

Section 9

Health-Related Issues



Medical Visits: Scheduling, Preparation and Support

Helping older relatives or friends to become active participants in their own health care.

Frequently Asked Questions about Helping Relatives with Medical Visits

As a caregiver, you can provide valuable assistance in accompanying your relative to medical visits. You can provide companionship and support while your loved one waits to see the doctor, mention concerns that your relative may have forgotten to ask, and record what is said by the doctor for your relative to review later.

How can I assist my relative in preparing for initial visits with a physician?

If your loved one is meeting a doctor for the first time, suggest that he or she bring the following information:

- The names, addresses and telephone numbers of all health professionals he or she has seen recently along with the dates of service that are most significant in your relative's medical history.
- A list of the names and dosages of current medications, including over-the-counter drugs and supplements. (Another option is to put all the medications in a bag and bring them to the appointment.)
- The name, location, and phone number of your relative's pharmacy.
- The names and telephone numbers of emergency contacts.
- A list of food and drug allergies.
- Medicare and/or health insurance cards. (Make sure your relative's coverage is accepted by a particular physician before making the appointment.)
- Copies of advance directives, if any, including: living will, health care power of attorney and any other pre-hospital directives. Your relative's primary physician, specialist and hospital should all have a copy of any advance directives.

Help your loved one prepare a brief description of his or her current symptoms that includes when each first appeared, the severity, what makes the symptoms better or worse and what, if any, self-treatment your relative has tried at home.

Be aware that your relative may be uncomfortable about openly discussing sensitive topics such as sexuality, incontinence or memory problems with you as well as the doctor. Remember to always respect how much your relative is willing to share with you about his or her health condition(s). If you are your relative's designated health care agent (health care power of attorney), you may want to inform the physician about your relative's concerns prior to the visit.

What should my relative learn about the physician's routine and medical office protocol to improve access to care when needed?

It is important for your relative to become familiar with the physician's routine and office protocol in order to obtain timely care and information. Your relative may consider asking the office manager or other administrative staff the following questions:

- What are normal office hours? Most doctors are not available 24 hours a day, seven days a week so it is important that your relative find out who to call after hours or who is available to answer questions if the doctor is away.
- Are walk-ins seen? If urgent care is needed, can your relative be seen within 24 hours? If routine care is needed, can your relative be seen within a week? Is there a penalty fee for no-shows or cancellations? What is the typical length of time reserved for a routine office visit?
- What is the best time to make routine, non-urgent phone calls?
- If 911 has been called in a medical emergency, how and when will the physician be notified?
- Who should your relative call if he or she has questions about a treatment, procedure or side effects from a prescribed medication?
- Who will have a current copy of your relative's medical file, including information about your relative's conditions, medications and treatment plan?

How can I help my relative on the day of the medical visit?

On the day of the medical visit, make sure your relative is as relaxed as possible and feels "in control." If you will be accompanying your relative, you may want to arrive at your relative's residence at least one hour prior to the required travel time to the physician's office. This extra time will give both you and your relative a chance to review the reasons for the visit, talk about expectations and prioritize the three most important concerns to be addressed. This will also allow for extra time if you are unfamiliar with the location of the medical office or if your relative has mobility issues.

Ask how you can be of most help during the medical visit, i.e., what your relative would like and not like you to do.

Can I discuss my relative's health condition with the physician and other health professionals?

Your relative must specify who is authorized to have access to his or her medical information. An individual has certain rights under federal privacy standards about how his or her medical information may be used and made known to others, including:

- The right to restrict the use and disclosure of protected health information.
- The right to receive confidential communications concerning his or her medical conditions and treatments.
- The right to inspect and copy his or her protected health information.
- The right to an accounting of how and to whom protected health information has been disclosed.

If you are the designated health care agent (health care power of attorney) for your relative, then you have authorization to discuss your relative's health condition with treating physicians and other health

care practitioners. If you are not the designated health care agent, your relative must tell treating physicians and other practitioners that you may talk to them about his or her medical condition and treatment.

Should my relative always speak directly with the physician regarding any health concern?

Your relative may not always need to talk to the physician directly about basic questions. The doctor's nurse, nurse practitioner or physician's assistant may have more availability and more time to spend answering questions. Remember, the doctor's staff can look up information in your relative's medical file and consult with the doctor as needed. However, if your relative wants to speak to the doctor directly, he or she has the right to make that request.

Some practical considerations include:

- Ask the office receptionist when would be the best time to reach the doctor. Some doctors have specific hours when they take calls. Find out what these times are and call then.
- Your relative may want to ask if it is possible to communicate with the physician via e-mails about non-urgent health concerns.

What should my relative say when contacting the physician about a health problem?

Some general guidelines that your relative should follow when calling the physician about a health concern are:

- Be prepared before calling. Have your relative write down a short description of the problem, the reason for calling, a short symptom list and no more than three questions to ask the physician.
- Be concise and stick to the issues.
- If your relative does not understand something, ask the doctor to explain it again, possibly in a different way that will be clearer to your relative.

Time and again, the doctor or the doctor's staff does not return my relative's telephone calls. What can my relative do to make sure the doctor or doctor's staff responds in a timely manner?

Depending on the type of relationship your relative has with the doctor, he or she may want to consider changing doctors. If your relative has formed a trusting and long-standing relationship with the doctor, working out the problem may be more useful than looking for a new doctor. Misunderstandings arise in any relationship, including between patient and doctor. Suggest that your relative be direct when speaking to the doctor or the doctor's staff about the problem. For example, your relative may want to say something like, "I realize that you are very busy and take care of a lot of patients, but I get upset and frustrated when I have to wait for days for you to return my call. How can we solve this problem?" If the doctor or doctor's staff continues to brush off your relative's concerns, then it may be in your relative's best interest to look for another doctor.

Pathfinder: Medical Visits FAQs Revised 06/2014

Communicating with Physicians and Other Health Professionals

Helping older relatives or friends to become active participants in their own health care.

Frequently Asked Questions about Communicating with Health Professionals

In your caregiver role, it is important to support and encourage your relative in effectively communicating with physicians and other health professionals. Your relative may not be willing to share as much about his or her health conditions with you as you would like. Respectfully acknowledging your relative's right to privacy and to make his or her own decisions can improve communication. It may also be helpful to ask what assistance he or she would prefer from you.

If your relative is unable to understand or follow a physician's directions you will need to become more directly involved. If your relative is willing to have assistance, he or she can simply inform the physician that he or she wishes information to be shared with you and wishes you to be present at appointments. If your relative is showing symptoms of dementia, you may want to contact the physician privately and inform him or her (verbally or in writing) about what you have observed and ask that your relative be thoroughly evaluated. If your relative has been diagnosed with dementia and is not willing to accept your assistance, you may need to invoke a Health Care Power of Attorney, if your relative has previously completed this document.

What are the major communication barriers between older patients and physicians?

An older person is less likely to ask questions of health care providers and more likely to "follow doctor's orders," even if he or she doesn't understand the purpose behind a particular treatment, test or medication. He or she may prefer to rely on the doctor's expertise rather than become involved in the decision-making process.

Another problem may be that your relative does not have as much time with the doctor as he or she would like. In a busy medical practice, your relative may feel rushed and be reluctant to ask the doctor to spend extra time answering questions. Or your relative may simply feel too intimidated to ask questions or request additional time with the doctor.

Communication problems can also arise when a caregiver accompanies an older person on a medical visit. In this situation, it is not uncommon for the doctor or doctor's staff to speak solely to the caregiver and not the patient. This may make the older person feel invisible, powerless over decisions about his or her own health care, and reluctant to participate in the discussion.

An older person may also feel that ill health is a normal part of aging rather than something that can and should be treated.

In cases where a lot of information is imparted by the doctor, an older person may find it difficult to remember much of what was said. It may help to take notes or have a caregiver present.

How can I help my relative take a more active role in talking with the physician?

Speak to your relative about viewing the relationship with the physician as a “partnership” where both partners share information to achieve the best possible care. For the older person, being a good partner means taking care of oneself, practicing self-care at home, writing down symptoms at the first sign of a health problem, and playing an active role during the medical visit by asking questions and discussing one’s own preferences for care. This includes asking for clarification if the doctor’s explanations or instructions are unclear, bringing up problems even if the doctor doesn’t ask about them, and letting the doctor know if a treatment isn’t working.

When considering the doctor’s role in the partnership, you and your relative may want to determine whether or not the doctor listens carefully to concerns, explains things clearly and fully, offers reassurance when appropriate, and whether the doctor or his staff return phone calls in a timely manner.

You can help your relative by writing down a list of questions and concerns prior to any medical appointment. Some questions that your relative may want to ask:

- What illness do I have?
- What are my treatment options?
- What should I expect to happen with treatment? And if I decline treatment?
- Will my insurance cover the entire cost of the treatment?
- Where can I get additional information about the illness, treatment or medication?

Are there communication tips that will help prepare my relative for a medical visit?

You may want to discuss with your relative the following tips for talking to the doctor:

- **Be honest.** Resist the temptation to tell the doctor what he wants to hear, and instead tell him what is going on. If the doctor previously recommended a low-fat diet and your relative has declined to follow that advice, it is best to tell the doctor the truth. Tell the doctor exactly what is going on, both physically and emotionally.
- **Stick to the point.** Your relative can make the best use of time by giving the doctor a brief description of his or her symptoms and when they started, how often they occur, and if they are getting worse or better. If your relative has a lot of concerns or questions, suggest that he or she request extra time with the doctor when scheduling the next medical appointment.
- **Ask about alternatives to conventional treatment.** Many common conditions, if not very serious, can be treated without medications. The doctor may recommend that your relative first consider trying exercise, good nutrition, stress reduction methods, and other therapies to alleviate symptoms.
- **Learn more about medical tests and other procedures.** The doctor may order blood tests, x-rays or other procedures that will help identify an illness or suggest treatment options. Suggest that your relative ask the doctor to explain why the test or procedure is important, what it will cost, whether a follow-up visit will be needed, and if he or she needs to fast or avoid medications prior to the test or procedure. Remind your relative to ask who will receive the results of the test and when.

- **Ask the doctor about the diagnosis and what to expect.** Your relative may want to ask the doctor the following questions: What may have caused the condition? Will it be permanent? How is the condition treated or managed? What will be the long-term effects on my life? How can I learn more about my illness or condition?
- **Ask for clarification.** If your relative does not understand something, ask the doctor to explain it again. Repeating what was stated may help your relative hear it correctly.

Pathfinder: Communicating with Doctors Revised 06/2014

Mending Medicine Mayhem

As people age they tend to develop medical conditions, such as high blood pressure, diabetes and arthritis that may require medications to stay healthy. Recent studies have shown that an individual over age 65 may take between two and seven prescription medications daily. The increased number of medications is related to the higher likelihood of having an adverse reaction or complication. That is why it is so important to understand the medications one takes, what they are for, and how to use them safely.

Follow directions – Physicians prescribe new medications for a specific medical purpose. Each medication should always be taken as directed. A medication may not work if taken in the improper amount or at the wrong time. Taking the prescribed dose is also important. Taking less than prescribed may mean the drug may not do what is intended. Taking more than prescribed can result in side effects. In the case of antibiotics prescribed for an infection, missing doses in the course of treatment may not fully eliminate the illness-causing bacteria.

Stick with one pharmacy – If possible, try to use the same pharmacy for all prescriptions. When the pharmacist knows all the medicines an individual takes, it is easier to check for errors and duplications. Whether you are picking up a new prescription or a refill, always check the patient name, drug name and dosage on the bottle. Note special instructions about side effects (such as sleepiness) or whether the medication can be taken with certain foods or alcohol. If you have any questions, ask the pharmacist before you leave.

Avoid confusion – Don't wait until the medication is empty to call the doctor or pharmacy for a refill. Be sure to keep medications in the container they came in to avoid errors or mixing medicines.

All medications matter – Remember that over-the-counter drugs can interact with prescribed medicines, food or alcohol. Some common over-the-counter medicines include treatments for heartburn and digestive problems such as diarrhea and constipation; cold, flu and allergy remedies; and pain relievers such as aspirin, acetaminophen (e.g., Tylenol) and ibuprofen (e.g., Motrin, Advil). These drugs can be very helpful when used properly, but can cause serious problems if used incorrectly. Always consult the pharmacist for help in finding the most appropriate over-the-counter drug.

*Source: Dr. George Louie, MD
Medical Director, SCAN*



Everyday Fitness Ideas from the National Institute on Aging at NIH
www.nia.nih.gov/Go4Life

Making Smart Food Choices

Regular physical activity and a healthy diet go hand in hand. *Go4Life* points you to wise food choices important for good health: eat a variety of healthy foods, fill up half of your plate with fruits and vegetables, and limit solid fats and added sugars.

The Dietary Guidelines for Americans suggest you:

- Try to choose grain products made from whole grains.
- Vary your veggies. Brighten your plate with vegetables that are red, orange, and dark green.
- Eat more fruit. Try some you haven't eaten before.
- Choose lean meats, poultry, seafood, beans, eggs, and nuts.
- Choose low-fat or fat-free dairy products.
- Get plenty of fluids each day such as water, fat-free or low-fat milk, and low-sodium broth-based soups.
- Limit saturated fats, trans fats, cholesterol, salt, and added sugars.

Some tips to help you get started:

- Breakfast is a good time to enjoy foods with fiber. Try unsweetened, whole-grain, or bran cereals and add fruit such as berries and bananas.
- Snack on unpeeled apples, pears, and peaches. Don't forget to rinse them before eating.
- Season foods with lemon juice, herbs, or spices.
- Broil, roast, bake, steam, microwave, or boil foods instead of frying.
- Use oils instead of solid fats, like butter, when cooking.
- Read *What's On Your Plate?*, the National Institute on Aging guide to healthy eating. Order your free copy at www.nia.nih.gov.



Quick Tip

To maintain a healthy weight, balance the calories you take in from food and beverages with the calories burned through physical activity.

VISIT

www.nia.nih.gov/Go4Life

- Read more tips for adding physical activity to your day.
- Print useful tools.



National Institute on Aging

National Institutes of Health

U.S. Department of Health & Human Services

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Everyday Fitness Ideas from the National Institute on Aging at NIH
www.nia.nih.gov/Go4Life

Overcoming Roadblocks to Healthy Eating

Sometimes it's hard to make smart food choices. Here are some suggestions from *Go4Life* to help you overcome barriers to healthy eating.

Does food taste different? Your sense of taste or smell can change with age. Medication side effects and other things also can affect these senses. Try using lemon juice, vinegar, or herbs to boost the flavor. Ask your doctor whether your medications affect taste and about food and drug interactions.

Do you have problems chewing food? People who have problems with their teeth or dentures often avoid eating meat, fruits, or vegetables and might miss out on important nutrients. If you're having trouble chewing, see your dentist to check for problems. If you wear dentures, ask your dentist to check how they fit.

Is it sometimes hard to swallow food? If food gets stuck in your throat, less saliva in your mouth might be the culprit. Drinking plenty of liquids with your meal might help. Talk to your doctor about the problem.

Are you just not hungry? Try being more active. In addition to the other benefits of exercise, it may make you hungrier. Lack of appetite sometimes is a side effect of medication—your doctor might be able to suggest a different drug. If food just isn't appealing, vary the shape, color, and texture. Look for a new vegetable, fruit, or seafood you haven't tried before.

Are you tired of cooking or eating alone? Try cooking with a friend to make a meal you can enjoy together. Look into eating at a nearby senior center, community center, or religious facility. You'll enjoy a free or low-cost meal and have some company while you eat.



Quick Tip

For more ideas on healthy eating, read *What's on Your Plate? Smart Food Choices for Healthy Aging*.
www.nia.nih.gov/health

VISIT

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- Find tips for adding physical activity to your day.
- Print useful tools.
- Share your exercise story.



National Institute on Aging

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Senior Oral Health Issues

Older patients are at greater risk for oral and general health problems because of declining physical and/or mental status, medications and not understanding the importance or not being able to afford routine dental care. Common teeth, mouth and other health related problems that may affect oral health:

- Dry mouth is caused by a reduced saliva flow, which can be caused by cancer treatments that use radiation to the head and neck area, as well as certain diseases, such as Sjogren's syndrome, and certain medications. The lack of saliva can cause uncontrolled bacterial growth that leads to tooth and root decay (cavities) and certain gum infections. Denture wearers may have more problems with the fit of their denture or with sores in their mouths when they have dry mouth.
- Root decay is a cavity caused by acids from bacteria (plaque) left at the gum line. The root surface is more likely to decay as the gum tissue recedes from the tooth. These cavities can often be prevented and are usually worse in people with dry mouth.
- Malnutrition (poor nutrition) can be caused by not being able to eat healthy and crunchy fresh foods. Some of the causes may be dry mouth, broken, decayed teeth and painful gums caused by periodontal (gum) disease and poor-fitting dentures.
- Diminished sense of taste is caused by a natural age-related decrease in the sense of taste and smell. Dry mouth, diseases, medications and dentures can contribute.
- Oral cancer is most commonly found on or under the tongue and sometimes includes the surrounding jawbones and glands of the head and neck. Prevention and early detection are very important! A yearly oral exam by a medical or dental professional is recommended.
- Oral mucositis is a common side effect of cancer treatment that causes inflammation and sores inside of the mouth. A dental exam is necessary before starting cancer therapy to lessen the oral problems that may develop.
- Diabetes is a very common disease. Many people with diabetes do not even know they have the disease. There are many ways to help to control diabetes and to lessen the damage it causes to different parts of the body (i.e. eyes, heart, feet and mouth). Gum infections have been called the sixth complication of diabetes, because people with diabetes are more likely to have periodontal (gum and bone) disease. People with diabetes and periodontal disease also have a more difficult time controlling their blood sugar.
- Periodontal (gum and bone) disease is an infection of the gum and/or bone that hold the teeth in place. The disease is caused by a buildup of plaque (invisible, soft and sticky bacteria) and can be made worse by food left in teeth, use of tobacco products, poor-fitting bridges and dentures, poor diets and certain diseases, such as anemia, cancer and diabetes.
- Gingivitis is a type of gum infection with red and bleeding gums. At early stages the infection can be reversed with proper treatment and daily oral hygiene care.
- Periodontitis is an infection in the mouth that causes bone to break down (lose bone) around the teeth. A dental exam will show how much damage (bone loss) has been done.
- Osteoporosis may make the bone in the jaw more likely to be destroyed by periodontal disease.

- Thrush is an overgrowth of a fungus in the mouth. It appears as a white area or patch in the mouth or sores at the corners of the mouth. Diseases or medications that affect the immune system can trigger the overgrowth of fungus. An oral exam and treatment is necessary to try to control the fungus.
- Denture-induced stomatitis is an inflammation of the gums and/or roof of the mouth under a denture where the tissue looks very red. Poor fitting dentures, poor dental hygiene, a buildup of bacteria or an oral fungus can cause the condition. An oral exam and treatment may correct the problem.
- Acid reflux is the production of excessive stomach acid that flows up into the esophagus and can come up into the mouth and eat away at the teeth and irritate the gums, throat and mouth. Rinsing the mouth after acid reflux is one way to help lessen the damage of acid on teeth and the rest of the mouth.
- Respiratory infections (pneumonia) have been associated with breathing in bacteria (germs) from unhealthy mouths. This connection between the bacteria in the mouth and in the lungs has been seen in nursing home patients who may not be as healthy overall.
- Menopausal or post-menopausal women may notice changes in their mouths. Dry mouth, bleeding gums, burning feeling in the gums and altered taste are oral changes that might occur with hormone changes. Recent studies found women with low estrogen levels are more likely to have periodontal disease (gum and bone infection) and tooth loss.
- Increased risk of heart disease and stroke in people with gum infections has been found in recent studies. However, there is not yet enough evidence to say for sure that oral infections are a cause of heart disease or stroke.

Source: Oral Health Care Concerns Preventive Guidelines & Techniques for Seniors and Caregivers. United Way of Tucson and Southern Arizona and the Alliance of the American Dental Association, ©2005

Know When You Need Medical/Dental Help – Oral Assessment Guide

Adapted from the University of Iowa Gerontological Nursing Interventions Research Center

Category	Healthy	Changes	Unhealthy	What to do
Lips	smooth, moist	dry, chapped or red at corners	swelling or lump, white/red/ulcer patch, bleeding or ulcers at corners	Changes or Unhealthy = see medical or dental professional
Tongue	moist, roughness, uniform color	patches, deep grooves, red, coated	patch that is red and/or white, ulcers or swollen	Changes or Unhealthy = see medical or dental professional
Gums and Tissues	moist, smooth, not red	dry, shiny, rough, red, swollen, ulcer or sore spot under dentures	swollen, bleeding gums, ulcers/ white or red patches, redness or ulcers under dentures	Changes or Unhealthy = see dental professional
Saliva	moist tissues (tongue, cheeks), watery and free flowing	dry and sticky tissues, little saliva present	tissues dry and red, very little or no saliva present or very thick saliva	Changes = see medical or dental professional Unhealthy = see dental professional
Natural Teeth	no cavities on tops of teeth or roots, no broken teeth	missing fillings or caps, holes in teeth/roots	more than one missing fillings, caps or holes in teeth/roots	Changes or Unhealthy = see dental professional
Dentures or Partials	no broken areas or teeth, dentures worn regularly	broken or sharp area on tooth or dentures, only worn for one-two hours a day	more than 1 broken area/tooth, denture missing or not worn, or has need for denture adhesive	Changes or Unhealthy = see dental professional
Oral Cleanliness	clean and no food particles or buildup in the mouth or on dentures	food particles/soft or hard buildup in areas of the mouth or on denture	food particles/soft or hard buildup in most areas of the mouth or on most of the dentures	Changes or Unhealthy = see dental professional
Dental Pain	no signs of pain or mouth sensitivities	signs of pain like holding face, not eating, irritable or aggressive	signs of swelling, pimple on gum, broken teeth, large ulcers, holding face, chewing lips, not eating, irritable or aggressive	Changes or Unhealthy = see dental professional
<p><i>Healthy mouths can be maintained with regular oral hygiene care (brushing, cleaning in between teeth, fluoride toothpaste or rinse), regular professional care (interval determined by the dental health professional) and yearly oral cancer exams.</i></p>				

From: Senior Oral Health, funded by United Way of Tucson and Southern Arizona and the Alliance of the ADA, c2005