



TREATING THE GERIATRIC PATIENT

ADVANCE compiled a group of five geriatric handouts to better serve your patients

Common Geriatric Eye Conditions

Heeding Stroke's Warning Signs

How to Choose a Scooter

Preventing Falls at Home

Self-Managing Arthritis Pain

Common Geriatric Eye Conditions



As we age, it's inevitable that our bodies change, just as they have all of our lives. Historically, older people have believed that vision problems are just one of these natural changes that can't be corrected. Yet, today, the three most common eye older people face can at least be improved—and sometimes cured—by treatment if they are recognized through regular eye exams.

CATARACTS

A cataract is a cloudy or opaque area on the lens of the eye. A person with a cataract in the early stages rarely notices changes in vision, but as the cataract continues to change the lens of the eye, vision may become blurred, distorted or sensitive to light and glare.

Medicine won't cure cataracts. The only treatment is surgery in which the affected eye's lens is removed and replaced with an implanted plastic lens. If a cataract develops after surgery, the affected eye can be treated with laser surgery.

Studies show that exposure to ultraviolet (UV) light—a component of sunlight—can worsen the chance of developing cataracts. Therefore, protecting the eyes with UV-filtered

Glaucoma cannot be cured, but lowering the pressure inside the eye with medication or surgery can control it.

sunglasses or wearing a wide-brimmed hat can help. People with diabetes are also at increased risk for developing cataracts, and managing the disease properly can help ward off cataracts.

GLAUCOMA

Glaucoma is damage to the optic nerve that causes blind spots to develop. The damage occurs when pressure in the eye builds up and decreases the flow of fluid in and out of the eye. In glaucoma's early stages, vision is left virtually unchanged. But when glaucoma becomes more severe, small blind spots in the peripheral vision begin to occur. Other symptoms include blurred vision, severe eye pain, headaches, halos around lights and nausea and vomiting.

Glaucoma cannot be cured, but lowering the pressure inside the eye with medication or surgery can control it. Regular eye exams are necessary to help prevent further optical nerve damage.

Unavoidable factors such as age, hereditary and race contribute to glaucoma, so the only way to avoid glaucoma is to have a regular eye exam, reduce your risk of eye injury and avoid medications that contain steroids unless a health care provider prescribes or recommends one.

MACULAR DEGENERATION

The macula is a section in the center of the retina that helps us see fine details in the

center of our field of vision. As we age, the macular tissues thin, causing mild vision loss that usually results in problems with reading. But in 10 percent of macular degeneration cases—categorized as "wet" macular degeneration—new blood vessels grow beneath the retina and cause blind spots in the center of the field of vision. Other symptoms include blurry or fuzzy vision, straight lines that appear wavy and dark or empty areas in the center of vision.

Only wet macular degeneration can be treated with laser surgery to help destroy abnormal blood vessels around the macula. For people with "dry" macular degeneration, low vision aids such as magnification and bright lights can help them see better.

Researchers do not know why macular degeneration occurs, other than for age-related reasons. But they believe a link exists between nutrition and macular degeneration.

Getting the recommended daily allowances of zinc and other vitamins in your diet is essential. Regular eye exams are imperative to maintain good eye health.

EYE EXAMS AREN'T JUST FOR GLASSES

To help prevent these and other eye disorders or conditions, the American Academy of Ophthalmology recommends that you schedule an eye exam every two to four years if you're between 40 and 65, and every one to two years if you're 65 or older. Remember, seeing your health care provider for eye exams regularly means more than just correcting your vision—it's foresight for a future clear of vision loss. ■

Adapted from information from the American Academy of Ophthalmology.

NOTES:

Heading Stroke's Warning Signs



Stroke is the third leading cause of death in the United States, affecting nearly 700,000 Americans annually.

But you can prevent its devastating effects through prevention and by reacting quickly to your body's warning signs.

In fact, calling 911 and receiving medical treatment within the first three hours of symptoms can reduce damage to both the body and brain.

Below are guidelines to help you prevent a stroke and recognize the warning signs.

ARE YOU AT RISK?

Stroke can affect anyone. But if you're 55 years or older, black or have family history of stroke, you're at greater risk. While these factors might be unmanageable, many other factors are under control. They include:

High blood pressure (hypertension). High blood pressure is the leading cause of stroke. If the number on your blood pressure reading is regularly more than 135 or if your bottom number is regularly more than 85, consult your

health care provider. Your blood pressure probably needs to be controlled through medication or another treatment plan.

Atrial fibrillation (AF, or irregular heartbeat). AF causes more blood to collect in your heart's chambers, which can lead to blood clots and stroke. By checking your pulse, health care providers can determine whether you have an irregular heartbeat and offer appropriate treatment.

Smoking. If you smoke, you're doubling your stroke risk. Quitting right away will considerably reduce this risk.

Excessive alcohol. More than two drinks a day can increase your risk for stroke by about 50 percent.

High Cholesterol. Have your cholesterol checked with a blood test to see if your "bad Cholesterol" (low density lipoprotein, or LDL cholesterol) level is high. If it is more than 200, consult with your health care provider about reducing it. In most cases, maintaining a healthy diet can help significantly.

Diabetes. If you have diabetes, follow your diet and your health care provider's fitness instructions to reduce your stroke risk.

Inactivity. Engaging in activities such as walking, biking or swimming for as little as 30 minutes a day may be enough to reduce your stroke risk. If you have a history of stroke or another disability, however, instability with gait and balance might make it difficult to exercise. In these cases, choose equipment, such as recumbent bikes, that provide stability and easy transfers to and from wheelchairs.

Excessive salt and fat. Cutting down on salt and fat can help lower blood pressure and the risk for stroke.

Circulation problems. Sickle cell anemia, severe anemia, atherosclerosis and other circu-

lation diseases can interrupt the flow of blood to the brain, which could lead to stroke. Your health care provider can test to see if you have a circulation problem and offer ways to treat it.

Obesity. If you are obese or overweight, you're increasing strain on your circulatory system. This puts you at higher risk for high cholesterol, high blood pressure and diabetes—factors that can cause stroke.

Stroke history. If you've previously had a stroke, you're more at risk for another one. Follow your post-stroke treatment plan to help reduce these risks.

Sleep disorders. Sleep Apnea, a breathing disorder that occurs during sleep, increases blood pressure rates, which is a risk for stroke. An early diagnosis of this disorder, however, can help reduce this risk greatly.

SYMPTOMS OF STROKE

While prevention is key, it's also vital to recognize stroke's symptoms. Below are the five most common ones.

- Numbness or weakness in your face, arm or leg—especially on one side of the body;
- Confusion, trouble speaking or understanding people speaking to you;
- Problems seeing in one or both eyes;
- Trouble walking, dizziness, loss of balance or coordination;
- Severe headache with no known cause.

Other stroke symptoms you should look out for include sudden nausea, fever and vomiting, and a brief loss of consciousness, such as fainting, confusion, convulsions or coma.

If you experience any of the above symptoms, don't waste any time. Call 911 immediately. ■

Information adapted from the American Stroke Association accessed via www.strokeassociation.org

NOTES:

How to Choose a Scooter



While having a scooter can be very helpful, try to remain independent from your scooter when you can.

With developing technology, lighter scooters can travel farther while using less battery power. The battery is the heaviest part of a scooter. Speak to your retailer about battery pack options.

Consider power. Some power sources are located at the steering wheel, while others are located beneath the seat, which may require you to get out of the scooter, bend down and search underneath for the plug.

Need for speed. Some scooters are equipped to travel up to five miles, while others can travel up to 24 miles. There are also different speed options, ranging from three to 30 miles per hour. Consider where you will be using this machine.

Think long-term. The typical lifespan of a scooter ranges from 10 to 15 years. Most come with a 5-year warranty. Ask your retailer about the upgrade policy. Some retailers will trade in your old scooter or offer buy-back money if you decide to upgrade before your scooter's lifespan has expired.

Cover yourself. Some Medicare providers will cover the cost of your scooter, depending on your diagnosis. Check to see if you are eligible. Don't forget to purchase liability insurance. Also, be sure to speak with facility administration before purchasing your scooter. Some homes have a capacity limit on scooters per facility.

Look at the extras. Take advantage of extra

features—they will be more useful in the future than you think. A light helps you use your scooter at night, a horn warns people when turning a corner and an umbrella shields you from sun and rain.

Work out the kinks. The tires on your scooter should be replaced as frequently as those on a car. Batteries can also be replaced, as it is typically the first part of the scooter to need repair. Handle bar and seat parts are also sold separately, if needed.

Usage tips. No one starts off operating a scooter perfectly. Take the time to test out your scooter in a safe place. Always start on the slowest speed and work your way up as necessary. Have someone set up cones in an empty parking lot or outdoor space with a flat surface, and practice turning and maneuvering your scooter around the cones.

Also be aware of poor weather conditions when using your scooter. If it is extremely dark, do not go out unsupervised in case there is an emergency. If it is raining, don't run through puddles; water can damage the electrical circuits and do irreversible damage to your scooter.

Lastly, make sure to do daily exercises and stretches to maintain function in your feet and legs. Sitting too long will cause stiffness in your joints and muscles. Walk short distances if possible, and reserve your scooter for longer distances.

While having a scooter can be very helpful, try to remain independent from your scooter when you can. ■

Elizabeth Schuda is a freelance writer.

Choosing a scooter is more than just picking out stylish colors and extra features. There are more technical aspects of the machine, like comfort, width, durability, battery life and adjustability. The first step is to make a list of scooter features that are essential to improving your lifestyle. Then consider the following points.

Four wheels are better than three. A four-wheel scooter provides extra stability, especially outdoors, and more evenly distributes wear and tear.

Watch your weight. While a heavier scooter is more durable and less likely to tip, it is harder to transport. Keep in mind that it will take a few people to lift a 250-pound scooter into a car.

NOTES:

Preventing Falls at Home



As we age, the risk of falling increases—even more in women than men. And often, once a person falls, they tend to fall again within six months. So why is falling such a problem? For starters, our bodies have just changed too much.

Regular exercise and a healthy diet are two of the most important preventative actions we can take, but as we age, these principles may become more difficult. Unfortunately, this can lead to poor muscle tone, loss of bone mass, and decreased flexibility and muscle strength. Thus, falling becomes even easier.

Although it's impossible to pinpoint one cause for falling, we can identify specific risk factors that increase the likelihood of falling and learn ways to prevent just that.

RISK FACTORS

Lack of Physical Activity

- Causes: Age, injury, and not enough time are all easy reasons to skip out on exercise
- Prevention:
 - Try light exercise on a daily or every other day basis. Activities may include walking, swimming, yoga, and even pilates;
 - Perform daily activities/chores with caution; ie, bend at the knees when lifting an object, wear supportive shoes with rubber soles, etc.

Osteoporosis

- Causes: Hormonal changes, a decrease in physical activity, and calcium and vitamin D deficiency
- Prevention:
 - Eat/drink sufficient calcium; ie, milk, yogurt, cheese, fish, broccoli, soybeans, tofu, almonds, etc.;
 - Take a vitamin D supplement; and
 - Perform regular exercises with weights.

Poor Vision

- Causes: Problems such as cataracts and glaucoma increase with age and can affect a person's depth perception, glare reaction and total vision
- Prevention:
 - Schedule regular checkups with an ophthalmologist;
 - Keep eye glasses and contact lenses clean;
 - Apply a color strip to first and last steps of stairs or changes of levels in the home; and
 - Color strips may also be used to make handrails stand out.

Hazards in the Home

- Causes: Things like poor lighting, loose railing, and unsteady furniture can lead to falls. Tripping over rugs and other decorative items is also common
- Prevention:
 - Walk through your home and identify areas that may be dangerous;
 - Consider a visit from an occupational therapist who can identify problem areas and suggest solutions; and
 - Secure rugs with nonskid tape.

Medications

- Causes: As we age, we often have more medications to take for conditions like high blood

pressure, diabetes, anxiety, depression, etc. These can affect balance and mental awareness which can increase the risk of falling.

- Prevention:
 - Be aware of all common side effects of all medications you take;
 - Throw away all expired medications;
 - Limit alcohol while on any medications; and
 - Speak with your doctor/pharmacist about medications and if they will increase your risk of falling.

OTHER TIPS

When it comes to your home, there are a few things you can do to decrease your chances of falls. Try these tips:

- Tidy up and remove that clutter;
 - Make sure a phone is on each level of the home with emergency numbers listed;
 - Install grab bars around the tub and toilet;
 - Use nonskid mats inside and outside of the tub;
 - Install a hand-held shower head or think about using a seat;
 - Use step stools for things out of reach; and
 - Stay away from floor polishes or waxes.
- As for the outdoors, you can prevent falls with these helpful suggestions:
- Again, clean away the clutter;
 - Check for cracks and uneven edges of sidewalks/driveways and schedule repairs;
 - Install handrails on stairs/steps;
 - Keep walkways well-lit; and
 - In the winter, be sure to keep walkways shoveled and salted.

Hopefully these tips will help you decrease your likelihood of falling in the home. Be sure to talk to your physician and/or physical therapist about other ways to prevent falls. ■

NOTES:

Self-Managing Arthritis Pain



Arthritis comes from the Greek “arthros” meaning joint and “itis” meaning inflammation. There are different types of arthritis and they each need a different approach to treatment. The most common type is osteoarthritis. Nearly half of people over 65 have this variety, related to wear and tear of the cartilage which normally cushions the joint surface. Joints that are commonly affected are the hands, neck, lower back and weight-bearing joints such as the hips and the knees. Heredity and overweight are major contributing factors in the development of this type of arthritis.

FORMS OF ARTHRITIS

Rheumatoid arthritis is an autoimmune disease that occurs when your body’s immune system attacks the joint lining as if to defend it from injury. This leads to inflammation tenderness and ultimately destruction of the joint capsule with resulting deformity called “Heberden’s nodes.” Rheumatoid arthritis can attack any joint at any age, and women are more affected than men. This condition also affects the other organs of the body such as the heart, muscles, blood vessels, nervous system and eyes.

Gout is another very painful form of arthritis that occurs with a build up of excess uric acid in the joint surfaces. A gout attack often follows after eating certain foods like shellfish, liver, dried beans, peas or anchovies. The big toe, ankle, knee, wrist or hands are commonly affected joints.

Other forms of arthritis include psoriatic and or reactive types of arthritis, and arthritis in the TMJ (jaw joint).

COMMON TREATMENT

Each type of arthritis is handled a little differently, but there are some common treatment choices. Rest, ice, heat, splints, using modified appliances such as bottle openers or handle bar assists, and medications such as NSAIDs—non steroidal anti inflammatory medications (e.g., ibuprofen, naprasyn (Aleve), acetaminophen (Tylenol)) are used to control the pain and inflammation of joints.

Corticosteroids are also used but they do have significant side effects with prolonged use, such as osteoporosis. Non-chemical methods of pain control include the use of a TENS unit which works on the GATE control theory of pain. Self-massage and gentle yoga or Tai’chi

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movements are also helpful. DMards (disease modifying anti rheumatic drugs) are used for rheumatoid arthritis such as methotrexate and drugs like Prednisone for an acute attack of gout.

Whenever you have a warm and swollen joint, the RICE protocol—rest, ice, compression and elevation—is a good rule to follow. The right kind of exercise is very important since the joint gets its nutrition and lubrication with movement. A good idea is to take every joint through its normal range of motion every morning.

A good exercise program should also include an aerobic component such as walking or using a stationary bike. Light resistance exercise is also needed to build muscle strength to relieve pressure on the joints. This can be accomplished with the use of light dumbbells and or resistance bands.

Water exercise is ideal since it combines the advantages of weight relief from the joints and still provides resistance for building muscle strength. It is also important to watch your weight and eat a nutritious, balanced diet. ■

This handout was written by Asha Bajaj, PT, DPT.

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