

Supporting Our Seniors

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AgeWell Services of West Michigan

- Senior services that redefine age!
- Providing vital connections to keep aging adults nourished, active, learning and living independently.

Meals on Wheels · Lunch and Activity Centers · SafeSeniors

Non-Emergency Medical Transportation · Wellness Center at Tanglewood Park

Senior Center Activities · Project Fresh



LifeCircles – PACE

- Program for **A**ll-Inclusive **C**are for the **E**lderly
- Multidisciplinary team approach for people (55 years and older) who qualify for a skilled nursing home but want to stay in the community.
- Participants can get all their needs met under one roof.
 - *Doctor, Nursing, OT/PT, Speech, Dietician, Social Work, Behavioral Health, Leisure Rec, Home Care, Spiritual Care and more.*
- Transportation is provided for all appointments.



Agenda for today...

- How do we define aging?
- Dementia, Delirium and Depression
- Case Studies for possible 911 Calls
 - Loneliness
 - Exploitation
 - Psychiatric and/or Medical Concerns

What is “old”?



<https://videos.aarp.org/detail/video/4834178739001/millennials-show-us-what-%E2%80%98old%E2%80%99-looks-like---aarp>

Delirium

Symptoms	Causes	Interventions
Abrupt change in mental status, often worsens during evening hours	Certain medications (sedating, pain management, psychoactive)	If cause is unknown, may need ER, especially if abrupt changes noticed
Fluctuation in consciousness/attention	Medical condition (stroke, injury, heart attack)	Adequate nutrition/hydration, promote good sleep habits
Psychosis (hallucinations)	Fever, infection	Address medical condition
Restlessness, pacing	Sleep deprivation	Treat infection if present
Impaired judgement	Malnutrition/dehydration	Adequate lighting
Disoriented, not knowing where they are at	Surgery or procedure w/anesthesia	Avoid multiple room (environmental) changes
Agitation, combative behavior	Change in environment (discharge from hospital to home)	Close communication with doctor about possible causes and observed symptoms

Dementia

Symptoms	Causes are usually multifactorial	Interventions
Symptoms typically start slowly and gradually progress (changes in ADL function)	Typically, 65 years or older but can have an earlier onset	"Dementia" is defined as a collection of symptoms, there are over 100 types
Behavioral/personality changes	Heavy Alcohol Use/Smoking	Most common forms of dementia: Frontotemporal, Lewy Body, Alzheimer's and Vascular Dementia
Visual field changes, skill level changes (ability to complete personal care and activities of daily living)	Diabetes Lack of exercise and poor diet	Proactively, take care of your body and protect your brain now from the multifactorial causes of dementia
Orientation difficulties (identifying person, place, correctly identifying objects and what they are used for)	High blood pressure, high cholesterol, obesity	Intervention/support is based on the part of the brain that is impacted.
Hallucinations/delusions	Sleep apnea, sleep disorders can be a hallmark for Lewy Body Dementia	Make interactions easy. Avoid "testing" the individual to see what they remember/know
Confusion with the present and the past	Vitamin deficiencies	As language skills fade using more visual cues to communicate/interact
Memory changes, getting lost, difficulty with word recall comprehension and speech production	Traumatic brain injury (concussion, fall, sports injury), exposure to toxins (Agent Orange)	Identify the skills that are present (this may fluctuate) and use those skills to assist with communication, care and support

Depression for Older Adults

Symptoms	Causes	Interventions
Sad, hopeless, helpless feelings	Change/decline in medical diagnosis or a new terminal diagnosis	If safety is a concern due to suicidal thoughts, seek evaluation.
Anger outbursts, irritability, frustration (more so in men)	Histories and memories of trauma, older adults did not have access to the types of MH support we can offer now	Communication with family doctor/psychiatrist about symptoms/concerns
Loss of interest in preferred activities/hobbies	Strong prevalence within families	Develop a wellness plan to manage symptoms and safety
Sleep disturbances and appetite changes (too much, not enough)	Hormonal changes possible thyroid concerns or other medical conditions	Proper nutrition/hydration/physical movement as able
Trouble thinking, trouble making decisions, lack of motivation/fatigue (changes in ADLs)	Environmental factors (pandemic, poor social supports, financial issues, loss of housing, placement out of home)	Take medications as prescribed. Avoid mood altering drugs/alcohol.
Suicidal thoughts	Loss of spouse, loneliness, loss of connection with family/friends	Address physical aches/pains with family doctor
Sometimes unexplained physical pain	Changes in skill levels; no longer driving, unable to complete daily tasks	Seek out/schedule social connectedness

Case Study: Loneliness

Kay Smith has been unable to attend her regular social activities in the community because of the pandemic. Her family does not visit very often. When family arrived this last time to visit, Kay's daughter immediately called 911. Kay was found passed out on the floor.

Effects of Loneliness: Alcohol/drug abuse, depression/suicide, brain fog, cardiovascular disease/stroke risk, lower immunity, changes in appetite, headaches, poor sleep.

[8 Unexpected Physical Symptoms Of Loneliness \(bustle.com\)](https://www.bustle.com/8-unexpected-physical-symptoms-of-loneliness)

[What You Should Know About Loneliness \(verywellmind.com\)](https://www.verywellmind.com/what-you-should-know-about-loneliness-2786089)



Case Study: Financial Exploitation



John Brown lives on Lake Michigan and is retired with a generous pension. His wife passed away recently. He joined Facebook to get connected to his grandkids, but a gorgeous young woman friended him.

- **Underlying Cause:** Social Isolation and Loneliness, Grief
- **Psychological Impact:** Depression, potential Suicide Risk
- **Potential Crime:** Financial Exploitation of a Vulnerable Adult

Case Study: Medical/Psychiatric Concerns

Gary Johnson lives with his spouse of 52 years. He was recently diagnosed with dementia; mild confusion, poor memory recall, visual field changes. Gary suddenly starts seeing bugs on the wall, is pacing frantically and uncharacteristically irritable.

Dementia vs. Delirium: Dementia is typically a gradual change whereas delirium is an abrupt change.

Next steps: When older adults have a quick onset (typically confirmed by someone close to them) of what looks like psychiatric concerns (hallucinations, pacing, irritability) ruling out infection is warranted.



Observations and questions...

- What is the condition of the living environment?
 - clues for depression, medical concerns, risk factors
- Does this person have a community partner that supports this individual afterhours?
 - ex. Life Circles, check frig for magnet with contact information?
- Does this person have a support person that could be contacted to gather additional information?
 - family member, neighbor
- How long has this observed concern been going on?
 - Gradual change or Abrupt change
- Changes in eating/sleeping/toileting?
 - depression, delirium, dementia, possible medical issue/infection

Who can make decisions for elders?

POA | Makes decisions about property, finances or health

DPOA | Makes those same decisions when person is incapacitated

Guardian | An appointed ward of the court, decides care and living arrangements

Conservator | Also a ward, includes property and financial affairs

Civil Matter versus Crime of Opportunity

Resources for Seniors

- AgeWell Services: 231.755.0434
- LIFE CIRCLES – PACE: 231.733.8655
- Senior Resources of WM: 231.739.5858
- Friendship Line (for ages 60 +): 1.800.971.0016
- Telephone Reassurance Program (CALL 2-1-1): 231.733.7003
- SafeSeniors Investigative Task Force: 231.726.7104