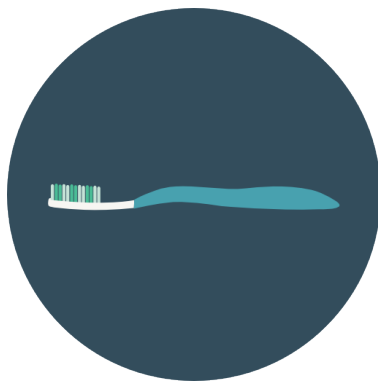
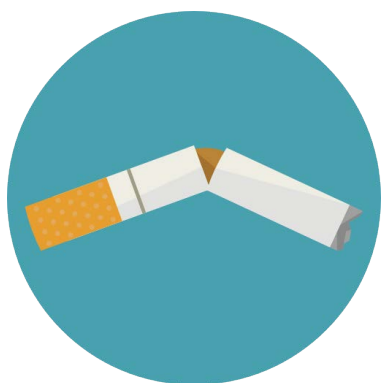


Healthier for longer

How healthcare professionals can support older people



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Setting the scene: The prevention agenda

"Prevention is about helping people stay healthy, happy and independent for as long as possible.

*This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven."*¹

Prevention is, and should be, the cornerstone of geriatric medicine. So much of what geriatricians, nurses, GPs and allied health professionals working with older people do is aimed at achieving better health outcomes for their patients, allowing them to stay well, remain independent, stay out of hospital and return home as quickly as possible when they are admitted to hospital.

*"We all of us have the potential to avoid starting, or stop smoking, moderate our alcohol intake, become more physically active, engage in more cognitively stimulating activities, and adopt a healthier, more balanced diet. All of these changes have the potential to improve brain health."*²

In recent years, prevention has been highlighted as a priority for the Government and for health services. The Government published a prevention 'vision document' in November 2018 and this was followed in July 2019 by the *Prevention Green Paper* which outlines how the Government intends to ensure that people have the skills, knowledge and confidence to take responsibility for their health and prevent illness.

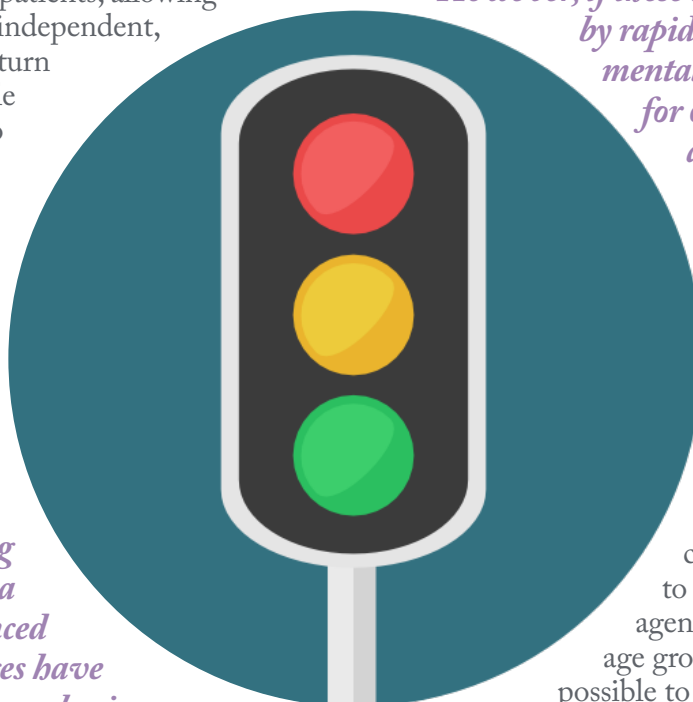
The recently published *Consensus Statement on Healthy Ageing* also prioritises prevention throughout life, including targeted interventions aimed at the ageing population such as strength and balance exercises, smoking cessation and treatment for alcohol dependence.³

*"A person's changing needs should not be a barrier to maintaining or improving health and being able to continue to do the things that they value."*³

The focus on healthy ageing is not confined to the UK – the World Health Organization (WHO) has declared 2020–2030 as the 'Decade of Healthy Ageing.' As populations around the world are ageing, WHO are aiming to ensure that the lives of older people, their families and their communities are improved, regardless of where they live.⁴

"..the extent of the opportunities that arise from increasing longevity will be heavily dependent on one key factor – the health of these older populations. If people are experiencing these extra years in good health and live in a supportive environment, their ability to do the things they value will have few limits.

*However, if these added years are dominated by rapid declines in physical and mental capacity, the implications for older people and for society as a whole are much more negative. Ensuring the best possible health in older age is therefore crucial if we are to achieve sustainable development."*⁵



Prevention as a topic is very broad – the *Green Paper* covers all age groups and conditions. However, it is easy to assume that the prevention agenda isn't as relevant for older age groups, as it is obviously not possible to prevent old age. Much of the

advice given to younger age groups (such as breastfeeding, sexual health or weight loss) may not be considered to be as relevant to an older population. Even broader lifestyle messages around smoking cessation and alcohol consumption could be perceived as irrelevant, as it may be seen as too late to make any significant lifestyle changes.

Much of the focus of the Government's policy in this area has been aimed at helping people to remain at work and contribute financially to society for longer. However, the prevention agenda must be seen as much broader than that. Everything that doctors, nurses and other healthcare professionals do is aimed at achieving better health outcomes for their patients, even at the end of life where the aim is to achieve a good death. Regardless of whether they specialise in the care of older people, most healthcare professionals will interact with older people more than any other patient group. It is therefore vital that the prevention agenda takes this group into consideration as much as any other population group.

Only around 20% of our health is determined by healthcare⁶ with the rest of our health determined by our behaviours, our genetics, our environment and our socioeconomic circumstances.

While providing healthcare is the primary business of healthcare professionals, they do have a more holistic role to play in the lives of their patients and can support them to make healthy lifestyle choices, help to ensure that they have the care that they need and even advocate on their behalf.

This is particularly true of those professionals providing services in the community, as many nurses, therapists and doctors working with older people do. Since many older people interact with the health service much more frequently than their younger counterparts, healthcare professionals have a unique opportunity to impact the lives of their patients that far exceeds the medical aspects of their role.

The *NHS Long Term Plan* acknowledges the importance of anticipatory care planning and ‘upstreaming’ prevention to attempt to stop serious illnesses from occurring. This includes, for instance, addressing obesity to prevent some types of diabetes and reducing air pollution to reduce incidence of respiratory illnesses. To support this there are plans to reform the way that NHS providers are funded, moving from an activity-based system to a population-based system. This is intended to enable providers to move towards preventative and anticipatory care models.⁷

This report is intended to explore how messages of prevention and healthy ageing apply to a population group that may already be ill and frail, and to the healthcare professionals who care for them.

We do this by considering three themes of prevention:

1. **Lifestyle factors** (such as physical activity, smoking and alcohol)
2. **The basics of daily living** (such as sleep and eye health); and
3. **Medical interventions** (such as polypharmacy and perioperative care).

While the benefits of prevention in younger populations may take many years to come to fruition, prevention measures in older people, even those who are already ill and/or frail, can have very quick and almost instant results. We are not seeking to tell doctors, nurses or allied health professionals how to do their jobs, but rather to alert them to the importance of prevention within the wider context of healthcare.

Lifestyle changes: It’s never too early and it’s never too late

"I believe that if physical activity was a drug it would be classed as a wonder drug, which is why I would encourage everyone to get up and get active."⁸

When it comes to ensuring good physical and mental health throughout one’s lifetime, medical experts are unanimous on the most effective actions one can take: don’t smoke, consume alcohol in moderation (or not at all), take regular physical activity and maintain a healthy weight.

While things are not quite so clear-cut for older people, the message remains much the same. For example, the Alzheimer’s Society lists six things that people can do to reduce their risk of developing dementia: be physically active, eat healthily, don’t smoke, drink less alcohol, exercise your mind and take control of your health.⁹

The importance of mental wellbeing when considering prevention in older people should not be understated. People who are happy, sociable and not lonely are likely to have better health outcomes than those who are not.

In particular, loneliness and social isolation have a significant impact on health, with evidence showing that loneliness increases the likelihood of mortality. The effect is comparable to the impact of other well-known risk factors such as obesity, and cigarette smoking. It is associated with an increased risk of developing coronary heart disease, stroke, high blood pressure, dementia, depression and suicidal thoughts. Social isolation contributes to the risk of dementia risk as much as physical inactivity and high blood pressure.¹⁰

The risk of developing mental illnesses such as depression and anxiety increase with age, especially as people experience changes such as bereavement and the onset of other health issues. Research shows that four in ten people living in nursing homes in England have depression and that two thirds of people with four or more diseases will have mental ill health.¹¹

While mental illness cannot always be prevented, particularly not through simple changes, there



are some things that people can do to stop their mental illness worsening or to reduce their risk of it developing in the first place. This includes promoting good sleep, reducing alcohol intake and regularly undertaking physical activity.¹²

Get up, get active: Physical activity

"Physical activity plays a changing role in the lives of older adults, as for some it becomes more about the maintenance of independence and the management of symptoms of disease, rather than primary disease prevention. There is enough knowledge of the benefits associated with physical activity in older adults to categorically state that they outweigh the risks."¹³

Physical activity has a significant impact on the onset and progression of frailty. Decline in muscle power and speed, cardiorespiratory function and standing balance contribute to frailty.¹⁴ Physical activity is the most studied modifiable risk factor for frailty, and there is evidence showing that physical activity is beneficial in both preventing and treating frailty.¹⁵ In addition, physical activity may help to reverse frailty.

"Exercise can improve physical performance and reduce frailty: exercise in frail older people is indeed effective and relatively safe, and may reverse frailty while sedentary lifestyle is a risk factor."¹⁶

Physical activity is an essential component of falls prevention, and adults over 65 should aim to be physically active every day, prioritising activity that improves muscle strength, balance and co-ordination, and minimising sedentary periods.¹⁷

NICE guidelines recommend strength and balance training as a falls prevention measure and suggest that this type of physical activity is more likely to be of benefit to older people living in the community

who have a history of falls and/or balance and gait deficit.¹⁸ However, it is suggested in the *Prevention Green Paper* that not enough older adults are meeting the recommended level of exercise:

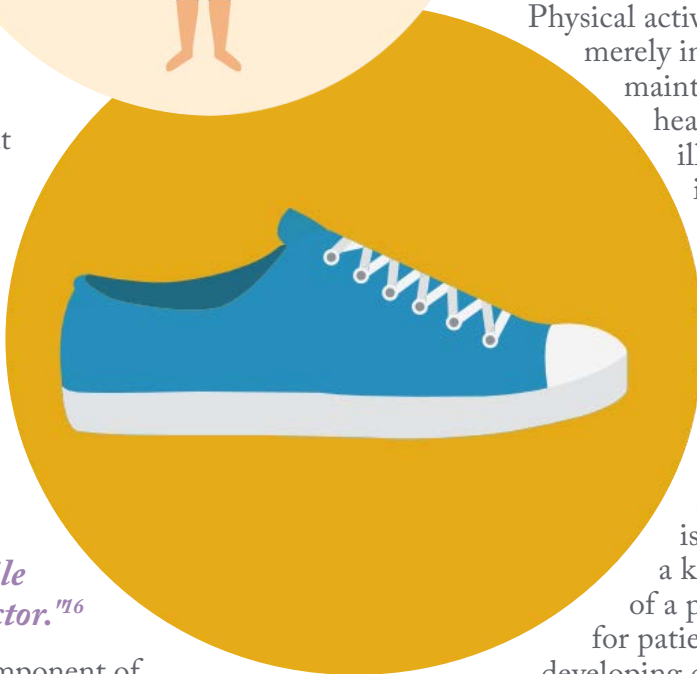
"The [CMO] guidance states that all adults should aim to be active every day.

This should include muscle-strengthening activity – such as exercising with weights, yoga or carrying heavy shopping – on at least 2 days a week. These types of activity are particularly important for people in or approaching older life.

"This is also the case for balance exercises, which are recommended twice a week for older people at risk of falls. Yet rates of strength and balance activity are particularly low, with just 1 in 4 women (and 1 in 3 men) meeting the recommended guidelines."¹⁹

Physical activity is not merely important for the maintenance of good health and preventing ill health occurring in the first place, it is also vital in ensuring that patients who are ill are able to recover quickly and in preventing further deterioration. Early mobilisation is highlighted as a key component of a package of care for patients at risk of developing delirium.²⁰

There are several initiatives which aim to ensure that patients are mobile as quickly as possible while in hospital. The *Get up, get dressed, get moving* campaign and the associated #endpjsparalysis social media campaign were developed to encourage patients in hospital to become mobile and more independent, with the aim of preventing deconditioning and reducing length of hospital stays.²¹ This campaign has



received attention in the mainstream press, including in *The Economist*, where it is pointed out that hospitals are not designed for patients to be active.

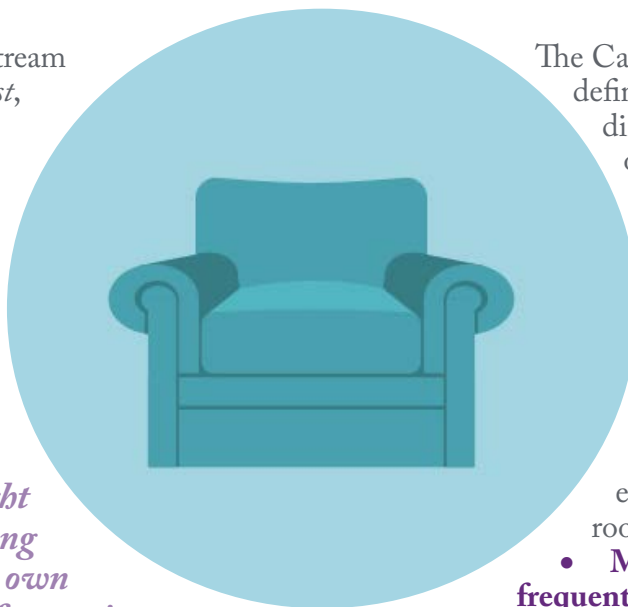
*"Hospitals are designed for patients sitting in bed. Many lack, for example, dining areas where those who can shuffle about can sit down for a meal. Space between beds is often too tight for walking frames. Helping patients change into their own clothes every day takes staff more time than business as usual."*²²

Promoting mobility for patients in hospital can be challenging – 59% of nurses have reported that it was one of the most commonly neglected areas of their work owing to a lack of available time.²³

When we consider physical activity, we often think of walking at pace, running, going to the gym and taking part in organised sports, to name a few examples.

While some older adults may be participating in this type of physical activity, it is important to reframe the definition of physical activity when considering older adults with frailty.

*"Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure."*²⁵



The Care Inspectorate in Scotland²⁶ defines physical activity rather differently, particularly for older adults living in care homes:

- **Moving** – standing up from the chair several times a day, moving in bed, brushing teeth, and washing face.
- **Moving more often** – walking to the dining room each meal time, walking to rooms to collect an item.
- **Moving, regularly and frequently** – going outside, setting the table for meals, sorting laundry, feeding the birds and doing meaningful and purposeful activity.

The UK Chief Medical Officers also suggest that older people with frailty should be encouraged to undertake light physical activity and that some physical activity is better than none.

"Frailer older adults are those who are identified as being frail or have very low physical or cognitive function, perhaps because of chronic disease such as arthritis, dementia or advanced old age itself. Any increase in the volume and frequency of light activities, and any reduction in sedentary behaviour, is a place to start and contributes towards health. For this group, more strenuous activities

Case study: Southampton Mobility Volunteer (SoMoVe™) study

The SoMoVe™ study looked into whether assistance with early mobilisation could be provided by volunteers, thus ensuring that patients are supported to be mobile and freeing up the time of healthcare staff, particularly nursing staff. Findings from this study indicate that this intervention was well received by patients, appreciated by staff members and showed signs of improvement in physical activity levels. However, the researchers identified that the busy clinical environment and lack of awareness of the intervention among staff were barriers.²⁴

"I think it's a matter of keeping the body mobile which is the important thing. I've been in hospital now six times with pneumonia and fortunately, and luckily for me, I'm physically fit I can get out of bed every day. Yeah, so to get somebody mobile I think is half the way to getting them better." – patient in the SoMoVe™ study

"Would I have done it if he had not have come in? I might not have done. It is having the volunteers; they encourage you to have a go. I think the more chances patients are given for activity I think they will all get well quicker. No doubt about it. I feel good now, and I want [to] get home. So yeah. I think mobility is a very important thing for everybody." – patient in the SoMoVe™ study

"I consider them as part of the team. They're an asset to the team. Anyone who comes in and provides that extra bit of service, it's a good thing... Like I said, talking about time before, we should have time, but we haven't, and that's the role they've been playing, which is a very vital support to us." – nurse in the SoMoVe™ study

*are less likely to be feasible. A programme of activities could focus instead on reducing sedentary behaviour and engaging in regular sit-to-stand exercise and short walks, stair climbing, embedding strength and balance activities into everyday life tasks, and increasing the duration of walking, rather than concentrating on intensity."*¹³

The benefits of physical activity are, of course, not only physical. Many people find physical activity beneficial for their mental health and it has been shown that older people who regularly undertake physical activity are more likely to maintain cognition than those who do not.

A review of the evidence around prevention of dementia found that while there are no randomised trials that show that physical activity prevents dementia, observational studies have found that physical activity has a significant protective effect against dementia, with higher levels of activity being most effective.¹⁰

Simple physical activity has been found to have a beneficial impact in older adults with depression and is associated with a 20-30% reduction in risk of depressive illness.¹⁵

Not too late to quit: Smoking

*"The cigarette is the deadliest artefact in the history of human civilisation."*²⁷

The health impacts of smoking have been a matter of public record since the 1960s²⁷ and public health campaigns aimed at encouraging people to stop smoking have existed for decades.

Rates of smoking in the UK continue to decline, with the latest figures for 2018 showing a 5% decline in smoking rates since 2011. In 2018, 14.7% of those aged 18 and over smoked cigarettes.²⁸ This compares to 45% of the population in 1974.²⁹ Despite this, there can be a view that there is little point in encouraging older people to give up smoking as it may be believed that the damage has

already been done, and that giving up relatively late in life would deny many people a pleasure while conveying little benefit.

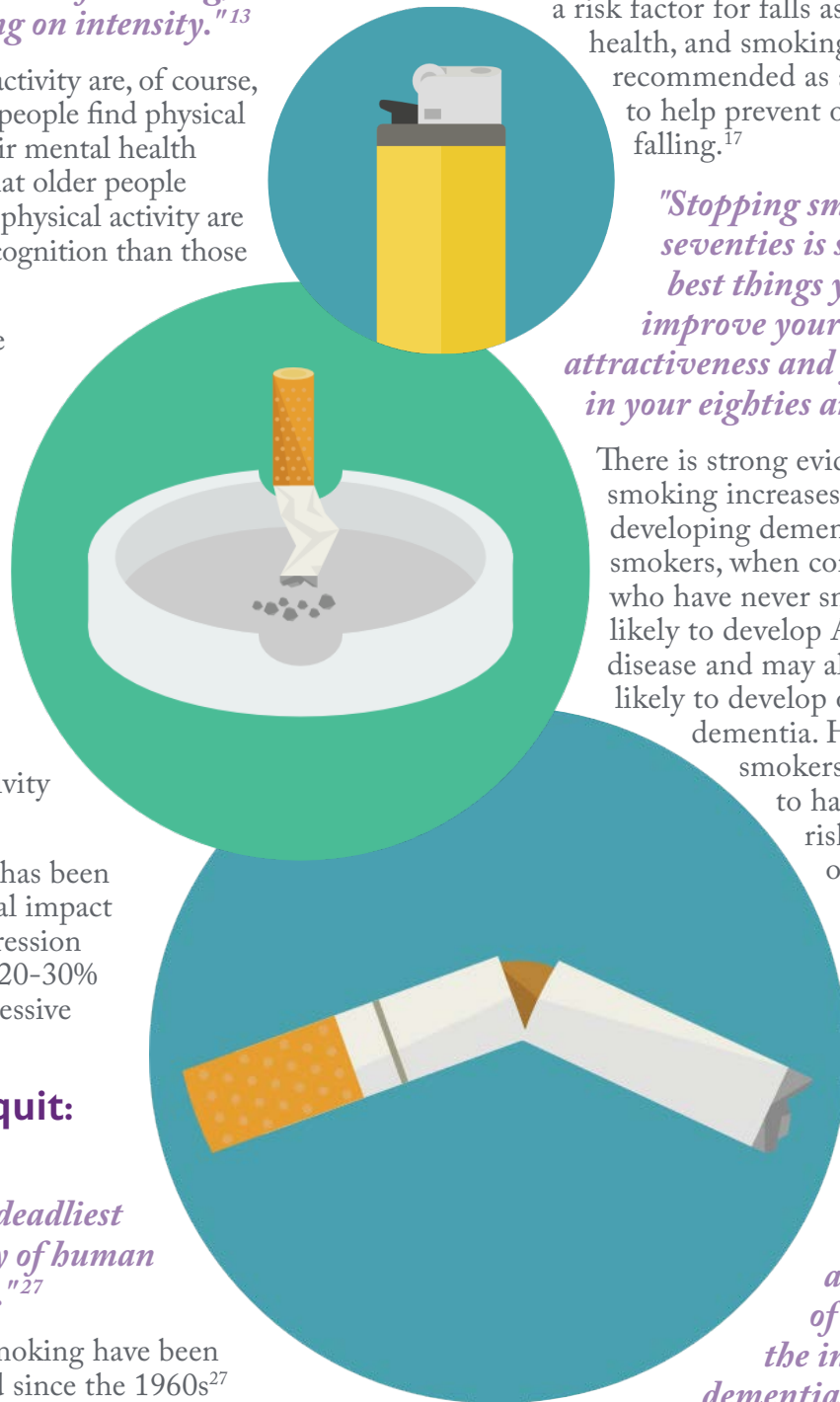
However, evidence suggests that smoking is associated with an increased risk of frailty, with smokers more likely to develop frailty over a four-year period than non-smokers.³⁰ Smoking is also a risk factor for falls as it affects bone health, and smoking cessation is recommended as an intervention to help prevent older people falling.¹⁷

*"Stopping smoking in your seventies is still one of the best things you can do to improve your health, your attractiveness and your wellbeing in your eighties and nineties."*³¹

There is strong evidence that smoking increases the risk of developing dementia. Current smokers, when compared to people who have never smoked, are more likely to develop Alzheimer's disease and may also be more likely to develop other types of dementia. However ex-smokers have been found to have a similar risk of all types of dementia to people who have never smoked.²

*"This is an encouraging finding for dementia prevention, suggesting, as with other adverse impacts of smoking, that the increased risk of dementia can be avoided by quitting smoking."*³²

Smoking cessation is recommended for patients undergoing surgery as it reduces the risk of complications. Evidence regarding the length of time before surgery that a patient should stop smoking varies, but there is evidence suggesting that stopping smoking as little as four weeks before surgery can have a beneficial impact.³²



Alcohol in later life

*Alcohol is the third leading risk factor for death and disability after smoking and high blood pressure. Alcohol is a legal, socially acceptable drug which is seen as an integral part of Scottish life; used to celebrate, commiserate and socialise. It's also a toxic substance that can create dependence and causes serious health and social problems. Drinking too much, too often, increases the risk of cancer and liver disease, being involved in an accident, being a victim or perpetrator of crime, experiencing family breakdown, and losing employment."*³³

Although alcohol consumption tends to reduce with age, latest statistics show that the over 65s were the only age group which did not experience an increase in the number of people identifying as teetotal between 2005 and 2017. In fact, the number of adults over 65 reporting as not drinking at all decreased by 5%. This is largely explained by a decrease in the number of women over 65 reporting as teetotal – in 2005, 37.2% of women over 65 reported not drinking at all; this declined to 27.9% in 2017.³⁴ However, younger people are more likely to 'binge drink' – creating habits that they may continue as they age.

*"The ageing population means that, far from diminishing, the problems of alcohol misuse in older people are set to rise, especially when combined with the drinking patterns that younger adults of today are adopting, and which they are likely to continue into their older years."*³⁵

There are specific problems associated with alcohol use in older people, spanning a range of physical and mental health conditions. Alcohol overuse can cause or exacerbate anxiety, depression, poor sleep, self-neglect, malnutrition, memory problems and

confusion. When it comes to physical health, alcohol can contribute to incontinence, liver and kidney problems, hypothermia and poor balance and falls.³⁶ In addition, alcohol can interfere with the efficacy of prescription medications, which older people use significantly more than other population groups.

The evidence around alcohol consumption and the development of dementia is unclear. While there is evidence that heavy drinking (or binge drinking) causes brain damage, there is also evidence to suggest that people who do not drink at all may be at an increased risk of developing dementia and there is insufficient evidence regarding whether heavy drinkers are at increased risk compared to moderate drinkers.³⁷

"Excessive alcohol consumption over a lengthy period can lead to brain damage, and may increase your risk of developing dementia.

However, drinking alcohol in moderation has not been conclusively linked to an increased dementia risk, nor has it been shown to offer significant protection against developing dementia. As such, people who do not currently drink alcohol should not be encouraged to start as a way to reduce

*dementia risk. Conversely, those who drink alcohol within the recommended guidelines are not advised to stop on the grounds of reducing the risk of dementia, although cutting back on alcohol may bring other health benefits."*³⁷

Research has suggested a paradox in the link between alcohol consumption and frailty over the life course. High consumption of alcohol in midlife is a predictor of frailty, whereas in old age, zero consumption of alcohol is associated with frailty. The researchers suggest that this may be because those who choose not to drink in old age do so because they are experiencing ill health and are therefore more susceptible to frailty already.³⁸



"Whatever a 'safe' 'recommended' limit, 'sensible', 'low' risk or at an 'acceptable' risk of consumption is, this will differ from individual to individual. The UK alcohol guidelines of 14 units a week for both men and women may still be too generous for older people. Vigilance is needed due to the possibility of interactions with prescribed and over-the-counter medications, as well as comorbid disorders including suicidal risk. Physiological changes related to ageing may make alcohol consumption much more risky than in younger adults. There are those who would argue that for some, particularly older, individuals with physical and mental health comorbid disorders, there are no 'safe limits' for alcohol consumption."³⁹

Older people who drink alcohol at a harmful level may also experience difficulty in accessing the services that they need and may not be identified as drinking too much.

This issue exists both with NHS staff failing to assess for alcohol problems when - for instance - an older person attends A&E after a fall, and with family members who may excuse excess alcohol consumption as a comfort later in life.

In addition, services aimed at tackling substance misuse are often targeted at young people, which may discourage older drinkers from accessing the services that would most benefit them.³⁶

Getting the basics right

For many older people, getting the basics of daily living right will be just as important as focusing on the care that someone receives from healthcare professionals. This can include access to glasses or hearing aids, ensuring access to mobility aids, good nutrition and hydration and ensuring that conditions are conducive for good sleep.

Older people can often develop delirium, particularly following a period of illness or surgery. However it is not inevitable, and the Scottish Intercollegiate Guidelines Network outlines several non-pharmacological ways of reducing the risk of delirium, including ensuring patients have access to their glasses and hearing aids, ensuring patients get enough sleep, pain control, good hydration and nutrition and mobilising early after treatment.²⁰

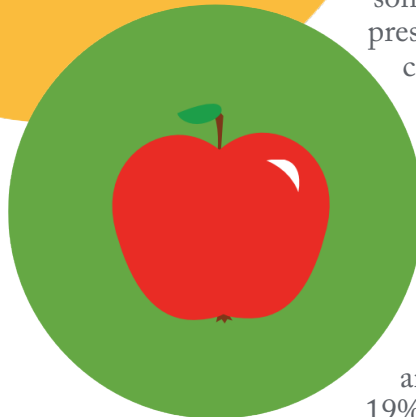
This is not complicated but has a significant impact on the experience of the patient, reducing their likelihood of experiencing delirium, reducing its severity and enhancing their ability to recover after staying in hospital.

There are other non-medical factors that NICE suggests are considered by healthcare professionals when assessing the likelihood of falls in the home. These include the individual's perception of their own functional ability and fear relating to falling, visual impairment and home hazards.¹⁸

Eating and drinking

Nutrition and hydration are vital elements of ensuring good health in later life and preventing illness. This can require a change in mindset for some older people, following societal pressure throughout life to reduce calories and lose weight. Many older people find that they experience a loss of appetite as they age, due to a range of factors including various long-term conditions, loss and bereavement, and becoming a carer.⁴⁰ As people age and become more frail, going shopping can be a challenge for many, as is preparing and cooking food. Age UK states that 19% of those aged 80-84 find it difficult to shop for groceries, and this figure rises to 60% for those over 90.⁴¹

It is important that older people and their carers and families know that losing weight is not a natural part of ageing and that it is vital that people remain well nourished in their old age. Services such as 'Meals on Wheels' may be provided by local authorities and charities. However access to these services may vary depending on location and eligibility requirements. Many older people who live alone will not have access to support for good eating or appropriate meals.



Addressing the basics: The role of social prescribing

GPs and other healthcare professionals can refer people to non-medical services through a programme called 'social prescribing.' Social prescribing is coordinated by 'link workers' who will work with people to identify their needs and connect them to local groups and other support services. The *NHS Long Term Plan* emphasises the importance of social prescribing and states that by 2023/24, over 900,000 in England people will have been referred to social prescribing schemes.⁷

Social prescribing is often referred to as a remedy for loneliness and social isolation. However, it is important to remember that social prescribing can also be used to help people to find practical support for things that may be worrying them. An Age UK report refers to case studies of people for whom social prescribing helped them with finding a reliable tradesperson, help with the garden or financial advice.⁵⁷ There is potential for social prescribing to be utilised to great effect in helping older people to cope with daily living and to live independently.

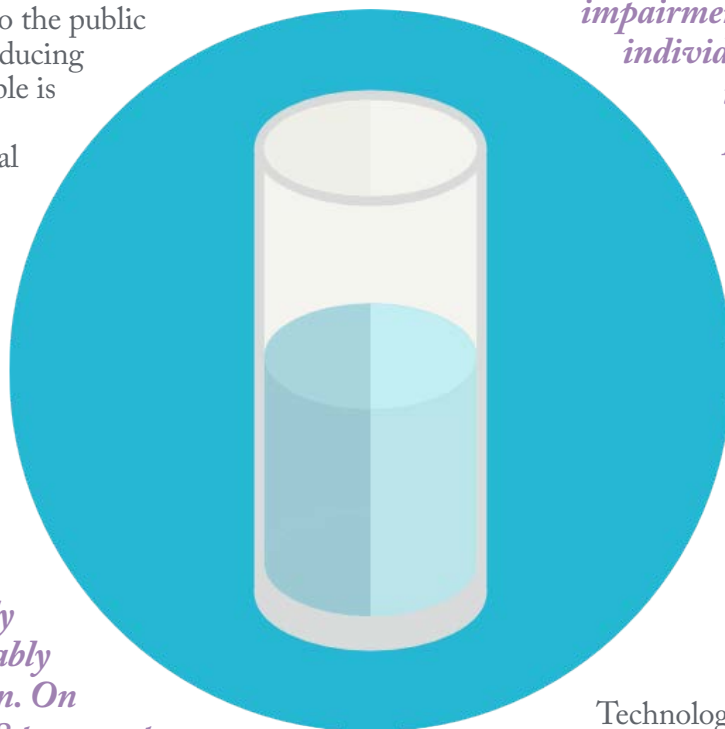
Various resources have been developed for both clinical and non-clinical professionals to help them to assess how well someone is eating and to support them to eat better. The Wessex Academic Health Science Network (AHSN) has developed a Nutrition Wheel which provides a framework for a volunteer or care worker to have a conversation with an individual and determine whether they are at risk of becoming under-nourished.³²

The cost of malnutrition to the public purse is significant, and reducing malnutrition in older people is likely to have a significant impact on health and social care services.

*"In 2011/12, malnutrition was estimated to cost £19.6bn in health and social care services in England alone, representing approximately 15% of overall health expenditure. It is likely to have risen considerably in the years since then. On average, it costs £7,408 per year to care for a malnourished patient, compared to £2,155 for a well-nourished patient."*⁴³

Dehydration is also an important issue to consider in older people and is one of the most common reasons that someone may be moved from a nursing home to a hospital. While the prevalence of dehydration in older people has not been widely studied, research has found that 20% of residents in UK long term care are dehydrated.⁴⁴

*"Research has found that there is a general reduction in thirst sensation with age, meaning that many people are unaware that they may need to drink more fluids. Medication can prevent absorption of water into the body or in the case of diuretics act to remove excess water compounding the problem. For those with dementia, one of the symptoms of cognitive impairment is a reduction in an individuals' ability to recognise that they are thirsty; putting this group at a significantly higher risk of dehydration. Related to this is that those older people who are dependent on others for their care, whether living in a care home or independently, rely entirely on others to remember to offer and provide access to fluids regularly."*⁴⁵



Technology has been developed to help patients to avoid dehydration in hospitals, care homes and at home. One example is the Droplet Hydration System. This is a cup which has an electronic smart base which lights up and makes noises to remind people to drink.⁴⁶ This device is in wide use across the NHS and in care homes.

There may also be reasons older people do not want to eat and drink as much as they should. The British Red Cross has found evidence of some older people restricting their food and drink intake because

they found it difficult to access a toilet, especially if the toilet is upstairs and they have mobility issues. They may also be scared of falling on the way to the toilet and restrict their consumption to minimise that risk.⁴⁷ In addition, older people may not be as accustomed to regularly drinking water as younger generations may be. As such, it is important that older people are offered a range of hot and cold drinks to help them to keep their fluid intake up.⁴⁸

Dental health

Connected with the issue of eating and drinking well is taking good care of one's teeth.

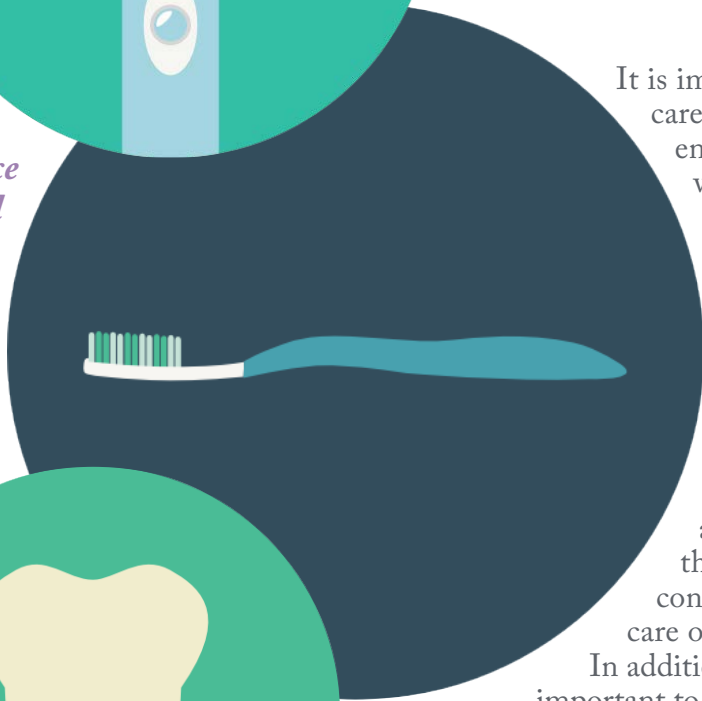
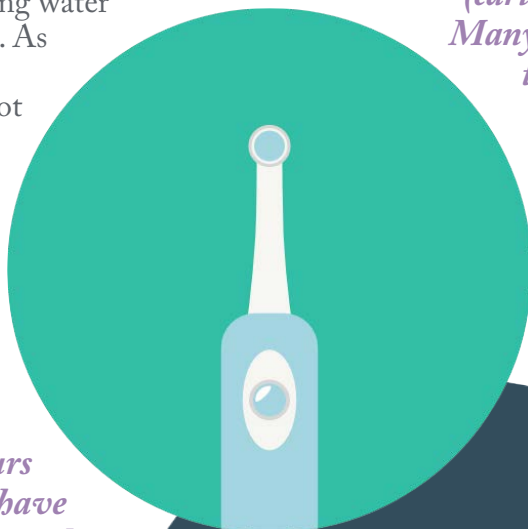
"Not much change occurs after your adult teeth have arrived. The teeth do not produce new cells, but nor are they affected much by the process of ageing because there is little metabolism or cell division taking place. It is amazing that we still have teeth at the age of 70; it is like having a china dinner service for sixty years. And the teeth, like a dinner service, come in for some pretty rough handling."³¹

Oral health has a significant impact on general health as people with poor oral health are more likely to suffer from malnutrition.

There is also evidence to suggest that people with poor oral health, particularly in residential settings, are more likely to develop aspiration pneumonia due to bacteria inhaled from dental plaque.⁴⁹

People living in care homes must be supported to take good care of their teeth and care home staff must be provided with the adequate training to help them with this. Older people with a range of long term health conditions may experience difficulties brushing their teeth – for instance, people with Parkinson's or arthritis may struggle to hold a toothbrush and people with mobility problems may not be able to reach a basin.⁵⁰ Different challenges may present themselves for people with dementia.

"Those with dementia can experience changes in behaviour. The loss of interest and ability to complete everyday tasks such as tooth brushing can cause rapid development of dental decay (caries) and gum (periodontal) disease. Many people may have heavily treated teeth (fillings, crowns, bridges and implants), which need increasing care with age. People with mild to late stage dementia may develop reflexes that make tooth brushing difficult, such as closing their lips, clenching their teeth, biting and moving their head."⁵⁰



It is important for care home staff to encourage those who can to take care of their own teeth, perhaps with support from staff.⁵¹ This will help residents to retain some independence and encourage them to continue to take care of themselves.

In addition, it is important to ensure that older people who wear dentures (whether in hospitals, care homes or living independently) are supported to take care of them and encouraged to minimise the risk of swallowing dentures.

Some people sleep with their dentures in for numerous reasons – for ease, for cosmetic or communication reasons or simply out of habit – and this increases the likelihood of swallowing dentures during the night.⁴⁹ It has been suggested that asking patients about loose or ill fitting dentures as part of comprehensive geriatric assessment (CGA) could help to reduce the risk of this.⁵³

Ears, feet and sleep

In research published in 2019, Action on Hearing Loss found that only 54% of Clinical Commissioning Groups (CCGs) commission an earwax removal service. The other CCGs do not commission this service, do not know if

they commission this service or do commission this service but charge people for it.⁵⁴ Many older people struggle financially and if they are required to pay for earwax removal, many will not prioritise this. This will obviously have a detrimental effect on their hearing and thus their independence.

Much of the advice to help patients avoid falls is common sense. NICE guidelines state that for patients in hospital, a risk factor for falls is missing or unsuitable footwear.¹⁸ A service evaluation of patients' footwear found that many patients did not wear footwear at all in hospital, and many of those who did wore slippers or gripper socks which lacked adequate structure, stability and support.⁵⁵

"Many inpatients are wearing footwear with insufficient structure to promote optimal stability or gait. There are discrepancies between perceptions and practice. Providing safe footwear for use in hospital is potentially

Addressing the basics: The voluntary sector

The ongoing workforce crisis across health and social care means doctors, nurses and allied health professionals often do not have the time to focus on non-health issues. The NHS and social care must look to alternative models of provision, such as using volunteers and services provided by local and national charities, to ensure that older people are empowered to live independently and age well. In this report, we have touched upon a few examples of services provided by charities or where the NHS has worked in partnership with volunteers. We have however barely scratched the surface – many local and national charities provide services to support people to stay healthier for longer and healthcare professionals should look to these organisations to provide support.

*a low technology resource-efficient way to promote patient safety in older patients."*⁵²



Good sleep is essential to preventing and treating many conditions in older age, including delirium and depression.

Promoting good sleep is not complicated. It is important to ensure that the bedroom is not too hot, cold or noisy and that it is dark enough for sleep. Guidelines, such as the *Risk reduction and management of delirium* guidelines published by Healthcare Improvement Scotland, suggest that earplugs and eye masks should be considered to help patients to get enough sleep. Some hospitals are improving the design of wards to enhance the chances of patients having a good night sleep, but there is still a long way to go.

Medical interventions

*"Many medicines come with the risk of harmful side-effects, or adverse drug reactions. In older people the most common include nausea, dizziness, loss of appetite, low mood, weight loss, muscle weakness and delirium. Over a six month period, over three quarters of people over the age of 70 will have an adverse drug reaction. This can seriously impact on older people's quality of life and ability to live well. The more medicines they take, the more likely they are to experience harmful side-effects in the first place, as well as being more likely to experience many of them at the same time."*⁵⁷

Inappropriate polypharmacy is a serious problem for older people, many of whom are taking numerous medications for different long-term conditions. This can put them at risk of falls which is a significant cause of hospital admissions in older people.

"The cumulative side-effects of multiple medications, such as dizziness, muscle weakness

and balance problems all make a major contribution to this risk.

Nearly 1,000 older people a day are admitted to hospital because of falls, and their chance of falling again if they are over 65 goes up by 14% for every extra medicine they take over the first four."⁵⁷

There are many initiatives across the UK to address the issue of inappropriate polypharmacy and it is important that this is seen in the context of the prevention agenda. This is an essential part of preventing ill health and further decline in older age. Regular medication reviews for older people are important to ensure that they are only taking the medications they need and that they are able to manage their medicines appropriately.

Older people are far less likely to be offered surgery than those who are younger.⁵⁸ However, surgery can be effective for older people and it is important that older people are offered surgery if it is appropriate for them.

There are steps that can be taken to ensure that older people undergoing surgery have the best chance of a positive outcome and a quick recovery. Research suggests that pre-operative CGA is likely to have a positive impact on postoperative outcomes for older patients.⁵⁹ There is a growing recognition of this and there are 14 geriatrician-led pre-operative clinics across the country. However, while

collaboration between specialties has increased, workforce and funding issues remain barriers to such services.⁶⁰

Reducing polypharmacy and supporting high-quality perioperative care are just two examples of medical interventions which can help older people to stay healthier for longer. Opportunities exist across all geriatric medicine sub-specialties to modify or enhance medical interventions as part of a holistic, person-centred approach to give older people the best chance of recovery.

What next?

The prevention agenda is as relevant - if not more relevant - to the older population as it is to younger age groups. While the advantages may be modest in terms of years of life gained, the impact in terms of quality of life is likely to be significant. Prevention in this age group does not need to be complicated - getting the basics right for older people could be the most important aspect of improving people's quality of life as they grow older. Helping older people to eat and drink properly and ensuring that they can see, hear and move will, for many people, be more important than any medical interventions.

The themes discussed in this report straddle a line between actions that individuals can take to prevent themselves from becoming ill, and things that healthcare professionals can do to support their patients. Those who specialise in the healthcare of older people are used to multi-disciplinary working and are aware of the important roles of therapists in 'reablement' and other rehabilitation support. But preventing further decline and helping older people to take some responsibility for their own health is the business of all professions.

Case study: POPS at Guy's and St Thomas' London

Established in 2003, the proactive care of older people undergoing surgery (POPS) team at Guy's and St Thomas' is the first of its kind in the UK. The POPS team looks after older, complex patients undergoing emergency or elective surgery and is recognised locally and nationally for quality, innovation and clinical effectiveness. The team assess patients pre-operatively with the aim of reducing postoperative problems and ensuring a safe and effective discharge from hospital. The team can also give patients advice on aids and strategies to help with independence and speak to social services on behalf of patients.⁶¹ This model has been replicated in other services across the country.

The impact of making changes to lifestyle can be significant, even at a relatively late stage in life - but this is something that people have to want to do and be willing to do for themselves. Doctors, nurses and therapists can and should be discussing these issues with the older people they care for, but it is for people themselves to take action.

The British Geriatrics Society hears of countless examples of work our members are doing to help people to remain independent and healthy, such as starting campaigns to get patients in hospital up and moving,⁵⁹ being involved in international campaigns to educate the public about preventing frailty⁶³ and conducting repeat surveys to assess the state of perioperative care across the UK.⁶⁴ For our part, we will continue to promote work aimed at prevention in later life and support our members to share best practice.

This report has explored some of the different ways in which doctors, nurses and allied health professionals working with older people can help them to be healthier for longer.

There are steps that all healthcare professionals and health systems can take to help to promote healthy ageing and prevention in later life:

- **Care at every contact**

You have a unique role in the lives of your patients and every touchpoint of care is a potential opportunity to help people to engage in their own health and work with you to improve it.

- **Cover the basics**

Be aware of the basics of compassionate, practical care, remembering older people's need to be able to see, hear, eat, drink and sleep well even if other more complex health issues are being addressed.

- **Consider the whole person**

Healthcare issues may not be the only or even the most pressing concern for a patient. Ask what matters to them and how they can be supported.

- **Communicate clearly**

Tell older people what is going on and how they can help with improving their health, and feed back when you see it happening.

- **Collaborate with others**

Work with colleagues, nursing and therapy teams, families and the older person themselves to give the best chance of recovery and independence.

While old age always ends with death as the outcome, there are many opportunities along the way for older people to be supported to have some agency for their own health and to optimise the chances of recovery following a critical episode.

It is the responsibility of all healthcare professionals to consider the part they can play in this, whatever their role.

*"Longer lives are one of society's greatest achievements. We should take pride in the developments in public health and medical treatment that mean we are living longer. With over half of adults expected to be 50 or over by 2035, we must seize the opportunity to enable more people in later life to be happy, healthy and active, and to use their skills, knowledge and experience to benefit the wider community."*³

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British Geriatrics Society
Improving healthcare
for older people

Marjory Warren House
31 St John's Square, London EC1M 4DN

Telephone +44 (0)20 7608 1369
Fax +44 (0)20 7608 1041
Email communications@bgs.org.uk
Website www.bgs.org.uk

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