

Addressing the Needs of Older Adults in the Age Of COVID-19

**Satellite Conference and Live Webcast
Wednesday, June 10, 2020
9:00 – 10:30 a.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Consultant**

Goal Of The Training

The goal of this training is to review key tasks in supporting older adults through the COVID-19 crisis.

Objectives

At the conclusion of this training, participants will be able to:

- 1. Name at least four strategies for assessing unmet psychosocial needs in older adults;**
- 2. List at least three unique stressors associated with COVID-19;**
- 3. Identify at least three signs of depression in older adults; and**
- 4. List at least four strategies for emotional and social support with older adults.**

Observations on the Front Line

- What do you see among older adults you are caring for during COVID-19? Unmet needs?**
- Interventions you've found helpful?**

alphtnquestions@adph.state.al.us

Disease Burden – Older Adults

- 80% of COVID-19 deaths in U.S. citizens over 65**
- Prevalence in some care facilities approaches 30% infection**
- Co-morbid chronic conditions and communal living appear to be key factors in burden**

Assessment in Older Adults: COGNITIVE

Key Questions:

- Comprehension of risk for COVID-19, including transmission
- Comprehension of protective factors
- Ability to increase care burden (self and/or spouse)

Assessment in Older Adults: COGNITIVE

Standardized Tools

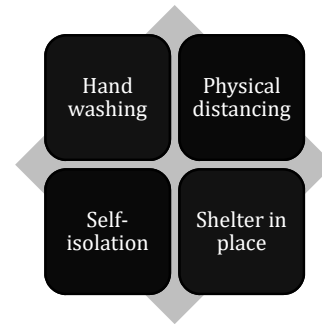
- Day/Date orientation
- Word recall
- Clock drawing

[www.alz.org; integration.samhsa.gov]

Addressing Cognitive Impairment

- Increase 'check-ins' (physical not social isolation)
- Memory tools - pill box, signs, clocks, calendars
- Diet, hydration, activity
- Encourage mental stimulation
- R/O depression and psychosocial stressors

Infection Control Steps



Assessment in Older Adults: SAFETY

- Assessment of risk of falls
- Nutrition/hydration
- Medication safety
- Self-care
- Financial affairs

Interventions to Address Safety

- Fall prevention - meds, obstacles, foot wear
- Reminders about food/hydration; help with food prep and delivery
- Monitoring/Coaching on ADLs - with RESPECT
- Monitor business affairs, offer support virtually

Observations on the Front Line

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Psychosocial Assessment

- Depressed mood
- Anxious or Obsessive tendencies
- Level of Social Connectedness
- Pre-existing Grief
- Underlying history of Trauma

Symptoms of Grief

- Sadness, despair, helplessness, powerlessness
- Anger, agitation, impatience, loss of control
- Fear, guilt, shame, uncertainty
- Weight loss/weight gain
- Difficulty concentrating

Coping With Grief

- **FEEL YOUR FEELINGS!**
- Understand that grief is unpredictable and non-linear.
- Accept that your grieving process will be unique to you.

Coping With Grief

- **SEEK SUPPORT** from people who care about you.
- Develop physical, emotional, and spiritual self-care plans.
- Recognize the difference between grief and depression.

Virtual Bereavement Support

- Live Chat: [Grief in Common](#)
- Young People: [Hope Again](#)
- Social Media Group: [Grief Anonymous](#)
- Specific Grief: [Online Grief Support](#)
- Email Support: [GriefNet](#)
- Monitored Discussion Group: [Grief Healing](#)

Behavioral Health in Older Adults

- 20% of older adults have mental illness
- 5% have depression; nearly 15% of those receiving home health
- 4% have anxiety disorders
- Men ages 75-older have higher rates of suicide than any other demographic group

- www.cdc.gov

Addressing Depression

- Address GRIEF and allow expression
- Address ISOLATION and support connectedness
- Address PAIN and CHRONIC ILLNESS complaints
- Less often report sadness, but lack of motivation, change in energy level, physical complaints

Formal Screening—PHQ-9

ANXIETY - For Self and Others

- Unknown/unpredictable
- Loss of control
- Fear for caregivers
- Potential FATAL infection

COPING: Cognitive Approaches

- Watch your self-talk. Optimism can be learned.
- Stop scaring yourself.
- Find internal reassurance.
- Create a new outcome in your head.
- Change the channel.

COPING: Behavioral Approaches

- Social distancing NOT social isolation.
- Savor helping others.
- Exercise. Diet. Deep breathing.
- Avoid over-indulging (alcohol, shopping, gaming, etc.)
- Sleep
- Manage the news.

Changing Patterns of Substance Use

Previous Pattern	Increasing Concern
<ul style="list-style-type: none"> • SUD rates fairly steady • Alcohol predominant • Very limited illicit drug use • Limited opiate misuse 	<ul style="list-style-type: none"> • Rates of SUD nearly doubled since 2006 • Alcohol use still common • Long-term opiate/benzo use is common • Increase in overall illicit drug used tied to Boomers

SUD/ODU In Older Adults

- 40% of drink alcohol on a regular basis
- Of these, nearly 1 in 5 has pattern of risky drinking
- Non-medical Emergency Department visit:
 - 118 involved prescription or nonprescription pain relievers, 80 of which involved narcotic pain relievers specified by name (e.g., hydrocodone, oxycodone);
 - 48 involved benzodiazepines;
 - 25 involved alcohol in combination with other drugs;

SUD/ODU In Older Adults

- Non-medical Emergency Department visit:
 - 23 involved antidepressants or antipsychotics;
 - 13 involved cocaine;
 - 7 involved heroin;
 - 5 involved marijuana; and
 - 2 involved illicit amphetamines or methamphetamine.

- National Institutes of Alcohol and Alcoholism

Confounding Factors in Older Adult SUD

- Aging bodies metabolize differently
- Concurrent use with prescription drugs
- Other co-morbidities
- Increased risk of falls, broken bones, unintentional injury
- Long-term use of benzodiazepines and synthetic opiates
- Lack of awareness re: older adult screening and treatment

Clinical Guidelines on Suspected SUD

- Keep a nonjudgmental stance.
- Involve family members early on.
- Ask about changes in circumstances (retirement, relocation, death of a family member).
- Inquire about sleep habits.
- Keep relationships strong to build trust.
- Keep an eye out for premature requests for prescription medication refills.
- Encourage brief counseling.

— Susan Lehmann, M.D.

QUESTIONS?

COMMENTS?

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COVID-19 as Trauma

COVID-19 as a free-floating natural disaster - a traumatic event - with the potential to cause physical, emotional, and psychosocial harm to all who survive.

Resiliency Factors

- **Social support/connectedness**
- **Action-oriented coping style**
- **Self-efficacy/sense of mastery**
- **Purpose in life/spiritual life**
- **Talking about the experience and feelings**
- **Seeking help**

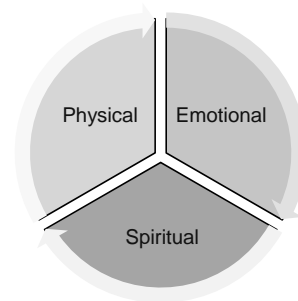
Life Without a Road Map

- **You can't know what to do. No one does.**
- **You won't do this perfectly.**
- **Listen calmly to competing 'experts' and make your best decisions.**

Key Questions

- **Pre-morbid conditions?**
- **How severe current situation is?**
- **How high is the level of stress?**
- **Previous successful coping tools? New tools to add?**

Self Care Planning - For Patients and Us!



Serenity Prayer Reminder

“...to Accept the Things I Cannot Change...”

“...Courage to Change the Things I can...”

QUESTIONS?

COMMENTS?

Thank You!