ELDERCARE CONFIDENTIAL

Cautionary Tales for Adult Caregivers and Caretakers of Parents and Spouses

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CHAPTER 3

The Worst Medical Mistakes

Medicine, thought to be the solution to health challenges in older people, is often the real eldercare problem. What can go wrong? Plenty.

Medical problems are a thorny issue of eldercare that many caretakers and caregivers do not want to acknowledge. But caretakers and caregivers need to face the real medical issues of eldercare.

Some huge challenges include polypharmacy, which is the overtreatment of medical problems with too many medications at once, whether for one condition or many (sometimes obtained from more than one doctor); polymorbidity, which is the simultaneous presence of two or more chronic diseases or conditions in a patient which, when treated improperly, can lead to drug reactions; and those who prey on the elderly with outright quackery, which is the selling of so-called miracle cures and devices for everything from "anti-aging" to heart disease and cancer (a particular pet peeve are worthless copper bracelets promising a cure for arthritis).

Then there are addictive behaviors that may require intervention or rehab center stays. Caregivers need to know that many elderly people abuse drugs to ease their pain. This can happen especially if the elderly person sneaks in substances ("What, my Dad, smoking pot?"), chooses not to take meds as prescribed, or decides to self-medicate with multiple over-the-counter drugs or alcohol.

Bad medicine is costly, both physically and financially. Health care costs can easily spiral out of control. This leads caregivers to look for advice that can be trusted.

So Where are the Specialists to Help?

Caregivers looking for help generally discover it is hard to find. Unfortunately, there is a lack of specialists for the elderly, professionals who are called geriatricians. "Ideally, the U.S. should have one certified geriatrician for every 300 citizens who are 85 or older. In 2013 this ratio is 1:870, and it is going to get a whole lot worse," said Bruce Brittain in "Many Geriatrics, Few Geriatricians," published on ChangingAging.org, February 27, 2013. "Older patients often present symptoms differently, absorb drugs more slowly, respond differently to certain protocols and usually have multiple chronic conditions that overlap. Only a trained eye and mind can deal with these differences."

There is also a dearth of geriatric clinical pharmacology and clinical pharmacy services. According to Daniela Fialova and Graziano Onder in the *British Journal of Clinical Pharmacolog*y (June 2009), medication use in older adults is often inappropriate and erroneous, partly because of the complexities of prescribing and partly because many patients, providers, and health systems substantially influence the therapeutic value of medications for the elderly.

Often, caregivers seek me out because the medical community doesn't have a cure for what's wrong with the elderly person in their care. The major condition that leads to people seeking long-term care services is dementia, whether caused by Alzheimer's disease or other diseases.

But there are other reasons for people needing long-term care, including Lou Gehrig's disease, multiple sclerosis, muscular dystrophy, arthritis, hypertension, and strokes, among other things. These are all conditions that can't be cured per se, and therefore, the goal of their care is to stabilize and help them live out their lives more comfortably with all the support they need.

This chapter addresses several medical mistakes that can arise in long-term care. It is crucial to keep an eye out for these issues because they are easy to overlook.

Accidents and Overdosing on Medications

Not accepting that the elderly person has declined and now requires another level of care can be dangerous. Ignoring the fact that Mom needs a walker can lead to a fall, resulting in broken bones, displaced joints, hospitalizations, and the use of pain medication, which carries its own risks. Leaving Dad unsupervised could lead to accidents in the kitchen and bath, or even a fire. They could cut or burn themselves, leave the stove on, or eat unhealthy foods in excess.

A weekly pill dispenser is a tool, but not a real solution to the dangers of overdosing. There comes a time when the caregiver needs to be in charge of dispensing medication. And there are many other issues when it comes to prescribed medicines.

Prescription Drug Concerns

It seems like a fairly straightforward process: when you are sick, you visit a doctor, who prescribes medications to make you well. But what if the medications you're ordered to take are actually having a negative effect on your health? The reality is, some medications are harmful to patients' health—yet licensed physicians prescribe them every day to elderly and disabled individuals.

Medicare Part D provides more than thirty-five million elderly and disabled Americans with critical—sometimes life-sustaining—prescriptions they might not otherwise be able to afford. It's an invaluable program, but as a story by investigative news organization ProPublica revealed, is not without its flaws.

Millions of prescription drugs are dispensed through Medicare Part D, but the program does not regulate the suitability of the medications for individual patients. Instead, decisions about which drugs to prescribe are left to treating physicians, many of whom are overloaded with patients and write an average of 137 prescriptions a day.

As a result, some doctors end up prescribing drugs that are harmful and addictive. In some cases, they just aren't keeping up with research about a drug's approved uses. In others, they may receive perks from pharmaceutical companies in exchange for prescribing certain medications. Some physicians even run drug mills in which medications are indiscriminately dispensed to patients who can pay cash for their visits. As a result, doctors may prescribe drugs in unapproved ways—which can be ineffective at best and deadly at worst.

For example, in 2010 alone, over 500,000 prescriptions were written for carisoprodol, a muscle relaxant also known as Soma, which has been red-flagged by the American Geriatrics Society as a drug elderly people should avoid. Many patients with Alzheimer's were also prescribed quetiapine (Seroquel), an antipsychotic that can increase the risk of death in people with dementia.

Given the lack of government oversight, it's essential for Medicare patients—or the caregivers assisting them—to choose health care providers carefully. Prescriber Checkup (https://projects.propublica.org/

checkup/) is an online tool that allows you to search for individual providers and see which drugs they prescribe.

If you suspect that a loved one is being inappropriately or overmedicated, there are several steps you can take:

- **Keep a documentation log.** Maintain your own records of medications your loved one has been prescribed, including "as-needed" drugs and vitamins. Verify the drugs and dosages with the physicians at each visit.

- **Avoid polypharmia.** It's important to take medications as directed. However, when patients see multiple doctors or use several different pharmacies, they may wind up with more prescriptions than they actually need—an all-too-common condition known as polypharmia. Be sure you understand exactly what drugs your loved one is taking and how they interact with his or her other prescriptions.

  If your loved one resides in a nursing home, you can also:

- **Speak to nursing home supervisors.** If you visit your loved one's nursing home to find that they are behaving oddly or seem unusually sedated, speak to the nursing supervisor. Ask for an explanation for any medication or behavioral changes, which should be detailed in the patient's medical chart.

- **Advocate for "redirection."** Redirection is a drug-free method of de-escalation that should be used prior to administering sedation (for example, removing a patient from an agitating situation). Because redirection attempts should be noted in a patient's chart, verify that medication wasn't the medical staff's first course of action in treating your loved one.

The best things you can do to protect the health of your loved ones is to keep detailed records of drugs and dosages, demand explanations for any changes in medications, and talk to a nursing home director or primary care physician if you notice any behavioral changes.

Eating Disorders Among the Elderly

Eating disorders among the elderly can have many causes. While younger people with anorexia or bulimia often struggle with a distorted body image, the underlying issues may be somewhat different in older adults. Changes in taste or smell, other psychological conditions (like depression), cognitive problems, the death of a loved one (especially someone with whom the person shared meals), loneliness, and a desire to regain a sense of control (especially among people who are living in nursing homes) can all contribute to eating disorders in elderly people. In severe cases, refusing to eat may be a form of "silent suicide." Elderly women are more likely than elderly men to suffer from an eating disorder, but the condition occurs in people of both genders.

Frequently, eating disorders in elderly patients are not recognized either by health care providers or a patient's family. People may simply not notice the person's weight loss, may assume that weight loss is related to other health issues, or that it is a natural consequence of aging. Of course, an older person's weight loss is not always due to an eating disorder. Poverty (not being able to afford food), limited mobility (not being able to get to the store to purchase food), medication side effects, or a related medical condition can all cause weight loss in older adults. Once you've realized that an older person is losing weight, determining the exact cause is important, since this will dictate how the problem is treated. Identifying and managing an eating disorder is especially important, since weight loss can seriously compromise a person's health, especially if they have other health conditions. In serious cases, an eating disorder can cause death.

If a doctor or another health care professional has determined that an elderly person is suffering from an eating disorder, proper treatment and management of the disease is essential. Usually, it is best to treat whatever underlying issue is triggering refusal to eat (such as depression related to the loss of a loved one). Becoming aggressive or hostile or attempting to force-feed a person will often not have the intended effect, and may even make the condition worse. Being supportive and understanding will typically lead to more success, especially if it's coupled with the support of a health care professional who has experience treating eating disorders in elderly patients.

Some specific strategies that may help an elderly person with an eating disorder include:

- Lifting dietary restrictions on consumption of high-fat or high-salt food
- Adjusting the person's diet so that they are served more of the foods they like

- Serving the person several small meals throughout the day, rather than just a few big meals
- Using additives to improve the smell, appearance, or taste of food, especially if the person has lost some of the sense of smell or taste
- Encouraging the person to socialize and be active, including eating with others
- Making sure the person participates in rehab or other activities to build strength and endurance

Patience and compassion are key when dealing with an older adult with an eating disorder. Working closely with the individual's medical team will also be helpful in creating a plan that allows the person with an eating disorder to improve their health. The important thing is to realize that eating disorders are not a normal part of the aging process, and that they can have serious health consequences. Fortunately, eating disorders in older adults can be treated, improving a person's health and hopefully allowing them to live a longer life.