

Aged care

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Definition

Aged care in general practice is the management and care of the health of the elderly.

This definition of aged care does not imply debility, as most older people live active lives. Although aging is associated with increasing levels of disability, most older people have a positive view of their own health with the majority of Australians aged 65 years or older (70%) rating their health as either good, very good or excellent, while 30% report their health as being fair or poor.¹

The term 'frail aged' is used to describe aged people in need of a substantial level of care and support.

The definition of older varies between individuals, communities and cultures. For example, Aboriginal and Torres Strait Islander peoples have a lower life expectancy than most other people living in Australia, and so people from such communities are likely to need aged care services earlier in life compared to the nonindigenous population.²

Rationale

Australia has an aging population. By the year 2010, 14% of the population will be over the age of 65 years.³ Around 27% of general practice patient encounters are in adults aged 65 years and over, and general practitioners are seeing fewer children and an increasing proportion of older patients, particularly those aged 75 years or more.⁴ This presents significant challenges for clinical care, population health and economics of health care.

The underlying pathologies among the elderly are the same as among the whole population, but at higher rates. However, there are specific issues in the diagnosis and management and the functional and social ability of elderly patients, eg:

- symptoms with no clearly identifiable aetiology
- altered patient presentations
- difficulties in cognition and communication
- multiple pathologies
- multisystem disease that often involves chronic disease management
- problems of polypharmacy
- decreased reserves in elderly people (physiological, psychological, financial)
- the importance of functional assessment and support
- sensory deficits such as impaired vision, hearing and balance
- nutrition, physical activity and continence
- the need to relate to carers, relatives and other health professionals
- the need to be aware of community resources
- the importance of continuity of care.

A knowledge of the physiology and epidemiology of aging helps in managing the conditions that have special significance in the elderly, eg. dementia and atherosclerosis.

General practitioners need to try to ensure that the appropriate continuity of care and coordination of management are provided to maintain older people in an optimal state of health in the best possible setting.

Quality aged care in general practice requires:

- the ability to deal with and prioritise the numerous problems that the aged may present with, including associated diagnostic and management dilemmas
- feeling comfortable when working with the aged, their families, carers and friends
- positive attitudes toward empowering elderly patients to take an active part in maintaining their health
- recognising the special issues (including discrimination) facing older people from diverse backgrounds, including issues of gender differences, ethnicity, poverty and issues of sexuality, including sexual preference.

Other curriculum areas

Most other curriculum areas have implications for aged care, including: *Acute serious illness and trauma* for managing emergencies; *Chronic conditions*; *Mental health*; *Multicultural health* for successful crosscultural communication including the correct use of translators; *Oncology*; *Pain management*; *Palliative care*; and *Population and public health* regarding disease prevention.

The five domains of general practice – aged care

Communication skills and the patient-doctor relationship

Communication strategies need to promote comfortable discussion with aged people and accommodate patients with failing sight, hearing and mental capacities. Cultural and linguistic issues can affect patient-doctor communication, as many aged patients will not have English as their first language. Sensitivity is required when communicating with next of kin or carers, particularly in circumstances where the patient lacks the capacity to make an informed decision, or where there is a question of consent for treatment. In some cases, the patient care instructions will be given to carers rather than the patient. Clear direction and instructions are required for caregivers and residential aged care facility staff.

Applied professional knowledge and skills

The knowledge underlying aged care is the same as in other areas of medicine, although the context and goals of diagnosis and treatment may differ. Optimal care of elderly patients requires the generic background medical knowledge required for disease diagnosis and management, and an awareness of how this differs in the aged patient. This applies to diagnosis, management and prognosis, however, may be affected by the presence of altered presentations, comorbidities (and their treatments), and socioeconomic and cultural factors. Specific skill areas include the ability to:

- understand the biological and psychosocial processes of aging, and how this affects the interpretation of investigations and the metabolism of drugs
- consider and evaluate the role of screening, prevention and health promotion in aged patients
- diagnose and treat the classic geriatric syndromes such as confusion, falls, leg ulcers and incontinence
- be aware of the general practice implications of multiple pathological processes occurring simultaneously
- manage distressing symptoms, even in the absence of demonstrable pathology (eg. dizziness, isolation, constipation and dry skin)
- be aware of the concepts of care versus cure and the impact on quality of life
- consider the goal of maintaining functional status
- manage the wide range of conditions seen mainly in the aged (eg. dementia, congestive heart failure, Parkinson disease)
- manage the problems of polypharmacy, and the importance of systematic recording and review of medications
- make appropriate arrangements for care for the dying and for the bereaved is an important skill in the care of the aged
- perform or refer patients for appropriate practical procedures that are often used in the management of conditions common in the elderly.

Population health and the context of general practice

Familiarity with government policies that impact upon the aged⁵⁻⁷ and knowledge of the increased burden of disease in the elderly helps plan general practice aged care. These policies aim to promote health and to prevent and reduce the loss of function from illness, injury and disability. Changes in policy may have implications for general practice aged care. Rational prescribing practices (see *Quality use of medicine* guidelines⁸) that consider the cost and benefits of prescribing medications to individual patients helps incorporate public health initiatives into daily clinical practice. Health promotion and preventive care is becoming increasingly important in the elderly. The cost of different care options such as home support versus institutional care may influence general practice management options. Cultural and linguistic diversity, socioeconomic status, gender, family and

community supports, and geographical location may affect the needs, acceptance and availability of services and activities for the aged. General practitioners need to be aware of the special services available to help meet the needs of Aboriginal and Torres Strait Islander peoples. Cultural differences, perceptions and expectations of aging may affect levels of carer responsibility and involvement. Comprehensive care plans are funded under government chronic disease plans and other initiatives. Assessment of carer stress allows early intervention including the possible need for respite care.

Professional and ethical role

Professional attitudes and age discrimination can affect the management of older patients. General practitioners need to work as part of a multidisciplinary team and understand the role, knowledge and skills of each member of the aged care team. Informed consent may be impaired in the elderly and the care of aged patients may involve carers, issues of power of attorney and regulatory administrative bodies such as guardianship boards. Informed consent may also involve discussing, formulating and documenting advanced care plans and decisions concerning the end of life. When evaluating the benefits and risks of proposed treatments, patients must not be denied useful treatment purely on the basis of age. General practitioners identifying elder abuse (including physical, psychological, social, financial, sexual abuse and neglect) have legal reporting responsibilities. Patient safety risks need close attention in the aged, especially in relation to inappropriate use of physical restraint, missed diagnoses due to failure to evaluate vague or unclear expressed symptoms, and ensuring that patient information is as clear as possible.

Organisational and legal dimensions

General practice aged care service provision involves working in conjunction with a variety of government and nongovernment agencies, and specialist aged care assessment teams. This includes working with aged care GP panels initiatives, aged care assessment teams and many other community services.⁹

This can result in complex referrals, service overlaps and gaps, as well as differing criteria for service eligibility. Patients may need to be treated outside of the general practice setting, eg. at home, hospital or aged care facility.

Written health summaries for patients and carers are required to assist continuity of care, including care plans that include the systematic recording of medications to help manage polypharmacy.

Older patients may require assessment for fitness to drive and laws may affect their licence eligibility. Other legal requirements that may require general practice involvement include pension eligibility, taxi concessions, death and cremation certificates. Clinicians need to a knowledge of legislative reporting obligations to state public health units that may involve older patients.

Learning objectives across the GP professional life

Medical student

Communication skills and the patient-doctor relationship

- Describe the impact of sensory impairment on effective patient-doctor communication and measures to address these barriers.
- Describe the cultural and social barriers to patient-doctor communication with older people.

Applied professional knowledge and skills

- Discuss theories of the physiology of aging.
- Summarise the health promotion in the elderly including nutrition and exercise.
- Describe how physical and psychosocial changes of aging affect lifestyle, including how people cope and situations in which they no longer cope.
- Describe common psychological and mental health issues in the elderly.
- Describe methods of assessing patient mental health status and cognitive function.
- Describe the impact of multiple health conditions on patient management.
- Discuss pharmacology in older people including altered drug metabolism.

Population health and the context of general practice

- Describe the epidemiological patterns of common medical and psychological conditions that affect older people.
- Discuss the social and behavioural impact of aging.
- Discuss how ethnicity, socioeconomic status, gender, family and community supports and geographical location may affect aged care service needs, including acceptance and availability of services and activities.

Professional and ethical role

- Describe how age discrimination impacts upon patient care and access to services.
- Discuss issues of patient autonomy in older people.
- Describe the principles behind power of attorney, and advanced medical care plans and identify legislative processes that implement them.

Organisational and legal dimensions

- Summarise the social structure of aged care health services including structures in community, hospital and residential aged care settings.
- Discuss the role of family and carers in providing aged care including carer stress.
- Describe how age discrimination laws may impact upon elderly patients.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

Communication skills and the patient-doctor relationship

- Describe how consultation environmental factors such as privacy, background noise and location, can affect communication with the elderly.
- Describe how families and carers may affect patient communication.
- Explain and discuss investigations and therapies of common diseases of the elderly to the patient and his/her carers and family.

Applied professional knowledge and skills

- Demonstrate how to take a history and examination in order to elicit common diseases that affect the aged, involving carers when appropriate.
- Investigate and refer appropriately for diseases affecting the aged.
- Describe how the biological process of aging affects the interpretation of investigations and the metabolism of drugs.
- Discuss the special issues of drug therapy in the aged, including changes in pharmacokinetics and the special risks of drug therapy including polypharmacy.

Population health and the context of general practice

- Identify common medical and psychological conditions that affect older people.
- Outline the care issues resulting from age discrimination.
- Describe the stresses encountered by those who care for the aged.

Professional and ethical role

- Identify how age discrimination impacts upon patient care and access to services.
- Discuss the sensitive treatment of older patients, including issues relating to patient autonomy.
- Describe legislation relating to power of attorney and advanced medical plans.

Organisational and legal dimensions

- Describe effective discharge planning for the elderly, including planning for continuity of care.
- Describe the indications for and regulatory requirements of various levels of residential care.
- Describe the effect systems of care may have on the health of the elderly.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

Communication skills and the patient-doctor relationship

- Use strategies that promote comfortable discussion with the aged (including patients with failing sight, hearing, and mental capacities).

Applied professional knowledge and skills

- Demonstrate the comprehensive assessment and management of patients who present with aged care problems, including biological, psychological and social aspects.
- Identify how diseases may present differently in the aged compared to younger people (eg. dementia, congestive cardiac failure, Parkinson disease).
- Describe the problems of polypharmacy and the importance of systematic recording and review of medication.
- Describe the changes in normal ranges of laboratory values in older people.
- Manage distressing symptoms, whether or not there is demonstrable pathology (eg. confusion, falls, dizziness, isolation, constipation, decreased morbidity, leg ulcers and disease masquerades).

Population health and the context of general practice

- Outline the relevance of aged care to general practice.
- Summarise the complexities of providing services and health care funding to the aged.
- Identify the stresses encountered by those who care for the aged.
- Describe strategies for addressing age discrimination in aged health care.
- Describe the appropriate use of community services and resources for the aged and their carers (eg. nursing homes, hostels, community resources, respite care).

Professional and ethical role

- Evaluate specialist treatment recommended for aged patients by discussing the benefits and risks of suggested treatment, and ensure that patients are not denied useful treatment purely on the basis of age.
- Describe how to advocate for the elderly in accessing aged care and other resources.
- Discuss ethical issues related to the aged regarding autonomy, power of attorney, legal and medical plans, including guardianship board, principles of informed consent, and euthanasia.
- Discuss the physical, psychological and financial forms of elder abuse.

Organisational and legal dimensions

- Describe the importance of respite care for the wellbeing of patients and their carers.
- Describe the role of each member of the aged care multidisciplinary team.
- Access resources and aids which assist the elderly (eg. visual and hearing aids, dosette boxes, mobility aids and home care services).
- Demonstrate how to use medical records systems and care plans to document the care of older people.
- Outline methods for providing adequate services to meet the needs of patients who are unable to attend the doctor's surgery.
- Describe practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.
- Arrange and provide appropriate care for the dying and the bereaved.
- Comply with the legal requirements for certificates of sickness, eligibility for pension, taxi concessions, certification of death and cremation.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

Communication skills and the patient-doctor relationship

- Demonstrate maintenance of skill level in communicating with the elderly.

Applied professional knowledge and skills

- Maintain up-to-date management of conditions in the elderly.
- Maintain up-to-date knowledge of prescribing issues in the elderly.
- Incorporate evidence based advances into the care of the elderly.
- Consider the need for more specialised training aged care by those practitioners with a high caseload or interest in aged care.

Population health and the context of general practice

- Identify the impact of local demography of older patients on the general practice.
- Keep up-to-date with changes in aged care policies.
- Identify the impact of changes and initiatives in government aged care policy on general practice.
- Identify the expectations and the diversity of views presented by culturally and linguistically different patient populations and the impact of these on general practice aged care.

Professional and ethical role

- Identify own gaps in knowledge and skills in relation to aged care.
- Consider involvement in residential care facility or nursing home care.
- Incorporate professional development needs for the general practice care of older people into ongoing quality assurance activities.

Organisational and legal dimensions

- Seek information and training in the use of government funded programs such as the Aged Care GP Panels Initiative, other aged care initiatives and community services to assist in improving the quality of aged care.
- Consider the use of up-to-date specific assessment tools in managing the elderly.
- Consider use of computerised medical records when managing elderly patients, especially those with multiple comorbidities.
- Review practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.
- Identify local aged care facilities and resources.
- Maintain a list of locally available aged care resources including community care services (eg. meals on wheels).

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