



**Normal  
Aging and  
P.I.E.C.E.S.**

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**CARE TO BE AMAZED**



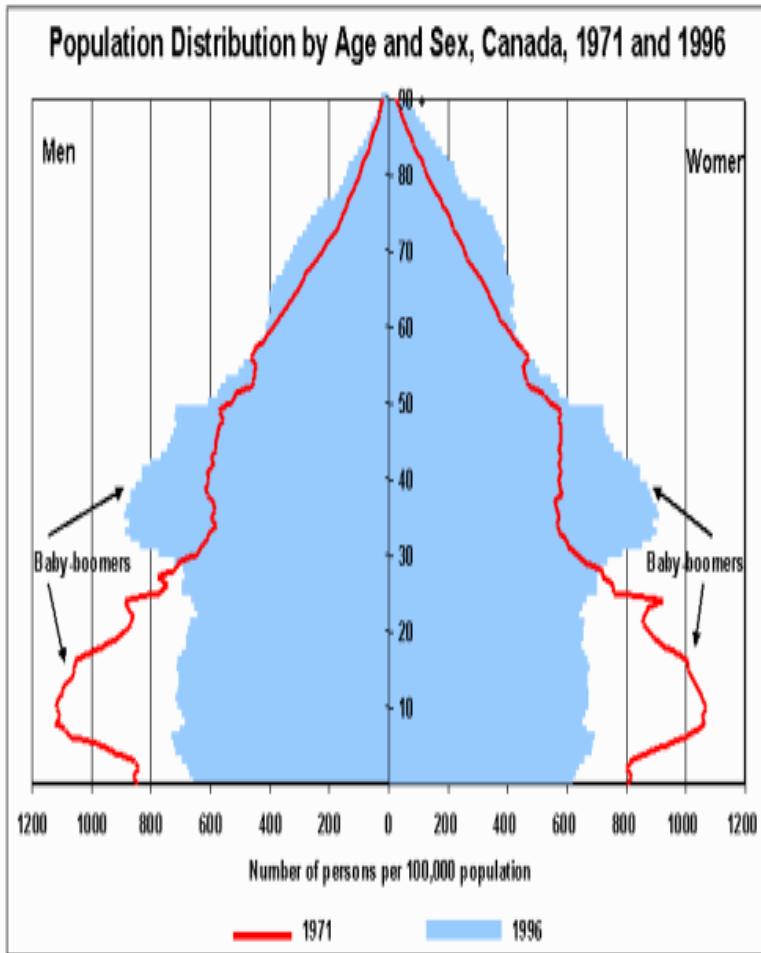
# Objectives

- Understand the demographic changes of seniors
- Understand normal vs abnormal changes in the older adult
- Understand how to perform a geriatric assessment
- Understand the PIECES program
- Understand the difference between Dementia, Depression and Delirium

# Frailty & aging



## Canada's population is aging





# What Are the Challenges

## General Population

Seniors : 1 in 5 have a mental health problem

2.5% of those between 65 and 75 years

11% of those between 75 and 84 years

33% of those between 85 and over have dementia

## Nursing Homes

80 % of all nursing home residents have a mental health problem

15-25% have depression– another 25% have symptoms

12-21 % have a psychosis

Up to 2/3rds of the population have Dementia



# Mental health Challenges for the older adult

- Stigma
- Ageism
- Access to Care
- Resources



# Senior Physiology Differences

- Changes in physiology can equal changes in behaviour
- Often behaviours can be changed if we investigate the cause of the behaviour
- Assessment is critical to the success of the intervention



# Normal Aging

**1. Men usually outlive women.**

False True

**2. If your parents both had Alzheimer Disease, you will also get it.**

False True

**3. Diet and exercise can reduce the risk of developing osteoporosis.**

False True

**4. Heart disease affects women as much as men.**

False True

**5. The older you get, the less sleep you need.**

False True



- **6. People should watch their weight as they age.**  
False True
- **7. People take more medications as they age.**  
False True
- **8. As your body changes with age, so does your personality.**  
False True
- **9. Intelligence declines with age.**  
False True
- **10. Most older people live alone.**  
False True



- **11. Most people will become "senile" if they live long enough.**
  - False True
- **12. Physical strength tends to decline in old age.**
  - False True
- **13. Most seniors limit their travel to be closer to home.**
  - False True
- **14. Seniors have the lowest income of all adult groups.**
  - False True
- **15. Most older adults have no interest in, or capacity for, sexual relations**
  - False True



- **16. People tend to become more religious with age.**
- False True
  
- **17. People tend to change their driving habits as they age.**
- False True
  
- **18. Older people are more likely to commit suicide than younger people.**
- False True
  
- **19. Many older people are preoccupied with death.**
- False True
  
- **20. Most seniors who are new to Canada speak neither English nor French.**
- False True



# Normal Aging

- Vision
- Hearing
- Smell and Taste
- Skin
- Bladder and Bowels
- Sexuality

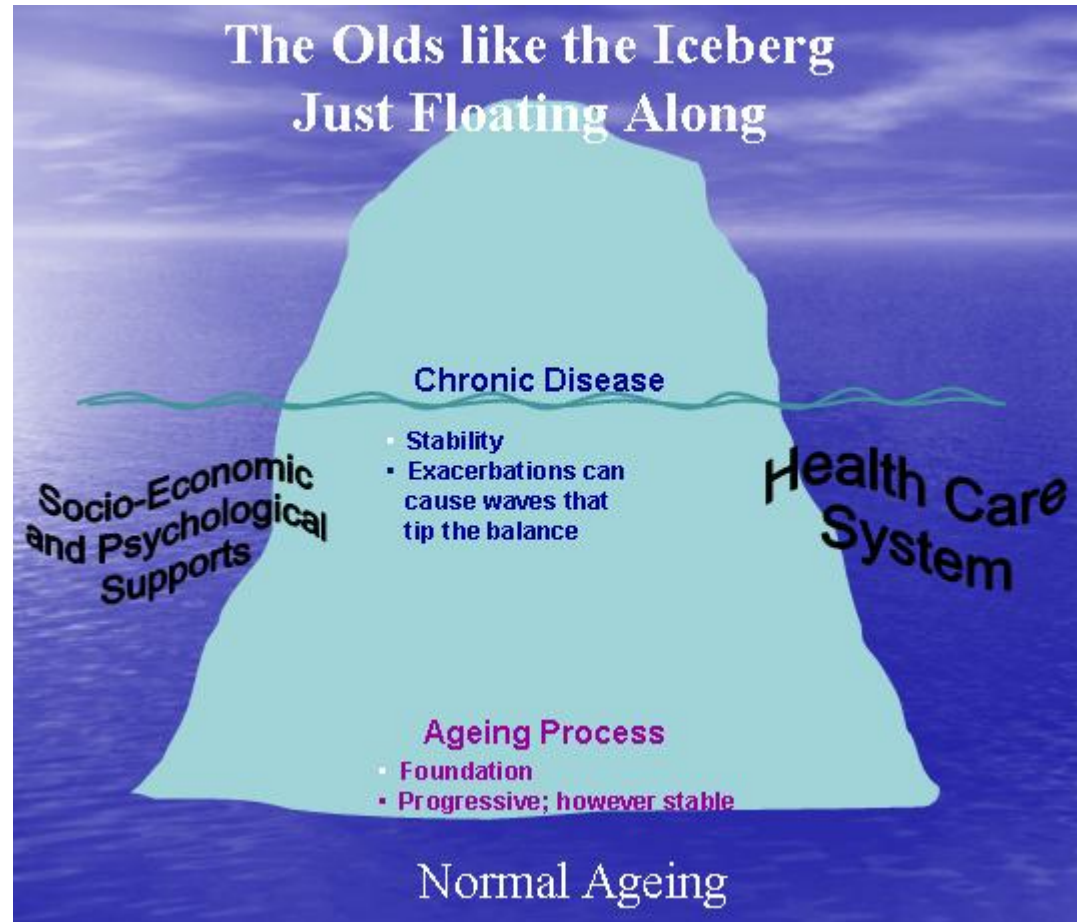


# Noraml Aging

- Respiratory System
- Cardiovascular System
- Bones and Joints
- Touch
- Social

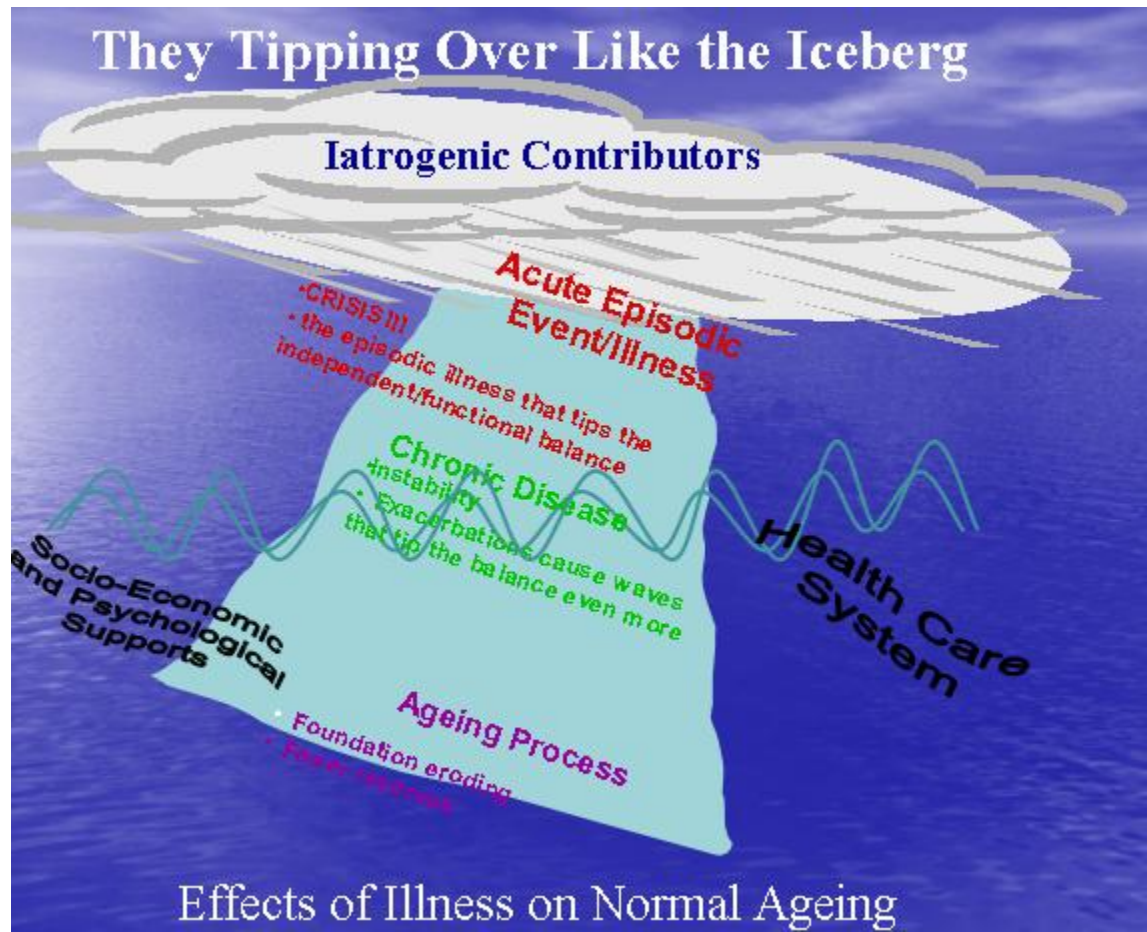


# Visual for Geriatrics





# Illness





# Frailty

- Debate about the term and what it means
- Basically means the degree to which you have a loss of function-
- There are seven categories
- the fourth category is where we can intervene (stabilize the base of support) and prevent further deterioration and may be able to restore function



# Geriatric Assessment

- History
- Physical BP L S HR L S
- Wt.
- Balance 10 sec get up an Go
- Mental Status 3 D's
- Medication
- Falls history
- Functional ADL's IADL's
- Frailty Score 1-7



# P.I.E.C.E.S™ & U-FIRST™

- Provincial Initiative
- Started in 1997
- Started for LTC
- Now includes:
  1. CCAC case managers
  2. Psychogeriatric teams
  3. Emergency Departments
  4. Management
  5. Case managers



# Goals

- To provide a common set of values
- To provide a common language for communicating across the system
- To provide a comprehensive approach for thinking through problems



# P.I.E.C.E.S.

- P – Physical
- I – Intellectual
- E – Emotional
- C – Capabilities
- E – Environment
- S – Social
- The cornerstones of the philosophy of care of the PIECES Education Initiative in Ontario



# Three Question Template

- What is the behaviour/cognitive mental health need/change?
- What is the risk?
- What is the action?



# Behaviour

- All behavior has meaning
- Behavior controlled by our brain
- Damage to brain= changed behavior
- Understand where the damage is
- Understand how changes affect behavior
- All people have personhood
- All persons treated with respect



# Depression

- A lowering or decrease of functional activity
- Characterized by feelings of sadness, despair, and discouragement
- Symptoms have to be present longer than two weeks



# SIG-E\_CAPS

- **Sleep** increased or decreased
- **Interest** usually decreased
- **Guilt**.may feel guilty for being a burden to others
- **Energy** decreased, not able to participate
- **Concentration**..poor cannot give effort to do work, answer questions
- **Appetite**.may be increased or decreased therefore need to monitor weight
- **Psychomotor** –slow movements or agitation
- **Suicide**.. Need to ask the question, gives a chance to intervene



# Suicide and the older adult

- Although many people assume that the highest rates of suicide are among the young, older white males age 85 and older actually have the highest suicide rate. Many have a depressive illness that their doctors may not detect, despite the fact that these suicide victims often visit their doctors within one month of their deaths.



# Dementia

- An organic mental disorder
- Characterized by loss of intellectual abilities involving impairment of memory, judgment and abstract thinking (executive functioning) as well as changes in personality.
- Not caused by delirium, depression or other functional mental disorder
- Caused by conditions that result in widespread cerebral damage or dysfunction. The most common cause is Alzheimer's disease.



# The A's of Dementia

**A** nosognosia

**A** mnesia

**A** phasia

**A** gnosia

**A** praxia

**A** ltered Perceptions

**A** ttentional Deficits

**A** pathy



# Assessment tools

- Risk Assessment
- MOCA
- MMSE
- Mini-COG
- SIGECAPS
- Geriatric Depression scales
- Cognitive Assessment method



## Mini – Cog

- Ask client to remember three unrelated words    Man    Ball    Car
- Ask client to draw face of a clock.
- Ask to put hands at 10 after 11.
- Ask client to remember three words



## Scoring for Mini Cog

- 1 point for each correct word recalled
- 0= positive for Dementia
- 1 or 2 plus abnormal clock =+ Dementia
- Score of 1 or 2 and a normal clock means negative for Dementia
- A score of 3 is negative for Dementia



# Delirium

- Decreased reserved capacity of the person's brain to adapt to the acute stress of illness, medication, change in the environment, or the combination of all three
- Can be a life-threatening event



# Cognitive Assessment Method

- 1. Acute onset and fluctuating course
- 2. Inattention
- 3. Disorganized thinking
- 4. Altered Level of Consciousness



# Summary

- Aging erodes the base of support for seniors
- Small changes can upset the balance
- Seniors do not seek out help for mental health problems
- Behavioural Changes are often atypical
- Investigate the cause of the behaviour
- Phone call is not enough to assess seniors clients-need to add home visits
- Seniors need help to navigate the health care system



# Resources

- Regional Geriatric Program
- Seniors Centre
- Psychogeriatric Resource Consultants
- Public Education Consultants
- Alzheimer day Programs
- SHRTN

## SEHC

- Psychogeriatric Nurses
- Geriatric Nurses
- Geriatric Crisis Team
- Community of practice for Seniors with serious mental health, addictions and behavioural issues.



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