

Advice for caregivers

Treatments and tests for seniors

If you are caring for an aging relative or friend, you want to help all you can. You may urge the doctors to try every possible treatment.

But the experts who care for older adults say you should be cautious. Some tests and treatments won't help older adults. They may even be harmful, especially near the end of life.

As seniors get close to the end of their lives, "quality of life" may be more important than living a little bit longer.

This "roundup" of medical issues and tips will help you and your loved one make decisions about getting the best care.

Cancer

American Society of Clinical Oncology

The problem: If cancer is advanced and has spread after treatment, more treatments may not help. They may not help the patient feel better or live longer. Instead, more treatment could cause serious side effects. These side effects can actually shorten life and reduce the quality of life.

Recommendations

- Ask the doctor: Will more treatment help the patient live longer?
- Ask about the risks and benefits of treatment.
- Possibly consider palliative or hospice care (see Advice section).



Heart Disease and ICDs (Implantable cardioverter-defibrillators)

*American Academy of Hospice and Palliative Medicine,
Heart Rhythm Society*

The problem: ICDs help people with heart disease keep a regular heart rhythm. But they don't stop heart disease. ICDs send shocks to the heart. They can cause pain, anxiety, and fear, especially at the end of life.

Keeping an ICD turned on makes more sense if the patient has a good quality of life and will likely have more than a few days or weeks to live.

Recommendations

- If the patient has an ICD, maybe it's time to turn it off. The person may prefer a quick, painless death from cardiac arrest, instead of repeated shocks and a little extra time.
- It's usually not a good idea to insert a new ICD at the end of life.

Diabetes and High Blood Sugar

AMDA—The Society for Post-Acute and Long-Term Care Medicine

The problem: High blood sugar can be caused by diabetes, an infection, or steroids. To treat it, a senior may be given sliding-scale insulin. This means that the amount of insulin varies, depending on the blood sugar level at mealtime. This is fine for some adults. But it can cause low blood sugar in seniors—especially in nursing homes. This can lead to confusion, falls, seizures, and feeling ill.

Recommendations

- For older adults with diabetes, start with doses of long-acting insulin. This is insulin that lasts all day.
- Then, check blood sugar levels. If needed, add a small dose of short-acting insulin before the biggest meal of the day.

When to use sliding-scale insulin

It may be needed for a senior who had an infection, or was on high-dose steroids. The treatment should be short-term. Then, a doctor should check the patient again to see if more treatment is needed.

Dementia—Antipsychotic Medicines

American Geriatrics Society, American Psychiatric Association, AMDA—The Society for Post-Acute and Long-Term Care Medicine

The problem: People with Alzheimer's disease and other forms of dementia can become restless or aggressive. Doctors often treat these behaviors with strong antipsychotic drugs, such as aripiprazole (Abilify) and olanzapine (Zyprexa). But often the drugs don't work. And they can cause side effects, such as:

- Diabetes
- Pneumonia
- Stroke
- Confusion
- Reduced cognitive/thinking skills

Recommendations

- Consider other causes of the behavior problem. Sometimes the cause is pain or an infection, or a hearing or vision problem.
- Even if dementia is the cause, do not treat with antipsychotics first. First, try:
 - Other medicines, such as antidepressants
 - Daily exercise
 - More social or group time

When to use antipsychotics

The patient may need antipsychotics if you're worried about the safety of the patient or others.



Dementia—Long-Term Medicines

American Geriatrics Society

The problem: To improve memory and thinking skills in people with dementia, doctors may use drugs such as donepezil (Aricept) and memantine (Namenda).

These drugs may help keep symptoms from getting worse, but the benefits are few, if any. And the drugs can cause side effects, such as nausea, vomiting, and loss of appetite.

Recommendations

- Set clear goals for the drug treatment, such as more interaction with others.
- If there is no improvement after 12 weeks, the medicine should be stopped.



Review medicines often.

American Geriatrics Society

Seniors take a lot of medicines. They may not need all of them, especially at the end of life. Drug interactions can cause side effects. They can increase the risk of falling, confusion, and memory loss.

Make sure the doctor reviews all the patient's medicines at least two times each year. Include over-the-counter drugs, vitamins, and supplements. Ask if any of the medicines are no longer needed.

Sleep Issues

American Geriatrics Society, American Psychiatric Association

The problem: Insomnia affects almost half of all people over age 60. Nearly a third of older adults take sleeping pills. These include sedative-hypnotics (or tranquilizers) and antipsychotics.

But usually the drugs don't help much. And they can cause these side effects in seniors:

- Confusion
- Memory problems
- Blood clots
- Weight gain

Recommendations

- Look for reasons for the sleep problems. They could be due to pain, muscle spasms, restless legs, or the need to urinate often. The doctor should check the patient thoroughly.
- Try other things before using drugs. There are many ways to help people sleep better, such as:
 - Having a quiet place to sleep
 - Getting regular exercise
 - Sticking to a sleep schedule

Feeding Tubes for People with Dementia

AMDA—*The Society for Post-Acute and Long-Term Care Medicine, American Academy of Hospice and Palliative Medicine, American Geriatrics Society*

The problem: People with dementia often have trouble eating and swallowing.

Sometimes, especially in nursing homes and hospitals, feeding tubes are used. The tube is put through a small cut into the abdomen.

Tubes can help the patient gain weight and strength. But hand feeding can help just as much and has fewer risks. Feeding tubes may increase the risk of:

- Bleeding
- Infection
- Nausea
- Vomiting
- Pressure sores

Recommendations

Offer to help with hand feeding. This takes time, but it also offers human contact and enjoyable foods.

Social support and hand feeding

can help elderly patients have more appetite at mealtime.

Appetite Stimulants and High-Calorie Supplements

American Geriatrics Society

The problem: When seniors don't eat enough or are underweight for other reasons, doctors may prescribe appetite stimulants, such as megestrol (Megace). Or they may recommend costly high-calorie food supplements. But there is no evidence that these treatments improve the quality or length of life.

Appetite stimulants have a high risk of side effects, including blood clots, strokes, and death.

Recommendations

- First, try to provide more social support. Many seniors don't eat enough because they are lonely.
- Provide help at meals. Seniors with conditions such as Parkinson's disease may have a hard time feeding themselves.
- It may be wise to avoid special diets, such as low-sodium diets. Let your loved one eat the foods he or she likes.



Avoid antibiotics when you can.

Unnecessary antibiotics don't offer any benefits. You should not take antibiotics for bacteria in the urine if you don't need to. Antibiotics can kill "friendly" germs and help drug-resistant bacteria to grow.

Urine Tests and Antibiotics

American Geriatrics Society, AMDA—The Society for Post-Acute and Long-Term Care Medicine

The problem: When a resident's condition changes, the nursing home staff may test for a urinary tract infection (UTI).

But if you don't have symptoms of a UTI, urine tests are not very useful. The tests can lead to unnecessary treatments that can even be harmful. This is especially true in older adults.

Urine often has bacteria in it, even if there's no UTI. Then the doctor may prescribe antibiotics that aren't really needed. This can lead to "antibiotic resistance." This means that antibiotics may not work when needed in the future.

Antibiotics can cause these side effects, especially in older adults:

- Fever
- Rash
- Nausea
- Vomiting
- Diarrhea
- Ruptured tendons
- Nerve damage
- Kidney failure

Recommendations

- Don't do a urine test unless the patient has these UTI symptoms:
 - An urge to urinate often
 - And a burning feeling when urinating
- Do not give antibiotics unless the patient clearly has a UTI.

Chronic Pain

American Society of Anesthesiologists

The problem: Chronic pain is very common in older adults. Doctors often over-prescribe pain medicines called opioid analgesics, such as oxycodone (OxyContin, Percocet) or hydrocodone (Vicodin).

These drugs can be addictive. They can cause serious side effects, such as:

- Nausea and vomiting
- Retaining urine
- Constipation
- Breathing problems

Recommendations

- Before prescribing pain drugs, the doctor should explain the risks and check for drug interactions.
- Try other treatments first, such as behavioral and physical therapies.
- Over-the-counter drugs may also help:
 - acetaminophen (Tylenol and generic)
 - ibuprofen (Advil and generic)
 - naproxen (Aleve and generic)





Palliative Care and Hospice Care

American Academy of Hospice and Palliative Medicine, National Hospice and Palliative Care Organization

What is palliative care?

- Palliative care gives patients and caregivers extra support during a serious illness.
- The patient continues to get treatments to help cure the illness.
- A team of specialists helps relieve pain and symptoms such as fatigue, anxiety, nausea, and depression.
- The team helps patients and families work through difficult medical decisions.
- Palliative care is most helpful when it is started early. For example, people with advanced cancer who get palliative care early report better control of pain and other symptoms. And they have lower depression rates than those not getting palliative care. Research suggests that palliative care may even help patients live longer.



What is hospice care?

Hospice care is a type of palliative care. Hospice begins when patients and their families decide they don't want to continue treatment to try to cure their disease. People may start hospice because their treatment is not helping or is too painful. Hospice care tries to keep the patient as comfortable as possible.

When to discuss palliative or hospice care.

If you are taking care of someone with a serious illness, it's never too soon to discuss palliative or hospice care. Remember that this doesn't mean that you are "giving up." It means that you are trying to keep your loved one as comfortable as possible.

Screening Tests

Society of General Internal Medicine, American Geriatrics Society, American Society of Clinical Oncology, American College of Surgeons, American Society of Nephrology, American College of Rheumatology

Screening tests, like colonoscopies, help doctors look for diseases. But for people near the end of life, screening tests have few, if any, benefits.

And, there are risks:

- Anesthesia during a colonoscopy
- Stress as you wait for the results
- More stress if cancer is found

For younger people, the benefits may be greater than the risks. But the benefits are less near the end of life. Treating cancer may not make much difference. Most cancers don't progress very far in a year or two. And treatment can cause anxiety and unpleasant side effects.

Recommendations

- People in the last few years of life don't need cancer screenings—such as tests for breast, prostate, and colon cancer.
- They also don't need routine bone density screenings.
- People on dialysis with limited life expectancy don't need routine cancer screenings.

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