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FREE WEBINAR
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Ageism in Health Care: 72 is NOT a Diagnosis

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Ageism in Health Care: 72 Is Not A Diagnosis

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St. Cloud State University
October 17, 2019 – MGS Webinar

- Participants will learn about Age bias including how to explore if you have one
- How to think about someone's age as a predictor of health issues, diagnosis and treatment
- How you can help advocate for older patients, clients, family and even yourself to ensure a holistic health care approach that considers more than just age



Experts in aging often underscore the profound heterogeneity of the elderly population by saying, "If you've seen one 85-year-old, you've seen one 85-year-old."




Ageism:

- was coined in 1968 by Robert N. Butler, MD, a pioneer in geriatric medicine and author of the book ***Why Survive? Being Old in America***.
- Butler was among the first to identify and describe the phenomenon of age prejudice, initially defining it as "a systematic stereotyping of and discrimination against people because they are old."
- His work established that ageism was an authentic concern with disturbing implications, and it's an "ism" that remains with us.

A quick exercise:

- "Jane is a 16 year old woman who has been in a relationship for nearly 2 years. She has been feeling confused lately as she is unsure about some aspects of her sexual relationship and feels uncomfortable, plus she feels that her boyfriend has been mean and undermined her throughout their relationship. She thinks some of her confusion arises out of her own questions about her sexuality that she has been avoiding for most of her life. Her refusal to have sex has led to arguments with her boyfriend, and she thinks they should end their relationship. Her confusion and distress are too great for her to bear. She does not have many friends or family and she does not know who to turn to but you for help."
- First ask, where does Jane's confusion come from? Secondly what could you do to help?
- Now flip the scenario to Jane being 30 and this was her husband? How do things change?
- What if Jane were 70 and this was her husband? How do things change?

Results from Study:

Table 1
Themes of what will help Jane (by age).

16 Year old	30 Year old	70 Year old
Confusion due to hormones	Confusion understood as situational	Confusion interpreted to mean cognitive impairment
Referral to child and adolescent mental health services		Medical assessments; dementia, infection, neurology
Protection focused	Advocacy assertiveness training	Not responding to the suggestion of abuse
Talk about sexual orientation	Exploration of self and sexuality	Sex drive gone so not an issue/beliefs that she would know by now if she was gay
Focus on birth control and safe sex within heterosexual relationships	Link with lesbian gay bisexual transgender support	Sexual feelings misinterpreted as need for friendship; social outlet.
Involve parents	Peer and family involvement/women's support group	Involve husband
Too young to know what she wants	Break/end the relationship	Do not consider ending relationship
Refer for counselling	Refer for counselling	Refer for counselling

"Four main areas of discussion are consistently raised; abuse issues, sexuality issues, sex issues and implications for age discrimination. In addition, these discussions are consistently framed round themes of consent and capacity, power and autonomy, social exclusion and language. This means that there are many other is- sues that get 'accidentally' taught."

Collier, Elizabeth and Foster, Celeste (2014) Teaching age and discrimination: A life course perspective. Nurse Education in Practice, Volume 14, Issue 4, Pages 333-337, ISSN 1471-5953, https://doi.org/10.1016/j.nepr.2013.12.001.

Poll Question:

Is age an important factor when Diagnosing, Treating or Assisting an older adult?

A. Yes, there are many diseases/conditions that are associated with age

B. Yes, the majority of older adults will suffer from similar diseases

C. Somewhat – it can help you pin point some questions to ask - tests/procedures to consider

D. Not really – it tells you when they were born

How can Ageism Impact Patient Care?

- In a cross-sectional survey design, Davis et al. (2011) used the Expectations Regarding Aging Scale to assess primary care clinicians' perceptions of aging in the domains of physical health, mental health, and cognitive function. The majority of providers surveyed were physicians, but the sample also included nurse practitioners and physician assistants who serve as primary care providers (PCP).

- Most PCPs agreed with the statements "Having more aches and pains is an accepted part of aging" (64%), and, "The human body is like a car: when it gets old, it gets worn out" (61 percent). More than half of PCPs (52%) agreed that one should expect to become more forgetful with age, and 17% agreed "mental slowness" is "impossible to escape."

- Few PCPs believed getting older was associated with social isolation (4.8%) and loneliness (5.9%), but 14.7% of respondents agreed with the statement "It's normal to be depressed when you are old."
- One-third of the physicians agreed that increasing age was associated with worrying more and having lower energy levels.
- These results demonstrate how pain, fatigue, cognitive impairment, depression, and anxiety could easily go undiagnosed and untreated if healthcare providers erroneously attribute these symptoms and conditions solely to advancing age.

Another common ageist misconception among healthcare and human service providers that can affect diagnosis and treatment of patients is that older adults are no longer sexually active.

- Among the 75- to 85-year-olds who are sexually active, more than 50% had sex two to three times per month.
- Among sexually active men and women, more than half suffer from a bothersome problem related to sex, but only 38% of men and 22% of women have talked to any physician about it (Lindau, 2007).
- Physicians who are unaware of their older patients' sexual health and behaviors will fail to address problems like decreased libido and erectile dysfunction, and miss diagnoses of sexually transmitted diseases, including HIV.
- That people 50+ (primarily women) are the fastest rising group with HIV;
- That asking men about if they are sexually active might assist in screening for prostate cancer and overall prostate health

What does it mean to not ask?

Are you too embarrassed to ask a patient, client or resident about sexuality and intimacy? Might some of the issues that they present with be related to aging or might it be something else?

Some thoughts from Elders

Unfortunately, the reported experiences of older adults suggest that health care providers remain prone to stereotyping older adults or "applying age-based, group characteristics to an individual, regardless of that individual's actual personal characteristics" (Macnicol, 2006).
In Dr. Erdman Palmore's Ageism Survey (2001) of community-dwelling older adults ages 60 to 93, 43% of respondents reported that "a doctor or nurse assumed my ailments were caused by my age," and 9% said they were "denied medical treatment because of Age"

Poll Question

Communication:

When I speak to an elderly patient, resident or client I am more likely to use the term we, and/or use a tone that is different when I speak to others?

A. Yes, I like to use the term we it sounds more cheerful
B. Yes, I can't always remember the person's name
C. No I usually use their name
D. No, I don't always have time for a conversation

Elderspeak assumes that:

- the older adult is dependent, frail, weak, incompetent, childlike, etc.
- the speaker has greater control, power, value, wisdom, knowledge, etc than the older adult listening.
- all older adults equally suffer from memory problems, hearing problems, energy problems, etc.

And you know what happens when you assume…

•Public health experts have found that when older adults are exposed to the patronizing language of elderspeak, their performance on tasks decreases and their rates of depression increase. Other studies show that even people with moderate to severe dementia can tell when people are talking down to them, and it decreases their level of co-operation. (Austin, 2012)

Features of Elderspeak:

- Speaking slowly
- Speaking loudly
- Using a sing song voice
- Inflecting statements to sound like questions
- Using pet names such as sweetheart, dearie or honey
- Answering questions for the elder
- Asking people questions that assume role loss, idleness and powerlessness such as, "Who did you used to be? "What did you used to do?"
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What can you expect – Do you know today's date?

When a 72 year old patient visited her physician about feeling tired and lethargic his response was – "what do you expect – you're 72 years old." This was a very vibrant woman – full of energy. Was this related to being 72?
A few days later the same patient was admitted to the ICU – bleeding ulcer

Is it always dementia?

A 90 year old male was in a rehab center – recouping from a fall. The staff called in the family because they were concerned that he had dementia as his answers to questions were "off". They were recommending that he be discharged to a nursing home. An outside person was asked to provide an informal assessment. What they found: his hearing aids needed to be cleaned and they needed to ask him questions that were relevant to him. Five years later still no dementia.

An 80 year old patient was in the ICU for complications related to emphysema – while there, a health care provider came into the room and asked several questions including "what is today's date?" The patient responded, yet the health care provider asked the same question several more times. With a concerned expression, the provider began actively charting the patient's responses. When asked by a family member why she looked so concerned, she stated, "I think the patient is very disoriented - she did not have the correct day/date (the patient was incorrect by a few days). The family member asked the provider to come back into the patient's room. Upon seeing the white board, the provider realized that the day and date had been incorrect on the informational board.

Would a bias towards dementia have been the same if the patient was younger?

How can we change ageism in health care?

One of the first ways is through education:

How are medical (physician/nursing), and social work students taught about aging?

The geriatrician and writer Dr. Louise Aronson (2015) describes a disturbing example of explicit ageism in which a surgeon asks the medical student observing his case what specialty she is thinking of pursuing. When she answers, "Geriatrics," the surgeon immediately begins mimicking an older adult complaining about constipation in a high-pitched whine. The attending surgeon had a reputation for being an outstanding teacher, yet repeats this parody throughout the surgical procedure. Another example of explicit ageism involves a respected internal medicine resident flippantly telling her team that she is worried because her patient on morning rounds "looked like this." The resident closes her eyes and opens her mouth with her tongue protruding off to one side. She then says, "But then I remembered . . .

Poll Question

Do you think that an increase in education/experience in gerontology and geriatrics can improve patient care and interest in working with older adults?

A. Yes, I think that more education and experience can improve patient care and increase the number of professionals
B. Unsure, not sure if it will help
C. No, I think it is too late

Something to ponder:

Have you ever misplaced your keys?

Have you ever forgotten someone's name?

Have you ever walked into a room and forgotten what it was that you were looking for?

How would you describe a 72 year old? What would you want to know about them, what would you need to know?

:

Surprisingly, those who work in Gerontology and Geriatrics may actually be the most "ageist". We generally work with elders that are most in need – whether it is financial, physical, cognitive, mental or social these are the people we are trained to work with and for. That being said we need to remember that they are a small representation of the over all elder population and that each person is as unique as their fingerprint although they may have much in common. We become more heterogeneous as we age based on our backgrounds and our experiences. The purpose of this webinar is to expand our world view to acknowledge and embrace the aging experience in all its facets

References and additional sources

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Questions?
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NEXT WEBINAR
November 15, 2018
noon - 1:00 pm

New Directions in Geriatrics

James Pacala, MD, Geriatrician,
Head, Dept. of Family Medicine & Community Health, U of M