



It's a DRY HEAT

A spotlight on the Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP)

Hearing device aims to improve pre-surgical talk with the doc

The Arizona GWEP is piloting the use of hand-held amplification devices in clinical settings to improve communication between patients with hearing loss and medical professionals. One initiative is a collaboration with the Banner University Medical Center preoperative clinic.

Using commercially available Pocket Talkers®, the initiative aims to reduce the communication barriers that are common in many clinical settings due to fast pace interactions, a noisy environment, and the complexity of health information. In the preoperative clinic, communication barriers can limit the patient's understanding of their surgical procedures and recovery process. Age-related hearing loss adds to this challenge.

As many as two-thirds of adults age 70 and older have age-related hearing loss that often goes unaddressed. Some are unaware of their hearing loss because of the slow progression of symptoms. Others do not seek help



Dr. Mindy Fain demonstrates the use of a pocket-talker to improve communication with older adults who have hearing loss.

because they are embarrassed about the changes or unable to afford hearing aids. If Pocket Talker use is efficient for providers and normalized for patients, these communication barriers will be minimized and patient care improved.

In collaboration with the nurse managers of the clinic, the AZ-GWEP team will provide training and educational resources on communicating with older adults who have hearing loss, in addition to just-in-time training on using the hearing amplification devices.

The pilot project will assess the acceptability and reactions to the devices by the medical team as well as patients.

Chief Residents Train at 9th Annual IP-CRIT

More than 40 new chief residents from 16 specialty departments at Banner University Medical Center improved their skills in the care of older adults and other complex patients at the 9th Annual Interprofessional Chief Resident Immersion Training Program (IP-CRIT), hosted by the University of Arizona Center on Aging.

The two-day weekend event was sponsored by the Center's AZ-GWEP grant from the Health

Resources and Services Administration, Banner University Medical Center, and the UA College of Medicine Graduate Medical Education Office.

The interactive training gives residents from diverse specialties a rare opportunity to network and develop skills in leadership and teaching to provide better coordinated care for complex patients, and improve quality and safe-

ty in their respective clinics and hospitals. Residents also benefit from the expertise of inter-professional faculty who participate as facilitators of table discussions.

“Sharing expertise and building collaborative relationships is an important part of the program,” noted Dr. Fain, co-Director of the Center on Aging and Chief of the Division of Geriatrics, General Internal Medicine and Palliative Medicine.



AZ-GWEP to help with opioid abuse public health emergency

Older adults have one of the fastest growing rates of opioid use disorder according to statistics from the Centers for Medicare and Medicaid. Arizona has had more than 15,500 opioid overdoses since June 2017, with nearly a quarter of them (23%) occurring among adults age 55 and older.

However, national programs that are designed to address addiction often fail to consider older adults as a critical population in this public health crisis. The UA Center on Aging is helping to fill this gap thanks to a supplemental grant awarded to the AZ-GWEP.

Through the AZ-GWEP opioid initiative, the interprofessional health care team at a Banner University Medical Center Internal Medicine Resident Teaching

Clinic will learn and implement a comprehensive protocol for chronic non-cancer pain management and opioid risk. The protocol incorporated standard adult risk assessment with additional criteria to assess and address specific pain management issues of concern for older adults. The protocol also has built in education for patients and their families.

Opioid abuse was declared a national public health emergency in 2017 because of the rising number of opioid overdose deaths. Last year more than 49,000 people in the U.S. died from an opioid overdose — 19,000 of whom died specifically from prescription opioids, according to the National Institute on Drug Abuse. In Arizona alone, more than 2,400 individuals have died from Opi-

oids since June, 2017.

This newly implemented initiative will help to tackle this public health emergency by reducing new opioid prescriptions for chronic non-cancer pain in favor of alternative pain treatment protocols, and increased access to treatment for opioid use disorders.

Positive outcomes from the pilot study are expected to open the door for scaling up the program to other Banner Health clinics located in 8 U.S. states.

For more details about the Arizona opioid epidemic, visit the Arizona Department of Health Services website at <https://www.azdhs.gov>, and search “opioid epidemic.”

Resources for providers, caregivers expanded under AZ-GWEP

Get “just in time” information on geriatric syndromes, conditions and issues from single-page, high impact and FREE *Elder Care* and *Care Partner* sheets.

Elder Care provider sheets are written for an inter-professional health care audience that includes physicians, pharmacists, nurses and social workers and health professions students.

Care Partner pages are written for anyone who cares for or provides support to an older adult, including family caregivers, direct care workers, community health workers, certified nursing assistants, and medical assistants. They are available in English and Spanish.

Elder Care and Care Partner are available on our website: www.aging.arizona.edu. They are also available through regular email dissemination.

To sign up go to: <https://is.gd/arizonaGWEP>.

Care Partner Information
Tips for Providing Older Adult Care

Taking Medications Safely

Almost half of all older adults take more than five different medications every day. Each medication has rules to follow in order to stay safe and healthy. Following the different rules for each is very important. But sometimes it can be hard to do.

Types of Medications
Medications can include:
“over-the-counter” med

Three

Prescription

Over-the-counter (OTC)

Herbal

Medications come in 7 chewed or dissolved, suppositories, ointment

Keep all medications in their original containers. Keep medications away from children and others who are not supposed to take them.

This Care Partner Info written to help family representatives care for

Substance Abuse in Older Adults
Older adults, especially women, are at a higher risk of substance abuse than younger adults. This is because of changes in metabolism, tolerance, and withdrawal symptoms. Older adults are also more likely to be prescribed medications that can interact with substances.

Table 1. Non-Specific Warning Signs and Symptoms of a Substance Abuse Disorder

Domain	Signs and Symptoms
Activities of Daily Living	Performance, poor judgment, confusion
Executive Function	Decision-making problems, financial problems, legal problems
General Function	Changes from usual, being, sleep problems, tolerance to medication effects
Neuropsychiatric	Anxiety, depression, disorientation, delirium, hallucinations, memory loss, mood swings, memory loss, suicide
Social	Secretiveness

Table 2. Alcohol Abuse Screening Test for Older Adults

Alcohol Use Disorder Identification Test
http://www.azdhs.gov/azdhs/assets/documents/Alcohol_Use_Disorder_Screening_Test.pdf

CAGE Questionnaire
http://www.azdhs.gov/azdhs/assets/documents/Alcohol_Use_Disorder_Screening_Test.pdf

Sheep-Header Alcoholism Screening Test (Sheep-Header)
http://www.azdhs.gov/azdhs/assets/documents/Alcohol_Use_Disorder_Screening_Test.pdf

Tips for Dealing with Substance Abuse in Older Adults:

- Don't forget to consider substance abuse in older adults, especially when there are warning signs like problems with activities of daily living, executive function, or social interaction, or when behavior or neuropsychiatric symptoms occur.
- When patients are found to have substance abuse problems, consider treatment with brief office-based motivational interviewing or extended cognitive behavioral therapy.
- Avoid prescribing alcohol to older adults due to potentially lethal effects if alcohol is also consumed. Anti-drug therapy (e.g., naltrexone or acamprosate) should be prescribed as part of a full substance abuse rehabilitation program.
- Withdrawal of an abused substance should take place slowly unless there are toxic effects, in which case withdrawal should occur more rapidly. However, when an older adult has been taking a substance of abuse at a stable low dose over a period of years without toxic effects, withdrawal may not be necessary.