C³OA

Cultivating a Culture of Caring for Older Adults
Preventative Medicine in the Elderly

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• ABIM Disclosure
OC Population by Age Group

**2012**
Population = 3,071,933

- <17 Years, 23.6%
- 18-44 Years, 38.1%
- 45-64 Years, 26.0%
- 65+ Years, 12.3%

**2020 (Projected)**
Population = 3,198,279

- <17 Years, 22.3%
- 18-44 Years, 36.3%
- 45-64 Years, 26.2%
- 65+ Years, 15.2%

**2030 (Projected)**
Population = 3,286,100

- <17 Years, 22.0%
- 18-44 Years, 34.1%
- 45-64 Years, 23.5%
- 65+ Years, 20.4%

Legend:
- <17 Years
- 18-44 Years
- 45-64 Years
- 65+ Years
Countywide Average: 81.9

Life Expectancy in Years

- 78.8 - 80.6
- 80.7 - 81.9
- 82.0 - 82.4
- 82.5 - 84.1

C³OA
Cultivating a Culture of Caring for Older Adults
Question: Colon cancer screening is considered:

- A – Primordial prevention
- B - Primary prevention
- C – Secondary prevention
- D – Tertiary prevention
- E – Not sure, but sounds like a good idea
Question: Influenza vaccination is considered:

- A – Primordial prevention
- B – Primary prevention
- C – Secondary prevention
- D – Tertiary prevention
- E – Not sure, but I can’t work so I get it yearly

Keep Calm and Get Your Flu Shot
Population Health for Returning Combat Veterans

Primary Prevention

No Disease Prevention

Secondary Prevention

Subclinical Disease Detection

Tertiary Prevention

Diagnosed Disease Treatment

No Impairment

Impairment

Disease with Impairment
LEVELS OF PREVENTION

Whole population through public health policy

Whole population: selected groups and healthy individuals

Selected individuals, high risk patients

Patients

PRIMORDIAL PREVENTION
Establish or maintain conditions to minimize hazards to health

Primary care advice as part of routine consultation

TERTIARY PREVENTION
Treat established disease to prevent deterioration

Advocacy for social change to make physical activity easier

Early detection of disease (screening and intervention for pre-diabetes)

e.g. exercise advice as part of cardiac rehabilitation

Prevent disease well before it develops. Reduce risk factors

E.g. primary care risk factor reduction for those at risk of chronic disease, falls, injury
ANNUAL WELLNESS VISIT TOOLKIT

Patient Education Materials

- Alcohol Use in Older Adults [250KB]
- Balance Basics [1.6MB]
- Depression Age Page [106KB]
- Dietary Supplements Age Page [115KB]
- Driving Age Page [324KB]
- Exercise Brochure Order Form (FPCE) [324KB]
- Forgetfulness Age Page [180KB]
- Healthy Eating Age Page [229KB]
- Medicine Age Page [131KB]
- NIA Exercise and Physical Activity English [7.7MB]
- NIA Exercise and Physical Activity Spanish [7.5MB]
- Ordering additional NIA educational materials [33KB]
- Pain Age Page [131KB]
- Physical Activity Age page [131KB]
- Prescription Medication Disposal flyer [74KB]

http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit
OCHAI Annual Wellness Visit Toolkit

http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit
Preventive Medicine Guidelines
Geriatric Principles (AGS)

- Consider – life-expectancy > 10 years, cognitive and function status
- Many preventive measures underused – immunizations, falls, exercise counselling, depression
- Some overused – cancer screening
### USPTF Grading System

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestion for practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>High benefit/certainty</td>
<td>Offer/provide</td>
</tr>
<tr>
<td>B</td>
<td>Moderate benefit/certainty</td>
<td>Offer/provide</td>
</tr>
<tr>
<td>C</td>
<td>Individualize, moderate certainty small benefit</td>
<td>Offer/provide on select patients</td>
</tr>
<tr>
<td>D</td>
<td>Moderate certainty no net benefit or harms &gt; benefit</td>
<td>Discourage</td>
</tr>
<tr>
<td>I</td>
<td>Insufficient evidence</td>
<td>Patients to understand uncertainty</td>
</tr>
</tbody>
</table>
Question: John is 77 years old, smoker 50 pack/year, what is one preventive service that is recommended?

1. A – PSA test
2. B – AAA screening
3. C – DM type 2 screening
4. D – Low dose CT lung cancer screening
5. E – Hepatitis C screening
Colorectal Screening

- 50-75 years (A) – colonoscopy Q10, FOBT yearly
- 76-85 years (C), >85 years (D)
- CT Colonoscopy and fecal DNA testing (I)
Lung Cancer Screening

- 55-80 years, 30 pack year, smoke or quit within 15 years (B)
- Annual Low-dose CT scan
Breast Cancer Screening

- Biennial Screening with mammogram 50-74 years (B)
- Breast Cancer screening with dense breasts adjunct imaging (I)
Other Cancer

- Cervical cancer – stop after 65 years (if normal screening)
- PSA – 55-69 (Draft C) (Supported ACS, AUA)
Cardiovascular related screening

- **Healthy diet and physical activity:** Adults increased CVD risk (B) – RF: HTN, HLD, Impaired fasting glucose, BMI>25
- **High blood pressure screening:** Every 2 years, (AGS each visit)
- **Weight:** Each visit (AGS)
- **DM type 2 screening:** 40-70 years who are overweight or obese (B) – Hb1aC, OTT, Q3years
- **Tobacco smoking cessation:** Behavioral and pharmacological intervention (A)
Exercise

• American College of Sports Medicine per week:
  • 150 minutes moderate-intensity activity
  • 2-3 days resistance, flexibility, neuromotor exercises
Cardiovascular related screening

• **Obesity (BMI>30):** Offer intensive, multicomponent behavioral interventions (B)

• **Statin use:** Age 40-70 – No Cardiac history, 1 more CV risk factor, CVD risk >10% (B)

• **Men - AAA screening:** 65-75 years smoked (>100cig) (B)
Mental Health Screening

- Alcohol misuse: AUDIT-C (B)
- Depression screening: Geriatric depression Scales (B)
Immunizations

- **Influenza**: yearly
- **Pnuemococcal**: Once after 65
- **Herpes Zoster**: once after 60
- **Tetanus**: once after 60
Chronic infectious diseases screening

- **Hep B screening**: Adults high risk: MSM, IVDU, ESRF on HD, not vaccinated, immigrant (B)
- **Hep C screening**: Adults born 1945-1965, Hx of IVDU (B)
- **HIV screening**: 15 to 65 years, older increased risk (A)
- **LTBI screening**: increase risk
Geriatric Health Issues (AGS)

- Urinary Incontinence
- Visual acuity – consider annually
- Hearing impairment – consider annually
- Cognitive impairment – If symptomatic
- Gait and balance
- Depression
- Falls
- Advanced directives
Falls

Constipation

Deconditioning

Sleep Deprivation

Incontinence

Malnutrition

Depression

Immobility

DELIRIUM
Falls Prevention

- Over 65 -> exercise (B)
- HHS – 150min per week moderate intensity, or 75min/week high intensity + 2 days strength + 3 days/week balance (w/ falls risk)
- AGS – 800IU/day – increased falls risk (B)
- CDC – vision, medications, home assessment
- **Osteoporosis:** Screening women > 65 years (B)
Health Lifestyle Counseling (AGS)

- Smoking cessation - Annually
- Exercise - Annually
- Alcohol - Annually
- Driving assessment – consider at risk
- Sexual function - Annually
Chemoprevention

- Aspirin – Men 45-79 when CVD risk > GI risk and Women 55-79 when CVA risk > GI risk
- Calcium – not routine, need 1200mg daily
- Vitamin D – Consider 800IU >70 years
- Multivitamin – not routine, consider in risk pts
- HRT - not recommended
Summary: Preventive Medicine Management in the Elderly

• Useful to know regional population health statistics where you practice
• Population/community vs. individual approach
• 1o prevention = diet, exercise, healthy lifestyle..
• 2o prevention = screening (USPTF)
• 3o prevention = reduce complications of chronic disease
• Optimize Annual Wellness Visit
• Using community resources

"We have heard your demand for preventive health care. These things will now be available in the soda machines."
American College of Lifestyle Medicine

Save the Date!
October 22–25, 2017
Westin La Paloma Resort / Tucson, AZ

Register Soon at
www.LifestyleMedicineConference.org
American College of Preventive Medicine

Lifestyle Medicine Core Competencies Program
New evidence-based online curriculum now available for physicians, students, residents, and allied health professionals.

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30-CREDIT COURSE & SINGLE MODULES
Questions?