

PEAR VS. THE PANDEMIC

SUPPORTING OUR PHARMACY STAKEHOLDERS DURING THE COVID-19 CRISIS

TAKING CARE OF OLDER ADULTS

Older adults and those with pre-existing co-morbidities are likely to suffer poorer outcomes of COVID-19 and greater mortality compared to younger, healthy individuals.¹ Since the SARS-CoV-2 virus (COVID-19) has spread easily in the community, pharmacists have an important role to play in helping older adults stay safe and meet their ongoing, or evolving, health-care needs. It is important to address older adults' fear of going to the emergency department at this time and to ensure that they are aware of the importance of not ignoring signs and symptoms of serious illness. This document will review practical approaches for community pharmacists to stay engaged with older patients and support them in reducing the risk of medication therapy problems and preventing hospitalization.

This document will address the following questions:

- 1 How can pharmacists prioritize follow-up consultations with older adults?
- 2 How should chronic conditions be managed for older adults?

1 PRIORITIZE YOUR FOLLOW-UP CALLS

Review the recommendations below to help you identify patients who may have the greatest or most urgent care needs or who may be at high risk of health issues and medication therapy problems.

- Identify patients who are most frail, as they may be at higher risk of health problems.
 - Although there are different levels of frailty on a scale of “fit to frail,” it is important to note that it is not biological age but rather factors such as dependence on others for activities of daily living, ability to be physically active,



and having symptoms that affect day-to-day life that increase frailty and health risks for an older individual.²

- Determine which patients are isolated and do not have social supports.
 - People who live alone and have few or no supports are at higher risk of functional decline and premature frailty, and this is even more concerning at this time.³ They may also be at greater risk of depression, anxiety, mobility impairment, cardiovascular diseases, and autoimmune and neurocognitive issues.^{4,5}
- Involve a caregiver, when possible, if the patient has cognitive impairment.
 - A patient with cognitive impairment who lives alone is at risk of nonadherence to medication therapy.⁶
 - Check with caregivers to address any questions they may have and discuss how to simplify medication regimens, when necessary and possible.
 - Consider providing medication reminder aids (blister or strip packaging are preferable if available).
 - Physical distancing can be confusing for a person with cognitive impairment, so when talking with these individuals, speak slowly and clearly, and remember that a face mask or telephone can affect how the person hears your speech.
- Discuss how to reduce the risk of falls for patients who have mobility limitations.
 - People who use a walker, cane, or wheelchair may be at risk of falls, even in the home, and this risk can be compounded by environmental hazards, medication use, and sensory deficiencies.⁷
 - Ask about medication adverse effects, such as drowsiness, hypoglycemia, confusion, blurred vision, or light-headedness, and consider medication adjustments if adverse effects are problematic.
- Support patients with food insecurity.
 - The older adult who is afraid or unable to venture out to get groceries may be at risk of malnutrition, which can lead to decreased bone mass and immune function and increased risk of hospitalization and mortality.⁸
 - Provide information about local food delivery services or recommend options for those with no internet access or computer.
- Review medications for those taking multiple medications to ensure that they are all medically necessary and appropriate.
 - Taking multiple medications can increase the risk of adverse effects, interactions, nonadherence, and functional impairment.⁹
 - Remember to consider over-the-counter products and supplements.
 - For deprescribing tools, including algorithms, visit www.deprescribing.org.



2 SUPPORT OLDER PATIENTS IN MANAGING CHRONIC CONDITIONS

During isolation orders, older adults may be at higher risk of medical emergencies but may hesitate to go to the hospital or clinic to get assessed and/or treated. In fact, the Heart and Stroke Foundation and the Canadian Cardiovascular Society noted a 30% decrease in the number of people visiting Ontario emergency departments for STEMI (ST-elevation myocardial infarction) between March 16 and April 12, 2020, compared to the same time period last year and a similar decrease (40%) at Vancouver Coastal Health. This may also be a concern for people with stroke and renal failure.¹⁰

Patients may need ongoing support to help manage their health and conditions such as diabetes, hypertension, asthma, and COPD. Here are some approaches pharmacists can take to support patients who are isolated.

- **Diabetes:** Ask patients to share glucose readings electronically or discuss over the phone. Find out if the patient has experienced any hypoglycemic episodes and provide reminders about how to manage them, should they occur.
- **Cardiovascular disease:** If the patient owns a blood pressure monitor, ask for readings and advise the patient how often to measure. If the patient does not have a monitor, ask about light-headedness or dizziness and remind them about getting up slowly to reduce their risk of falling in case of orthostatic hypotension. Reinforce importance of medication adherence.
 - Educate on the warning signs of stroke (**FAST** — is the **F**ace drooping?, can **A**rms be raised?, is **S**peech slurred or jumbled?, and **T**ime to call 9-1-1) and heart attack (chest discomfort, shortness of breath, light-headedness, nausea, sweating, and upper body discomfort) and to call 9-1-1 if they occur.^{11,12}
- **Chronic respiratory diseases:** COVID-19 symptoms may present atypically in older adults and may be masked in those with breathing issues related to COPD.¹³ Ensure patients have received a flu shot and pneumococcal vaccine. Remind patients that nonmedical face masks can help prevent touching the face but do not fully protect one from another person who is ill.
- Review healthy lifestyle recommendations, including how to incorporate physical activity, three or more days per week, under isolation conditions. This can include getting up from sitting frequently and standing and walking, or doing knee lifts, kicks, or arm circles while sitting, if standing and walking are challenging.¹⁴ Discuss the importance of adequate sleep to maintaining immune function.¹³ While patients may not be prepared to quit smoking, it is worth bringing this up because smoking can decrease immune function and increase the risk of poorer outcomes of COVID-19.¹⁵
- Stress the importance of seeking emergency or other healthcare, if necessary, and remind patients that during this time, emergency departments and critical care units may not be as busy as usual. For many conditions, such as stroke and myocardial infarction (MI), timing is critical. Care for COVID-19 should also not be delayed. Symptoms of respiratory infections such as COVID-19 may be atypical in older adults (e.g., tachypnea, delirium, unexplained tachycardia, or decrease in blood pressure), and fever may be blunted or absent.^{16,17} Watch for emergency warning signs for older adults, including difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new onset of confusion, or blue lips or face.¹⁸

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