form of arthritis).
- Management/treatment options.



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## Dementia

- "1 in 3 seniors dies with Alzheimer's or another dementia."  
www.alz.org
- Caregiver role if exhibiting symptoms of cognitive decline:
  - Always check for new meds and/or interactions.
  - Blood work to determine nutritional deficiency.
  - Look for underlying medical condition such as UTI, dehydration, depression.
  - Be sure that all legal and financial matters have been addressed (esp. Power(s) of Attorney; advanced directive).
  - Schedule a cognitive or neurological evaluation.
- For more info, check out Hope's *Living with Dementia* program and *Family Caregiver* webinars posted on website.

[www.HopeHospice.com/family-past](http://www.HopeHospice.com/family-past)



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## Depression

- Common in elderly and/or chronically ill.
- Complete physical exam to rule out any disease or medication-related symptoms; depression assessment scales.
- Treatment:
  - Non-pharmacological treatments such as:
    - Relaxation therapy; meditation.
    - Music and/or exercise therapy.
    - Strategies to increase socialization and reduce boredom.
    - Psychotherapy.
  - Medications (anti-depressants; anti-anxiety).
  - May need to try different treatments to find one that works best for the individual.



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## Questions to Ask as the End of Life Approaches

- Since the condition is worsening, what will happen next?
- What might we expect in the coming days or weeks?
- Why are you suggesting this diagnostic test? What will we do with this information?
- Why are you suggesting this treatment?
- Will the treatment bring physical comfort? Speed up or slow down the dying process?
- Is it time to consider palliative or hospice care?



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## Palliative Care

- Goals of palliative care:
  - Help seriously ill patients feel more comfortable.
  - Prevents or treats symptoms and side effects of disease or treatment.
  - Provides relief from chronic conditions.
  - Treats emotional, social, practical, and spiritual issues.
  - Improves the quality of life.
- Palliative care can be given at the same time as treatments meant to cure or treat disease.
- Palliative care does not have specific time frames for:
  - Diagnosis
  - Treatment or follow-up
  - End of life



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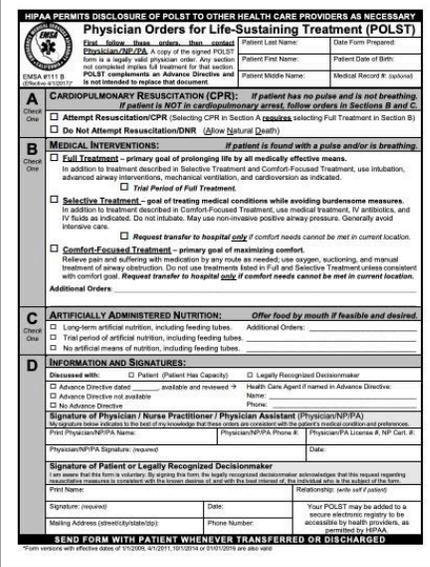
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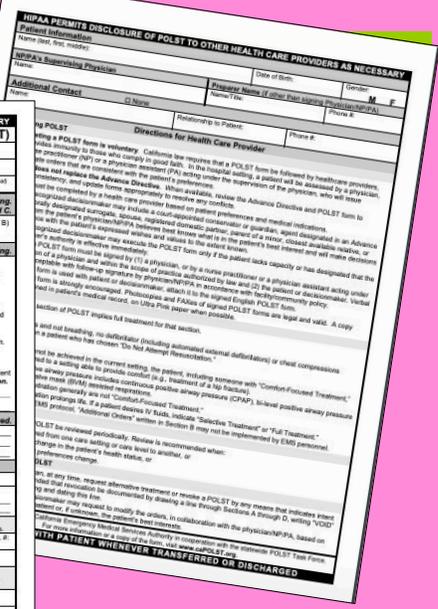
- **Physician Orders for Life Sustaining Treatment**
- Comprehensive approach to end-of-life planning.
- Gives seriously ill patients and their families more control over their end-of-life care.
- Legal document (actionable medical order) that must be signed by both the physician and patient. May also be signed by nurse practitioners and physician assistants within their scope of practice.
- Prevents unwanted or ineffective treatments.
- Reduces patient and family suffering.
- Ensures a patient's wishes are honored.



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## THANK YOU!



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## THANK YOU!



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