

Caregiving Strategies Handbook

Providing Care and Support
for a Senior Living with Frailty



Dedication

The Regional Geriatric Programs of Ontario (RGPO) acknowledges and values the efforts of caregivers who provide care and support for seniors living with frailty.

This handbook is dedicated to you.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty.
Retrieved from www.rgps.on.ca/caregiving-strategies

Table of Contents

Dedication	2
Introduction	4
Glossary	6
About Frailty	7
Caring for the Caregiver	15
Pain	29
Staying Active: Mobility and Fall Prevention	43
Nutrition	55
Bladder Health	71
Medication Management	83
Changes in Thinking and Behaviour: Delirium	97
Social Engagement	113
About Regional Geriatric Programs of Ontario (RGPO)	125
About the Senior Friendly Caregiver Education Project	125
Acknowledgements	126
Bibliography	129

Introduction

About this Handbook

The Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty was developed for you, the family and friend caregivers who support seniors experiencing frailty. Created with advice from caregivers across Ontario, this handbook has been reviewed by health care professionals.

Research demonstrates that frailty may be prevented, postponed, or reversed. By applying strategies, you can support resilience, encourage independence, and enhance quality of life.¹

This handbook is organized into eight chapters.

Each chapter provides:

- Background on a clinical topic
- Strategies you can use in your caregiving
- Tips for how to communicate with professionals
- Resources for further support.

Each chapter includes important tips in boxes that:

- Challenge some of the common myths
- Share facts you need to know
- Provide tools that you can print out and use at your convenience.

In **Caring for the Caregiver**, we begin by focusing on your needs and how to prioritize self-care. This chapter provides strategies and resources for you, the caregiver, to help you take care of yourself.

In the chapter on **Pain**, you will learn about how to identify when someone is in pain, the severity of the pain, and the type of pain. Also included are a number of strategies to address pain.

The chapter on **Staying Active**, is about the importance of mobility and how to encourage it by using various strategies like setting goals. There is also information about fall prevention.

*“All of this information
may not be useful now,
but it could be useful
later on.”*

– A caregiver from
London, ON

¹ RGP of Toronto. (2018). SF7 toolkit. Retrieved from: <https://www.rgptoronto.ca/resources/>

In **Nutrition**, you will learn the difference between good and poor nutrition and the signs and risks of poor nutrition. We suggest several nutrition management strategies such as meal planning and mouth care.

In **Bladder Health**, the different types and causes of incontinence are explained, with strategies for how to talk about incontinence with the person you care for.

The **Medication** chapter provides information to help with medication management. You will learn key terms like “polypharmacy” along with strategies for medication management.

The **Delirium** chapter shares how you can identify, manage and prevent delirium. You will learn the differences between delirium and dementia.

In **Social Engagement**, we talk about loneliness, depression, and social isolation. We also share strategies to encourage a person to take part in activities.

The strategies offered in this handbook are for you to think about and to apply in whatever way suits you best. Keep in mind that an important part of introducing new strategies to another person is to speak with them about it.

Talk with the person about their goals and wishes. It is the senior who is in charge of their life, their routines, decisions about their health, and their quality of life. They may not agree with what you think is the “best way” to maintain their health. They may not agree with the suggestions made by health care professionals or caregivers. You can only do your best. Asking for their permission to help is important. Encouraging independence allows the senior you care for to be in charge of their life.

This Handbook offers information but it is not medical advice. For medical advice, please consult a health care professional.



Glossary

Caregivers

Caregivers are family members, partners, friends or neighbours who provide personal, social, physical, and psychological support to someone in need, without getting paid.

Frailty

According to the Canadian Frailty Network, “Frailty is a state of health where the person’s overall well-being and ability to function independently are reduced, and vulnerability to deterioration is increased. People who are frail tend to spend more time in the hospital, are less likely to return to their own homes, are more likely to need care support if they do go home and are also likely to have extended stays in long-term care”.²

Health Care Professional

For the purposes of this Handbook, the term health care professional is used to refer to medical doctors and nurse practitioners and may pertain to any regulated health care profession (see list below).

List of regulated health professions in Ontario as of 2019.³

Audiology and Speech-Language Pathology	Kinesiology	Opticianry
Chiropody and Podiatry	Massage Therapy	Optometry
Chiropractic	Medical Laboratory Technology	Pharmacy
Dental Hygiene	Medical Radiation Technology	Physiotherapy
Dental Technology	Medicine	Psychology
Dentistry	Midwifery	Psychotherapy
Denturism	Naturopathy	Respiratory Therapy
Dietetics	Nursing	Traditional Chinese Medicine and Acupuncture
Homeopathy	Occupational Therapy	

² Canadian Frailty Network (2019). What is Frailty? Retrieved from: <https://www.cfn-nce.ca/frailty-matters/what-is-frailty/>

³ Ministry of Health and Long-Term Care. (2018). Health workforce planning branch regulated health professions. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/hhrs/about/regulated_professions.aspx

About Frailty

Why is it important to understand frailty?

Research demonstrates that frailty may be prevented, postponed, or reversed when strategies are used to address the needs of a senior experiencing frailty.⁴

Understanding the risk factors for developing frailty.

You may be concerned that the person you are caring for is at risk of experiencing frailty. Some factors that might increase a person's risk of becoming frail include:⁵

- Being over 80 years of age.
- Having loss of muscle and strength.
- Having reduced energy and low stamina (e.g. unable to walk up a flight of stairs).
- Showing slowed ability to complete daily tasks (e.g. getting dressed takes a very long time).
- Experiencing unintentional weight loss.
- Experiencing a decreased ability to recover from an illness or injury.
- Having many and/or long-term complex medical conditions.
- Having a diagnosis of depression.
- Becoming dependent on others to support daily living.
- Having impaired mental abilities or changes in thinking.

Not all seniors live with frailty, and their experience of frailty may vary over time. Frailty is unique to each person.

How do I identify frailty in the person I am caring for?

If frailty has not already been identified by or discussed with a health care professional, using a screening tool can be a first step to identifying frailty. The [Pictorial Fit-Frail Scale \(PFFS\)](#) is an example of a screening tool that can be used by caregivers⁶. Using images to identify levels of frailty, you can complete this on your own or with the person you are caring for. This tool takes approximately five minutes to complete.

⁴ RGP of Toronto. (2018). SF7 toolkit. Retrieved from: <https://www.rgptoronto.ca/resources/>

⁵ Regional Geriatric Programs of Ontario. (2019). What is frailty? Retrieved from: <https://www.rgps.on.ca/about/>

⁶ Theou, O., Rockwood, K. (2019). Pictorial fit frail scale (PFFS). Retrieved from: <https://www.dal.ca/sites/gmr/our-tools/pictorial-fit-frailty-scale.html>

Why is the Pictorial Fit-Frail Scale (PFFS) helpful for caregivers?

Upon completion, the PFFS can be used as a tool to support communication with the senior you are providing care for about frailty and areas where they may require or appreciate support.

The completed scale can also be a useful tool when speaking with a health care professional about the senior’s needs, changes you are noticing, and the role you have in the senior’s life.

The Pictorial Fit-Frail Scale®



NAME: _____

DATE: _____

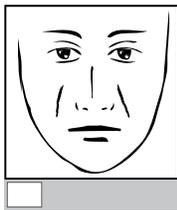
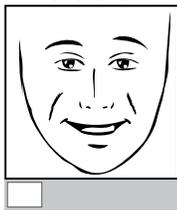
Instructions: This scale is intended to assess your USUAL state in different categories using pictures ordered from best to worst.

For each category, choose ONE picture that is closest to your USUAL state. Mark below that picture. There is no right or wrong answer.

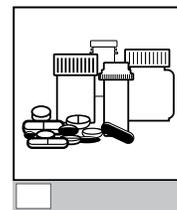
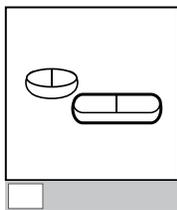
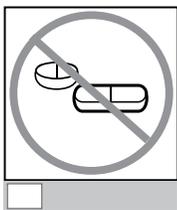
Example: If your USUAL vision is closest to the second picture mark as shown.



1 MOOD



2 NUMBER OF MEDICATIONS

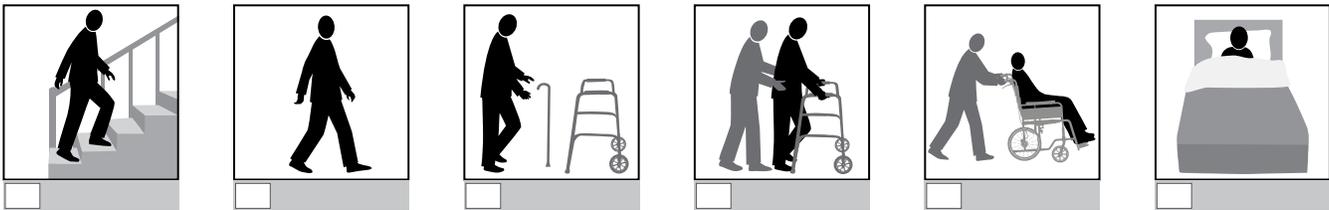




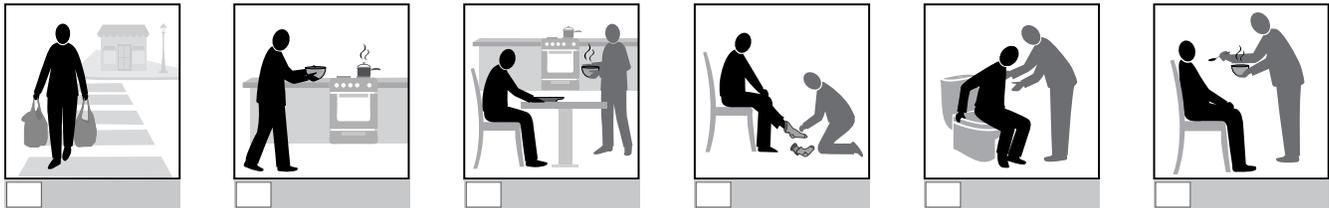
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



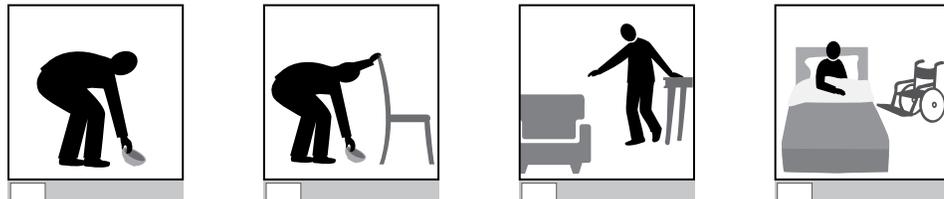
3 MOBILITY



4 FUNCTION



5 BALANCE



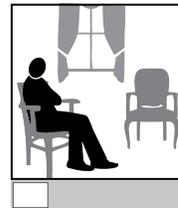
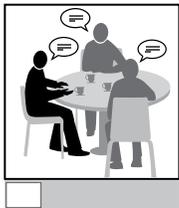
The Pictorial Fit-Frail Scale®



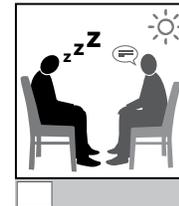
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



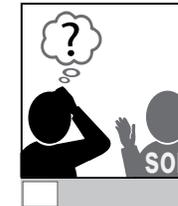
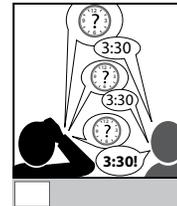
6 SOCIAL CONNECTIONS



7 DAYTIME TIREDNESS

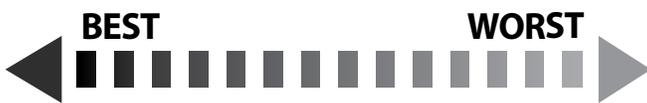


8 MEMORY AND THINKING



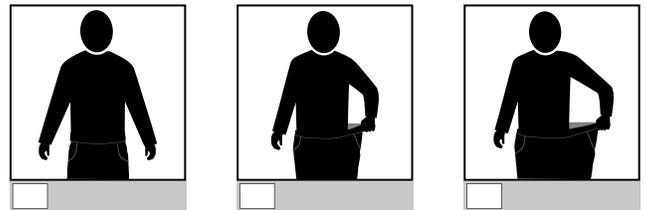
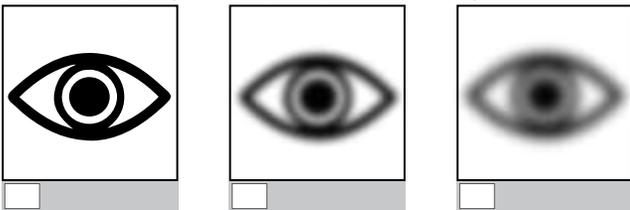


For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



9 VISION (WITH GLASSES IF NEEDED)

12 UNINTENTIONAL WEIGHT-LOSS



10 HEARING (WITH HEARING AID IF NEEDED)

13 AGGRESSION



11 PAIN

14 BLADDER CONTROL



References

Introduction

Canadian Frailty Network. (2019). What is frailty? Retrieved from: <https://www.cfn-nce.ca/frailty-matters/what-is-frailty/>

Ministry of Health and Long-Term Care. (2018). Health workforce planning branch regulated health professions. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/regulated_professions.aspx

Regional Geriatric Programs of Ontario. (2019). What is frailty? Retrieved from: <https://www.rgps.on.ca/about/>

Theou, O. and Rockwood, K. (2019). Pictorial fitfrail scale (PFFS). Retrieved from: <https://www.dal.ca/sites/gmr/our-tools/pictorial-fit-frailty-scale.html>



For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Caring for the Caregiver



Caregivers are family members, partners, friends or neighbours who provide personal, social, physical, and psychological support to someone in need, without getting paid.

Every caregiver's journey is unique and not always easy. Caregivers may experience joy and connection, but can also feel stress. In this chapter, let's focus on you, the caregiver.

This chapter provides strategies and resources for you to use to take care of yourself. You can use this chapter to:

- Check in to see how you are managing.
- Discover your strengths.
- Identify strategies, resources, courses, and books that are relevant to your situation.

This information is not intended to replace the advice of a health care professional. Please consult a health care professional for advice about a specific medical issue. This chapter offers general suggestions – not rules – that may be adapted to meet your current and future needs.

Reminders for the Caregiver

Every caregiver is unique in their experience and comfort level with providing care and in their relationships with the people they provide care for.

- Sometimes your past relationship with the person you are caring for can influence the current caregiving experience.
- All families function differently, and some caregivers have to balance family dynamics when providing care.
- Having unrealistic expectations of yourself or comparing yourself to others may cause feelings of stress, anxiety, guilt, shame, anger, and resentment.

Caregiver Wellness

Caregivers may experience stress that can impact their health. It is important to recognize when you, the caregiver, are feeling this way. Identifying and talking about stress are the first steps to feeling better.

The following are some common warning signs of stress. Do any of these statements sound familiar to you?

“I am not sleeping well.”

“I have no time for myself.”

“I don’t have any time to socialize.”

“I feel guilty if I don’t meet my own expectations.”

“I have not left home in a long time.”

“I argue a lot more.”

“I am worried about money.”

“I don’t know what I am doing.”

“I am not doing a good enough job as a caregiver.”

“I am sick all the time.”

“I am at the end of my rope.”

If one or more of these statements sound familiar, you may be experiencing caregiver stress.

*“You can’t care
for someone else
if you don’t know
how to take care
of yourself!”*

– A caregiver from
Hamilton, ON

Take the Quiz!

The Ontario Caregiver Organization offers a quiz that encourages reflection on how you are feeling about the level of stress in your life. You can take the quiz here: <https://www.ontariocaregiver.ca/en/find-support/resources/Caregiver-Quiz--The-Ontario-Caregiver-Organization.pdf>

The Ontario Caregiver Organization also offers a checklist that guides you in identifying and assessing your caregiving responsibilities and prioritizes areas where you may need support. You can complete the Caregiver Checklist here: <https://www.ontariocaregiver.ca/en/find-support/resources/Caregiver-Task-List---Ontario-Caregiver-Organization-.pdf>



Discover Your Strengths.

You may feel that your life is too busy to care for yourself, but think about how strong you are. Experienced caregivers have shared an excellent tip. They recommend that you figure out what gives you strength. Then, try to make time for the things that make you feel strong.

Many caregivers feel stronger when they:

Link with social supports.

- Experienced caregivers explain that they feel stronger when family, friends, and other caregivers are around to support them.
- Think about who you would like to surround yourself with and arrange face-to-face time with those people.

Understand the caregiving role and feel knowledgeable.

- Caregivers express that they feel stronger when they understand the health and well-being of the senior they are caring for and when they know what they can do to help.
- Find out who to talk to and how to share caregiving with others. Know where to find answers, what your role is within the circle of care, and how to ask for help.

Set boundaries and expectations.

- Caregivers suggest that boundaries surrounding the care and support you provide should be based on what the senior wants and does not want help with.
- Understanding and respecting a person's wishes can help build a strong relationship and can decrease your feelings of stress and anxiety.

Connect to health care professionals.

- Caregivers share that they feel stronger in their ability to provide care when they feel like they are being treated as a part of their person's care team by the health professionals they encounter.
- Refer to the *Helpful Tips to Communicate with Health Care Professionals* in each chapter of this Handbook.

Take time for self-care.

- Experienced caregivers agree that they gain strength from self-care.
- Schedule time to relax and enjoy yourself; stay active; get together with friends; spend time with pets; find ways to get rest; and work through unpleasant emotions and thoughts with a trusted family member, friend, or therapist.

Think about what you get out of caregiving.

- Many caregivers feel good when they provide care for someone in need. These positive feelings make them feel energized and keep them going each day. One caregiver said, “I feel like I am giving back to someone who took care of me for so long, it makes me feel good to care for someone else.”
- Make a list of all of the good things that you get out of being a caregiver, to help you reinforce positive thinking about caregiving.

Take a moment to think about the things that make you feel strong. Incorporating these things in your life may help you to stay strong when things get tough. To guide your thinking, see [Tool 1.1: Caregiver Strengths Activity](#).

Strategies for Wellness

The following are strategies for self-care that may reduce feelings of stress and encourage wellness:

Eat healthy meals and snacks throughout the day.

- Include as many natural and “real” foods in your meals as possible (whole grains, protein, fruits and vegetables).
- Have snacks at the ready to grab and go (e.g. put them in your purse to take with you to appointments).
- Remember to stay hydrated (e.g. carry a water bottle during busy days).
- Make healthy meals in bulk (e.g. freeze individual portions for easy dinners).

Try to stay active for two or more hours each week.

- Add small activity into each day.

Try to get at least seven to eight hours of sleep each night.

- Depending on the level of support you are providing, this may be difficult. Try to find ways that will allow you to fall asleep without worrying that something might happen (e.g. Using a monitor so you can hear noises in other rooms).

Give yourself permission to ask for help when you need it:

- Ask someone you know to help you with a task or chore.
- Tell your health care professional that you are looking for more help with caregiving or with how you are feeling emotionally.
- Some people find it easy to ask for help, while others find it challenging. If you find it challenging, start by asking someone you trust to complete an easy task and go from there.



Access Resources for Caregivers and Self-care

Finding the right resources to support you in your caregiving journey can be a challenge. Below are some suggested resources to get you started.

Ask a health care professional.

Ask a person who can lead you in the right direction (doctor, nurse practitioner, nurse, pharmacist, therapist, etc.). The health care system can be difficult to figure out, and the steps will be different depending on who you talk to and where you live. There is no one way to figure out the health care system. Talking to knowledgeable people who are familiar with the resources in your area can be a good first step.

Look Online.

211 Ontario is a free helpline that connects you with programs, services and resources in your area. You can call 211 or find the 211 Ontario website at:

<https://211ontario.ca/211-topics/health-care/>.

Healthline Health Services for Ontario provides access to local health and community services across Ontario. The Healthline Website is: <https://www.thehealthline.ca/> .

Watch the Healthline video about “Finding a Service in your Area”:

<https://www.youtube.com/watch?v=4ARBEGh6TS4>.

A Guide to Programs and Services for Seniors is a booklet of information on resources available for seniors in Ontario, including tax credits, health, caregiving, housing, driving and staying safe. You can download the guide here:

<https://www.ontario.ca/page/guide-programs-and-services-seniors>.

Ontario Seniors: for family and other caregivers is a website that offers information such as:

- Taking leave from work and the Employment Insurance compassionate care benefit.
- Respite care.
- Planning for care, care options.
- Having conversations about care.
- Understanding your role as caregiver and your role in another person’s health care.
- What to do when a loved one dies.
- Elder abuse.
- Visit the website at:

<https://www.ontario.ca/page/seniors-family-and-other-caregivers#section-0>.

*“Give yourself
permission
to ask for help”*

– A caregiver from
Cobourg, ON

The **Government of Canada** offers a website dedicated to providing resources and guides for care options and planning for care, including:

- How to have care conversations.
- The Safe Living Guide - A Guide to Home Safety for Seniors.
- Your Emergency Preparedness Guide.
- Planning for future housing needs.
- Exploring financial options.
 - Visit the Government of Canada website at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/care-options.html>.
 - Watch the caregiver readiness video at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/caregiver-readiness-video.html>.

The **Ontario Caregiver Organization** has been created to help make it easier for family caregivers. Their focus is on raising awareness of the caregiving role, connecting caregivers to information and supports, and helping to bridge the services available so that all caregivers, regardless of age, condition or where they live will have access to the same resources. Visit the Ontario Caregiver Organization website at: <https://www.ontariocaregiver.ca>.

The **Fountain of Health** website offers strategies that are known to promote brain health and resilience. The website offers strategies and support for caregivers to try at home. Find the Fountain of Health website at: www.fountainofhealth.ca.

- Watch the short Fountain of Health video at: <https://youtu.be/FURi5aHgp1g>.

The Caregiving Matters website provides education, support, videos, and podcasts on many topics that matter to Canadian caregivers. Visit the website at: <https://caregivingmatters.ca/>.



Hospice Palliative Care Ontario (HPCO) Caregiver Education Portal provides information, educational resources, and support for family and friend caregivers, particularly related to the topics of death and dying and end-of-life care. Visit the website at: <http://www.caregiversupport.hpcoco.ca/>.

The Canadian Virtual Hospice provides support and personalized information about palliative and end-of-life care to patients, family members, health care providers, researchers and educators. Visit the Canadian Virtual Hospice website at: http://virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx.

The Change Foundation supports improvement in Ontario's healthcare system by engaging family and friend caregivers and health care professionals to explore the health care issues of today. Visit the Change Foundation website at: <https://www.changefoundation.ca/>.

The **Alzheimer Society of Ontario** provides information and support related to the topic of Dementia. Visit the website at: <https://alzheimer.ca/en/on>.

The **Caregiver Exchange** website offers practical advice for busy Ontario caregivers. It contains many articles and videos that are free to access. You can subscribe for weekly newsletters to stay updated on what's new on the website. You can find out more about what this Ontario website offers at: <https://www.caregiverexchange.ca/>.

CareChannel is a website developed by the Saint Elizabeth Foundation that offers free resources for caregivers. This website offers access to over 100 helpful videos and instructional contents, supported in five different languages: English, French, Spanish, Mandarin, and Punjabi. For details, visit: <http://elizz.com/carechannel>.

Take a Course!

Caregiving Strategies: Providing Care and Support for a Senior Living with Frailty

A free online course offered by the Regional Geriatric Programs of Ontario, this eight-week course is designed for family and friend caregivers of seniors who want to learn about frailty and to develop strategies that support them in their caregiving role. You'll recognize this handbook as the complementary resource for this course.

Topics include:

- Caring for the Caregiver.
- Pain.
- Staying Active: Mobility and Fall Prevention.
- Nutrition and Bladder Health.
- Medication Management.
- Changes in Thinking and Behaviour (Delirium).
- Social Engagement.
- Bringing it all Together.

To learn more about this course, visit: www.rgps.on.ca/caregiving-strategies.

Caregiving Essentials

A free online course offered by McMaster Continuing Education, this seven-week course covers the following topics:

- Becoming a caregiver, (including legal and financial information).
- How to navigate the health care system and get the supports you need.
- How to take care of yourself so you can care for someone else.
- Health and medical information.

This course can be taken before or after the course mentioned above, Caregiving Strategies – Providing Care and Support for a Senior Living with Frailty, depending on your topics of interest.

To learn more about this course, visit: <https://mcmastercce.ca/caregiving-essentials>.



Powerful Tools for Caregivers

Powerful Tools for Caregivers helps caregivers take better care of themselves while caring for a friend or relative.

This six-week course is offered through in-person classes during which caregivers develop a wealth of self-care tools to:

- Reduce personal stress.
- Change negative self-talk.
- Communicate with family members and health care professionals.
- Communicate effectively in challenging situations.
- Recognize the messages in their emotions.
- Deal with difficult feelings.
- Make tough caregiving decisions.

Participants also receive a copy of The Caregiver Helpbook, developed specifically for the course.

At this time there is not a central number to call to receive information about these workshops. Please be aware that you can access information about Powerful Tools for Caregivers workshops in your community through your local self-management programs. Information about local self-management programs can be found on the following webpage: <https://www.selfmanagementontario.ca/en/RegionalSite>

Read a Book that Other Caregivers Recommend.

Being Mortal: Medicine and What Matters in the End by Atul Gawande is a non-fiction book about the modern experience of mortality - about what it's like to be creatures who age and die. It is a recommended read for those who are aging and caregivers. New York: Metropolitan Books (2014)

The Conscious Caregiver: A Mindful Approach to Caring for Your Loved One Without Losing Yourself by Linda Abbit is a non-fiction book that explores how to navigate caring for a family member or friend. Based on the author's personal caregiving experience, she shares valuable information on how to speak with the person you are caring for, handle emotional stress, finances, and care for yourself. New York, New York: Simon and Schuster (2017)

Living With Dying: A Complete Guide for Caregivers by Katie Ortlip, RN, LCSW and Jahanna Beecham is a caregiving guidebook that provides advice on how to:

- Have the conversation.
- Navigate the emotional and spiritual journey.
- Control pain.
- Address symptoms.
- Work with hospice.
- Care for yourself.
- Get your loved one's affairs in order.
- Ashland, Oregon: Starcatcher Press (2016)

The Unexpected Journey of Caring: The Transformation from Loved One to Caregiver by Donna Thomson and Zachary White looks at how disorienting this time is for families and offers a comprehensive guide for family or friend caregivers so they can turn outward to their communities for help. Lanham, Maryland: Rowman & Littlefield Publishers (2019)

A Guide for Caregiving: What's Next? Planning for Safety, Quality, and Compassionate Care for Your Loved One and Yourself by Tina Marrelli. Written specifically for family and friend caregivers, this guidebook seeks to make health care understandable and to value and respect the expertise of family, friends and other caregivers. Venice, Florida: Innovative Caregiving Solutions LLC (2017)

Summary

As a caregiver, you may help a person with any or all of the following:

- Transportation.
- Cooking.
- Cleaning.
- Appointments.
- Bathing and dressing.
- Supporting them from a distance.
- Other.

No matter what, caring for another person requires you to take care for yourself. This chapter has shared some strategies to support you to take care of yourself. This chapter has also provided some resources available to you.

This chapter has focused on you, the caregiver. The following chapters will focus on clinical topics and caring for a senior experiencing frailty.



Tool 1.1 - Caregiver Strengths Activity

Take a moment to consider the questions below. By identifying your strengths, you will be better able to enhance your social network and prioritize self-care as part of your caregiving practice.

1. Experienced caregivers explain that they feel stronger when family and friends are around to support them.

- Who are some of the people you can count on for support?

2. Caregivers share that they feel stronger in their ability to provide care when they feel that they are being treated as a part of their person’s care team by the healthcare professionals they encounter.

- What does it mean for you to feel included as part of the care team? What would an ideal caregiving team look/feel like for you?

3. Experienced caregivers agree that they gain strength from self-care. For example, taking time to relax, enjoy themselves, stay active, spend time with friends, spend time with pets, and rest.

- What are some activities or ways that help you stay replenished?

4. Although not the case for everyone, many caregivers express that providing care to another person makes them feel good. These positive feelings make them feel energized and keep them going each day.

- In what areas of caregiving do you find joy?

- What areas of caregiving do you find stressful?

5. Experienced caregivers explain that they are able to stay strong by searching inside themselves and relying on their strength of character to keep them going during difficult days. Some examples of these strengths include patience, love, faith, core values, integrity, and compassion.

- What strengths do you possess and draw from when you are faced with challenges?



References

Caring for the Caregiver

Caring.com. (2019). *The best caregiving books of 2018*. Retrieved from: <https://www.caring.com/articles/best-books-about-caregiving/>

The Change Foundation. (2018). *Spotlight on Ontario's Caregivers*. Retrieved from: <https://www.changefoundation.ca/spotlight-on-caregivers/>

Fountain of Health. (2019). *The fountain of health™: 5 things you can do*. Retrieved from: <https://fountainofhealth.ca/>

Sinai Health System. (2016). *Managing caregiver stress: Information for older adults, families, and caregivers*. Retrieved from: <https://sinaigeriatrics.ca/patient-resources/managing-caregiver-stress/>



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Pain



Introduction

One of the most challenging aspects of caregiving is not knowing what to do when the person you are caring for is experiencing pain.

You may have many questions about managing pain, such as:

- How do you know they are in pain?
- How severe is the pain?
- What type of pain is it and what can you do to manage it?

This chapter may help you answer these questions. By applying, and adapting the strategies in this chapter, you can help the person you care for manage their pain. Managing pain may support well-being.

Pain is typically defined as suffering or discomfort as a result of something going on inside the body (e.g. illness or injury). No matter how it is defined, it is important to remember that pain is what the person says it is. To care for someone else in pain, it is best to work with them to understand the pain from their point of view.

Did you know?

- Pain is one of the most frequent causes of visits to the emergency department.
- Pain can impact a person's quality of life, including:
 - Poor quality of sleep
 - Less movement
 - Depressed mood
 - Being withdrawn from others
 - Poor quality of life

However, these concerns can be addressed if pain is improved.

- Pain can be treated with or without medications, and sometimes treatment can alternate between these approaches.
- Proper treatment of pain starts with a full assessment.

The information in this chapter is not intended to replace the advice of a health care professional. Please consult a health care professional for advice about specific medical conditions. Look for our *helpful tips on communicating effectively with health care professionals*.

Recognizing Pain

How do I know the person I am caring for is in pain?

Pain can be experienced and expressed differently by each person. Some people are able to talk about their pain and show you where the discomfort is. Other people may only show a change in their body language, appetite, or mood. Depending on how well you know the person you are caring for, you may or may not be able to easily recognize changes in them. Regardless of how well you know the person, you can recognize pain if you ask a few key questions and look for key signs.

Ask specific questions.

The following are examples of questions that you can ask to find out if the person you are caring for is in pain:

- Are you feeling any aching/soreness right now?
- Does it hurt anywhere?
- Are you having any discomfort?
- Have you taken any medications/remedies to help ease your pain or discomfort?
- Are you losing sleep due to aches/pains/discomfort?
- Are you having trouble with your day-to-day routine because of pain? (showering, cooking, housework, pet care, hobbies and interests, etc.)

Myths about Pain

X *Pain is part of the natural process of aging.*

While pain is a common experience for seniors, it should not be considered part of the natural process of aging.

X *If I take pain medication I will become an addict.*

It is a commonly held misbelief that taking pain medication will lead to addiction. It is important to understand the difference between becoming tolerant, dependent and addicted to pain medications. ([See About Medication](#))



Look for indicators and take notes.

As a family member or friend caregiver, you will be able to observe small changes in the person you are caring for better than most health care professionals. Never underestimate the knowledge you have of the person you are caring for. You know them best.

If you notice any of the following, it could mean that the person you are caring for is in pain:

- There is a change in their eating habits.
- Their interest in going out or being with others changes.
- They tell you they are uncomfortable, or are crying or upset about discomfort.
- They display a facial expression of distress when they move.
- They stay in bed for longer than usual.
- They tell you they are having trouble sleeping.
- They avoid their usual movements (e.g. getting up and about, getting dressed, going outside).

*“I never knew
there were
different types
of pain!”*

– A caregiver from
Peterborough, ON

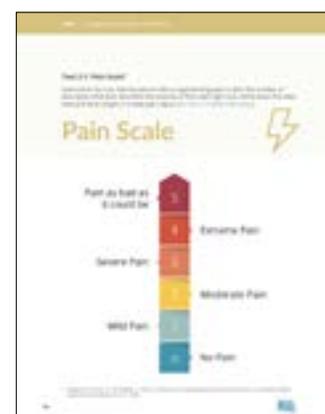
Determine the Severity of the Pain

How intense is the pain?

If the person you are caring for tells you that they are in pain, the next step is to identify the severity of pain to help you determine what kind of support they might need.

Here are some examples about how to ask this question:

- Does your pain feel mild, moderate, or severe?
- Do you have a little, medium, or a lot of pain?
- On a scale of 0 – 5, with 0 being no pain and 5 being the worst pain you could ever imagine, how would you rate your pain?
- Try using the Pain Scale with the person you care for (See [Tool 2.1: Pain Scale](#)).



Identify the Type of Pain

What type of pain is the person I am caring for experiencing?

When you learn the terms that describe the types and sources of pain, it will be easier for you to:

- Understand a person's pain.
- Provide ideas for their comfort.
- Help them communicate with a health care professional.

Pain Term ⁷	Description
New (acute)	An unpleasant sensory and emotional experience that is associated with injury or obvious disease process, usually short in duration (i.e., one week to 10 days).
Long-term (chronic)	Prolonged pain that lasts at least three months beyond the time of new injury or obvious disease process. Other terms often used with chronic pain include: <ul style="list-style-type: none"> • 'intractable' (does not go away with ordinary treatment), or • "refractory" (unable to manage with traditional treatments).
Referred	Sometimes, pain can be felt in another part of the body. An example of this would be when someone feels arm pain with a heart attack. Referred pain can occur with acute and chronic pain.
Neuropathic	Pain that is primarily caused by a problem in the nervous system rather than obvious injury. Some examples may include: <ul style="list-style-type: none"> • 'Burning' or 'tingling' or numbness. • Shooting pains. • "Pins and needles". • Typically feels worse at night. • Pain felt from something that does not usually cause pain. An example of this is when a person feels pain on their feet with bed sheets on them or pain with clothing touching the skin. Another term for this is allodynia.
Breakthrough	For chronic pain, treatment may require using a long-acting pain medication for constant pain management. Sometimes, even though a person is taking pain medication, their pain still 'breaks through' and they require another pain remedy to help ease the pain.

⁷ RGP of Toronto. (2018). SF7 toolkit. Retrieved from <https://www.rgptoronto.ca/resources>



Strategies to Manage Pain

What can you do to help someone with pain, right now?

If the person you are caring for is experiencing pain right now, consider the following tips. Remember, the person you are caring for knows their pain the best and may have their own ideas.

Provide medications as prescribed.

- Taking pain medication regularly can help prevent pain from getting out of control. Do not wait for the pain to be at its most intense.

Apply heat to relax muscles.

- Encourage the person you care for to try a warm shower or bath, a heated cloth or water bottle, or a heated blanket. Prevent burns by setting the heated blanket on low to medium and check with your doctor or nurse practitioner about how long to apply heat.

Apply cold to help with inflammation.

- Pain that comes from swelling can be soothed by a cold cloth for 20 minutes at a time. Applying cold to the skin for too long can cause damage to the skin so check with your doctor or nurse practitioner about how long to apply cold.

Provide cushioning.

- Use pillows or blankets. Position the person you care for to find a comfortable position that works for them. Make sure the person has lots of different pillow shapes and sizes to choose from so that they can position themselves if needed.

Focus on relaxation.

- Ask the person you care for to focus on their breathing (i.e. inhaling and exhaling). The library, internet or bookstore can offer different resources for guided meditations for pain management. (See Tool 2.2: Guided Meditation).

Try distraction.

- Try to encourage the person you care for to participate in an enjoyable activity to distract from the pain. Suggest physical activity like a short walk outdoors, or a social gathering, drawing, painting, reading, watching a movie, or music.

Consider alternative approaches to pain management that focus on body or mind.

- Alternative approaches that focus on the mind include distraction, meditation, cognitive behavioural therapy, and relaxation.
- Alternative approaches that focus on the body can include acupuncture, massage, physiotherapy, and more.
- For answers to questions about alternative approaches to pain management, ask a health care professional.

About Pain Medication and Addiction

How can you tell if the person you are caring for is addicted to pain medication?

It is a commonly held misbelief that taking pain medication will lead to addiction. While it is important to be aware of all medications being taken, why they are being taken, and their potential side effects, it is also important to understand the difference between becoming tolerant, dependent, and addicted to pain medications.

- **Tolerance** occurs when a person has been on the same medication for a long period of time and requires an increase in the amount taken for the medication to work to decrease pain. This is a very common experience for people who have been taking pain medication for a long time and should not be mistaken for addiction.
- **Dependence** occurs when a person experiences discomfort or physical effects (sweating, nausea, etc.) if they are taken off pain medication too quickly.
- **Addiction** occurs when a person takes a pain medication (e.g. an opioid) to feel something other than pain relief. Examples could include taking pain medication to feel “happy” or “numb”.
- If taken as prescribed, pain medication very rarely causes a person to become addicted.
- It is important to manage pain in order to support day-to-day function. If you or the person you are caring for have questions about pain medication, it is recommended that you ask a health care professional as soon as possible, in order to avoid delaying pain



What can you do to help someone manage pain on an ongoing basis?

Finding ways to help the person you care for is not always straightforward. Sometimes you have to try a few different strategies before you get it right. It is well worth the effort to keep trying. Managing pain can dramatically improve a person's quality of life.

Consider the following when helping someone manage their pain:

Monitor the pain and take notes.

- Note the date, time, severity, attempts to ease pain, any medicine taken, etc. (See Tool 2.3: Daily Pain Diary).
- Note what soothes the pain and what makes it worse.

Seek professional assessment.

- All new and/or severe pain should be assessed by a doctor or nurse practitioner as soon as possible.
- Encourage the person you are caring for to make an appointment or ask if you can make one for them. Let them know that they should not wait.
- Remember – assessment can lead to treatment!

Talk about pain.

- Pain management sometimes involves talking about it with the person who is experiencing pain.
- Find out what treatment means to the person you are caring for.
- Ask them how much pain they are comfortable living with.
- Keep them involved and in control of their pain management.

Clarify misunderstandings about pain.

- Misunderstandings can lead to pain that is not treated.
- Listen for comments like:
 - “I don’t want to take pain medications because I might get addicted.”
 - “If I ignore the pain, it will go away on its own.”
 - “I’m old, what should I expect?”

Include as many strategies that will help.

- Pain management should include both medication and non-medication strategies.
- Some people may express a desire to use cannabis and/or cannabidiol (CBD) to manage their pain. The person you care for can ask a qualified health care professional if this method of pain relief is appropriate for them. To learn more about using cannabis for pain management, please visit the Government of Canada website at: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis.html>.
- See above for alternative approaches to pain management.

Don't lose hope.

- Pain is different for everyone, and it impacts each person's life differently.
- Supporting someone who is in pain may take a few tries to get the right approach. You may not always get it right on the first try. This does not mean you are wrong or that you should give up.
- Follow up by letting your health care professional know what is or is not working.

Helpful Tips to Communicate with Health Care Professionals

A challenge faced by caregivers is how to communicate with health care professionals about the pain experienced by the person you are caring for. It's important to be prepared to speak with health care professionals so that they can provide help by offering prescriptions, strategies to try, referrals to other specialists, or other forms of assistance.

The following are some helpful tips on how to communicate with health care professionals:

Offer detail.

- The more detail you can provide about the pain, the more a health care professional can help.
- Share a daily pain diary with a health care professional during an appointment ([See Tool 2.3: Daily Pain Diary](#)).
- Be prepared to answer questions about the pain, such as: when, where, how long, how much, what have you tried, what makes it worse, what makes it better, etc.
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, the support you provide, and how you and the person you care for would like you to be involved in care.



Ask questions.

- What supports are available in the community? Health care professionals should have knowledge about geriatric teams, pain clinics, and community programs that can support pain management in your area. They will be able to tell you and the person you care for about these services and if they think a referral is needed.
- Ask about alternatives to pain medication. The health care professional may have recommendations for alternative types of therapy or treatments to manage pain. See above [alternative approaches to pain management](#).

Finding Additional Support

How do you find additional supports related to pain?

- **Ask a health care professional.** Ask a qualified professional who can point you in the right direction. They will be able to direct you to the nearest pain specialist and provide a referral if needed.
- **Look online.** You can search for pain specialists or clinics by going online and browsing the Healthline, health services for Ontario website. To access the website go to: www.thehealthline.ca/.

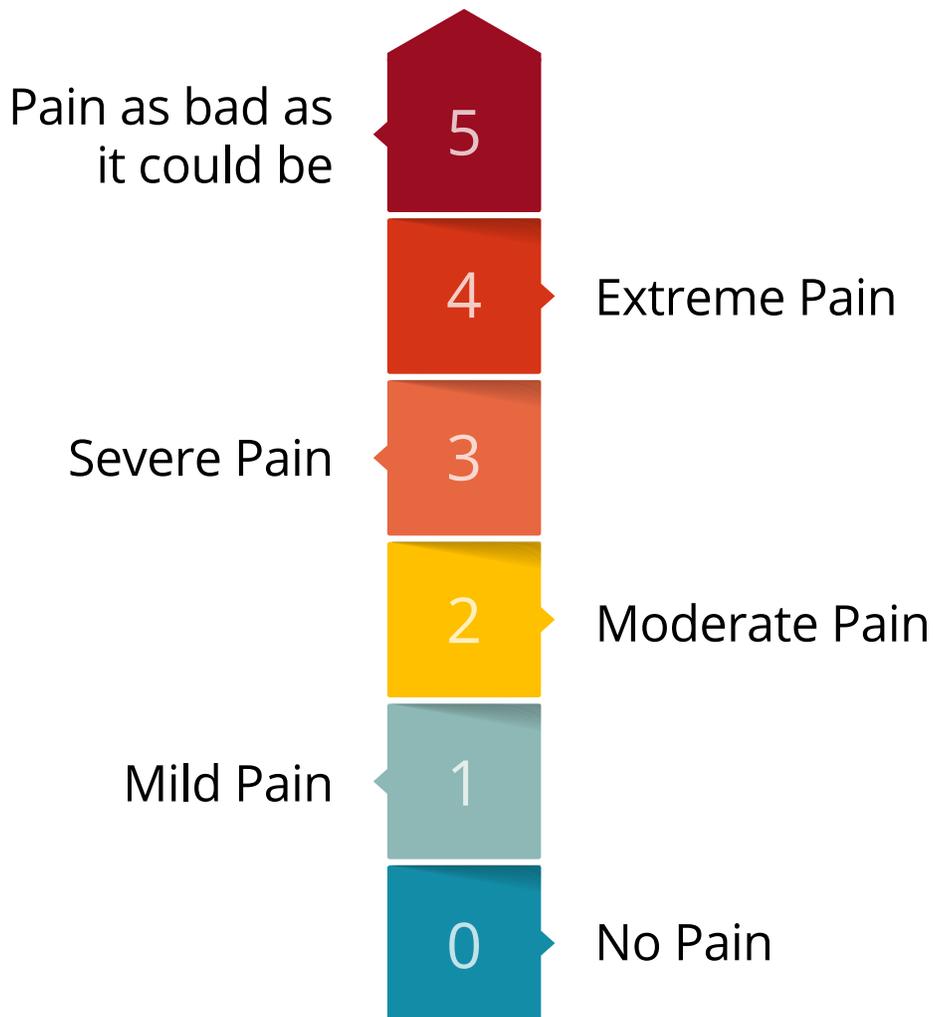
Summary

This chapter has provided you with some language and strategies related to pain management. This chapter has also provided tips to help you communicate with health care professionals. Now you can start to develop strategies with the person you care for to manage pain and find the right supports.

Tool 2.1: Pain Scale⁸

Instructions for use: Ask the person who is experiencing pain to pick the number or description that best describes the severity of their pain right now. Write down the date, time and level of pain in a daily pain diary (See Tool 2.3: Daily Pain Diary).

Pain Scale



⁸ Adapted from Herr, K., and Mobily, P. (1993). *Comparison of selected pain assessment tools for use with the elderly. Applied Nursing Research*, 6(1), 39-46.



Tool 2.2: Guided Meditation

There are many guided meditation apps, podcasts, and online videos available, some of them are free and others paid, such as:

Headspace: www.headspace.com.

Insight Timer: www.insighttimer.com.

Calm: www.calm.com.

10% Happier: www.tenpercent.com/podcast.

Stop, Breathe & Think: www.stopbreathethink.com/.

Guided Meditation: <https://www.youtube.com/watch?v=ihO02wUzgkc>.

Tool 2.3: Daily Pain Diary

Keeping a daily pain diary may help you and your health care professional find out what makes the pain better or worse. Complete the diary below every day for several days in a row to look for patterns or trends. Do this with the person you are caring for or encourage them to complete it on their own. Over time, it may be clear what strategies are working better than others.

Pain Caregiving Strategies Handbook								
Daily Pain Diary								
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date	Sept. 17th							
Time of Day	8am							
Pain Scale Number	4							
Name of Pain Medication	Medication 1							
	Medication 2							
Amount of Medication Taken (Dose)	x.xx milligrams							
	x.xx milligrams							
Pain scale number 30 minutes after taking the medication	2							
What made the pain better today?	Taking my pain medication Applying heat							
What made the pain worse today?	Sitting for too long							

www.rgps.on.ca/caregiving-strategies 

Daily Pain Diary Template⁹

⁹ Adapted from HealthlinkBC. (2018). *Pain Diary*. Retrieved from: <https://www.healthlinkbc.ca/health-topics/abg7017>



References

Pain

American Geriatrics Society Panel on Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Pain Medicine*, 1(8), 1331-46.

Capezuti, E., Zwicker, D., Mezet, M., & Fulmer, T. (2008). *Evidence-based geriatric nursing protocols for best practice: Third edition*. New York, New York: Springer Publishing Company.

Geriatricpain.org. (2019). *Pain assessment terminology*. Iowa: The University of Iowa. Retrieved from: <https://geriatricpain.org/assessment/pain-assessment-terminology>.

Healthinaging.org. (2019). *Caregiver guide: Pain*. Retrieved from: <https://www.healthinaging.org/tools-and-tips/caregiver-guide-pain>.

HealthlinkBC. (2018). *Pain diary*. Retrieved from: <https://www.healthlinkbc.ca/health-topics/abg7017>.

Herr, K., and Mobily, P. (1993). Comparison of selected pain assessment tools for use with the elderly. *Applied Nursing Research*, 6(1), 39-46.

Kashin, B., Sawhney, M., Riazi, S. (2010). *Acute pain service handbook*. Retrieved from: https://www.icm-mhi.org/sites/default/files/docs/sapo/aps_handbook_english.pdf.

Massachusetts Pain Initiative. (2014). *Caregivers & pain*. Retrieved from: https://masspaininitiative.org/files/Caregivers__Pain_Fact_Sheet.pdf.

McCaffery, M., & Pasero, C. (1999). *Pain: Clinical Manual, 2nd Edition*. St. Louis: Mosby Inc.

Ramage-Mortin, P. L. (2008). Chronic pain in Canadian seniors. *Public Health Reports*, 19(1), 37-52.

Registered Nurses' Association of Ontario (RNAO). (2013). *Assessment and Management of Pain (3rd ed.)*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved from: <https://rnao.ca/bpg/guidelines/assessment-and-management-pain>.

RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Staying Active: Mobility and Fall Prevention



Introduction

Providing care to a person who needs support to stay active can be challenging on the body and the mind.

You may have questions about how to help someone with staying active:

- People use the term, “mobility” to explain activity. What is mobility?
- What are the different levels of mobility?
- How do you encourage a person to be active and set activity goals?
- What strategies can you apply to stay active each day?
- How do you support safe mobility and prevent falls?
- What do you do if someone falls?
- Are there supports in the community that help a senior stay active?

Facts about Mobility

Did you know?

- Immobility can increase a person’s dependence on their caregiver, cause disability, and increase their risk of falling.
- Lying in bed all day can lead to muscle loss, weakness, and decreased independence in just a few days.
- Even participating in small amounts of activity is known to help improve:
 - Skin health
 - Appetite
 - Strength
 - Pain management
 - Sleep
 - Mood
 - Heart and lung function
 - Healing
 - Infection prevention

Staying active is one of the best ways to ensure a person can continue their routine activities and be independent.

This chapter may help you answer some of these questions. By applying, and adapting the strategies in this chapter, you can help the person you care for stay active.

Mobility is typically defined as the ability to move your body. **Mobilization** is the act of moving your body to the best of your ability. People of all mobility levels can stay active as long as they keep moving to the best of their ability.

The information in this chapter is not intended to replace the advice of a health care professional. Please consult a health care professional for advice about a specific medical condition. Look for our helpful tips to communicate with health care professionals.

Recognize Different Levels of Mobility

How do I recognize a person’s level of mobility?

There are three different levels of mobility to describe a person’s abilities. Consider their day-to-day activity. The following table can help you match a person’s abilities to the different levels of mobility:¹⁰

Cannot stand to transfer from bed	Can stand to transfer from bed to chair only	Walking
The person is not able to stand up to transfer to a chair. This person is dependent on a caregiver to use a mechanical lift to get up.	The person is able to stand up and transfer from the bed to a chair, with or without some support. This person cannot walk short distances.	The person can walk short distances at a minimum with or without a walking aid (e.g. a walker or cane).

¹⁰ Adapted from the Simplified Mobility Assessment Algorithm. Liu et al. (2015). *The MOVE program*. Retrieved from: <http://www.movescanada.ca>; and RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>



Encourage Activity and Set Goals

How do I encourage a person to set activity goals?

In order to help someone set activity goals that are realistic, goals should match the person’s level of mobility to conserve their energy. Work with the person you are caring for in order to understand their goals and their tolerance for activity. It is also important that the person enjoys the activity or they will not continue with it.

Consider the following tips when trying to help a person set activity goals:¹⁰

Cannot stand to transfer from bed	Can stand to transfer from bed to chair only	Walking
<p>Goal: Aim to use a mechanical lift to get the person from the bed to a chair or wheelchair three times a day and help reposition the person in bed every two hours.</p>	<p>Goal: Aim to transfer to a chair or wheelchair at least three times each day and for every meal.</p>	<p>Goal: Aim to walk a comfortable distance at least three times a day.</p>

What are some additional tips to setting activity goals?

- Start wherever they are!
- Speak to a health care professional for personalized recommendations to follow depending on the person’s health.
- If the person you care for walks on their own, aim for a minimum of 2.5 hours of activity each week:
- Get the person to choose an activity that they enjoy that makes them sweat a little, breathe a little harder and raises their heart rate.
- Reaching a total of 2.5 hours does not have to happen all at once! Try for 10 minutes at a time to get to that total.
- If the person is limited in their movements, speak with them about what they can do and what they like to do to stay active. Aim for them to participate in the chosen activity at least twice each week.
- By encouraging a person to add these activities into their calendar, it may make it easier to set remember to set goals and achieve them.
- Help the person to stay motivated by offering encouraging feedback, using positive reinforcement, and celebrating the effort made!

¹⁰ Adapted from the Simplified Mobility Assessment Algorithm. Liu et al. (2015). *The MOVE program*. Retrieved from: <http://www.movescanada.ca>; and RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>

Strategies to Add Activity into Someone’s Day

What are some ideas to add activity into each day?

There are many activities to try that will match a person’s level of mobility. No matter the activity, encourage the person to be as independent as their abilities will allow. Consider the following table when trying to think of fun activities to try with the person you are caring for:¹¹

Cannot stand to transfer from bed	Can stand to transfer from bed to chair only	Walking
<p>Activities to try:</p> <ul style="list-style-type: none"> • Eat meals sitting at the side of the bed or in a chair. • Participate in bed exercises. • Take part in personal care to best ability. 	<p>Activities to try:</p> <ul style="list-style-type: none"> • Use a wheelchair that the person can move around in by themselves. • Participate in chair exercises. • Participate in sit to stand exercises. • Get up to a chair each meal. 	<p>Activities to try:</p> <ul style="list-style-type: none"> • Walk to the store. • Walk to the mailbox. • Get off the bus one stop early. • Park the car farther away from the store. • Participate in hobbies (golf, swimming, dancing, and hiking). • Take the stairs. • Walk the halls of your home or apartment.

11 Adapted from the Simplified Mobility Assessment Algorithm. Liu et al. (2015). *The MOVE program*. Retrieved from: <http://www.movescanada.ca>; and RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>



A Myth about Staying Active

X *The safest way to prevent falls is to stop getting up and to restrict movement.*

A commonly held misbelief is that to prevent falls, a person should stop getting up. This can be hazardous to a person's health and cause even more falls. Staying inactive for long periods of time can cause a person to lose muscle and strength quickly. The safest way to prevent falls is to stay as active as possible and to continue to participate in activities.

Did you know?

A fear of falling is a cause for concern. Fear prevents people from getting up and doing their regular, daily activities and can cause a person to decrease the amount of times they get up and move. Fear that causes this type of immobility can lead to the breakdown of muscles and decrease a person's independence very quickly. If the person you care for avoids getting up and moving as a result of a fear of falling, speak to a health care professional about this and get a plan in place to add more activity into each day.

Supporting Safe Mobility and Preventing Falls

Approximately half of the falls that lead to hospitalization result from falls in the home. Staying physically active is one of the best ways to prevent a fall. A fall is defined as a descent from a high position to a lower position, that a person has no control of.

There are many causes of falls, but two of the most common causes are:

1. slips and trips.
2. medication side effects.

Tripping can be the result of objects in the way, objects that are loose, or water on the floor, for example. Many slips and trips result from a loss of balance linked with a person's health condition.

How do you support a person to move and walk safely?

Consider the following ideas to support safe mobility:

- Ensure the person wears proper fitting shoes or other non-slip footwear.
- Use handrails on one or both sides of the stairs.
- Ensure there is a clear path through the rooms and halls of the house.
- Remove loose rugs, they are a common trip hazard.
- Tuck electronic cords out of the way.
- Depending on the person's level of mobility, consider having the person get dressed while sitting in a chair, or use a walker for times when the person has to stand for a long period.
- Have equipment installed in the bathroom (e.g. grab bars, raised toilet seat, or shower chair).
- Recognize if medications make the person feel tired or dizzy. Do not ask too much of a person if they have just taken this type medication.
- Encourage the person to move to the best of their ability and to do what their health conditions will safely allow.
- Depending on the person's level of mobility, use safe transfer techniques for sitting to standing. Ask a health professional to demonstrate these techniques.

How do I transfer a person safely from sitting to standing?

1. Talk to the older adult: tell them what your plan is.
2. Be encouraging: this helps the person keep their confidence.
3. Get agreement from the older adult: consider if it is the right time or if you will need to try coming back to it later.
4. Use proper body posture: bend your knees, lift with your legs. Position yourself close to the person.
5. Lift from the side: remember not to pull the person up from the front (pulling the arms or hands can cause injury) and avoid lifting from behind.
6. Go slow: after standing, pause to allow the body to catch up with the movement.
7. Consider using equipment: keep walking aids and transfer belts close by.
8. Get help if you think you need it!

(See Tool 3.1: Sit to Stand Transfer Video.)



What Should You do if the Person You Care for has Fallen?

Stay calm.

It can be a very scary event when caregivers witness a person fall. It is hard to resist trying to pull the person up right away, but this could cause more injury so try and stay calm and make the person as comfortable as possible as you get help.

Assess the situation.

If the person you care for can get up, bring a chair close to them so that they can get into a kneeling position. Gently help them grab the sides of the chair, and help guide the person up to sit on the chair by supporting each side of the person's waist. Do not put yourself in harm's way to do this. If you cannot help the person by yourself, get help from someone else!

Call for help.

If the person you care for has fallen and cannot get up or is obviously injured, call 9-1-1. If the person is complaining of any of the following after a fall has occurred, consider seeing a doctor as soon as possible:

- Obvious signs that the person has hit their head.
- Bleeding that will not stop.
- Vomiting.
- Complaints of dizziness, or feeling drowsy.
- Headache.
- Problems with vision.

Helpful Tips to Communicate with Health Care Professionals

It can be hard for caregivers to know how to speak to a health care professional about mobility. It's important to be prepared to speak with a professional so that they can offer you the right help at the right time.

The following are some helpful tips on how to communicate with health care professionals:

Offer detail.

- The more detail you can provide about a change in a person's movement and ability to walk, the more a health care professional can work out different strategies.
- Offer details such as when the change in mobility started; for how long; how much difficulty do they have; and what you have tried so far.
- If a fall has occurred, provide as many details as possible. What did the fall look like? When did it happen? Where did it happen? Has this happened before? Is there something that caused the fall?
- Tell a health professional about near falls or loss of balance. This might help your health professional look for issues that can be addressed early to prevent a future fall.
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role and the support you provide.

Three Key Mobility Tips

1. Encourage movement to the best of the person's ability.
2. Start wherever they are.
3. Add enjoyable activities that match the person's mobility level.

Ask questions.

- Is there a cause for a change in mobility?
- Health care professionals may want to figure out why someone may have changed, especially if this change is something that has come on quickly. They may review medications, ask about daily routine and habits, and may consider doing blood tests to understand more.
- What support does the community have to offer?
- Health care professionals should know about geriatric teams, movement specialists, and community programs that support safe mobility, exercise and fall prevention in your area. They will be able to tell you and the person you care for about these services and if they think a referral is needed. For more information, see the section below: [Finding Additional Support](#).



Finding Additional Support

How do you find additional support for mobility?

Ask a health care professional.

- Ask a qualified professional who can lead you in the right direction.

Look online.

- You can search for community supports that help a person stay active by going online and browsing the Healthline, health services for Ontario website. To access the Healthline website: www.thehealthline.ca/.
- You can also search for social and fun activities on the Government of Ontario website: <https://www.ontario.ca/page/seniors-connect-your-community>.
- You may be able to find an exercise and fall prevention class in your community. Visit: <https://www.ontario.ca/page/exercise-and-falls-prevention-programs>.

Read.

- For more in depth information on safe mobility and fall prevention, browse through the **Canadian Physical Activity Toolkit for Older Adults**: <http://seniorsnl.ca/app/uploads/2018/05/Older-Adult-Physical-Activity-Toolkit.pdf>.
- Watch a video: To watch a fun and interesting short video about the importance of staying active, watch “23 and ½ Hours”: <https://www.youtube.com/watch?v=aUalnS6HIGo>.

Summary

You have reviewed how to set activity goals that match a person’s mobility level. You have also reviewed some strategies to add activity into each day. Now, you can develop your own mobility strategies to support the person you care for, and find the supports you need.

Tool 3.1 Sit to Stand Transfer Video

Here is an example of a guided video to teach a caregiver to help a person move from sitting to standing: <https://www.youtube.com/watch?v=UjfSwEQoe2c>.





References

Staying Active: Mobility and Fall Prevention

Capezuti, E., Zwicker, D., Mezet, M., and Fulmer, T. (2008). *Evidence-based geriatric nursing protocols for best practice: Third edition*. New York, New York: Springer Publishing Company.

Closing the Gap Healthcare Group. (2018). *How to prevent falls: A complete falls prevention guide for seniors and caregivers*. Retrieved from: <https://www.closingthegap.ca/guides/how-to-prevent-falls-a-complete-fall-prevention-guide-for-seniors-and-caregivers/>

Evans, M. (2011). 23 and 1/2 hours: *What is the single best thing we can do for our health?* Retrieved from: <https://www.youtube.com/watch?v=aUalnS6HIGo>

Kortebein et al. (2008). Functional impact of 10 days of bed rest in healthy older adults. *Journal of Gerontology*, 63A(10), 1076-81.

Liu, B., Straus, S., Holroyd-Leduc, J., Moore, J., Khan, S., & Harris, C. (2015). The MOVE program. Retrieved from: <http://www.movescanada.ca> and RGP of Toronto. (2018). SF7 Toolkit, Retrieved from <https://www.rgptoronto.ca/resources/>



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Nutrition



Introduction

As a caregiver, you may be responsible for planning and preparing meals. Older adults experiencing frailty have high rates of poor nutrition. Some people find it difficult to make nutritious meals for a person experiencing frailty.

You may have questions related to nutrition, such as:

- What is the difference between good and poor nutrition?
- Why is it important to recognize eating habits?
- How do you recognize if a person is at nutrition risk?
- What happens when the person you care for refuses food?
- What is the link between mouth care and nutrition?

This chapter may help you answer these questions. By applying, and adapting the strategies in this chapter, you can help the person you care for maintain good nutrition.

Facts about Nutrition

Good nutrition improves:

- Sleep.
- Thinking, memory and mood.
- Blood sugar and digestion.
- Energy, strength, and weight management.
- Blood pressure and heart health.
- Ability to fight infection and heal from illness.
- Medication effectiveness.

Good nutrition is defined as the act of eating a variety of foods necessary for health and growth. **Poor nutrition** (malnutrition) is defined as a lack of intake of food or nutrients, leading to poor health. **Dehydration** is a condition that occurs when the body does not have enough water to function properly. Dehydration occurs when a person drinks less fluid than the amount of fluid they lose.

The information in this chapter is not intended to replace the advice of a health care professional. Please consult a health care professional for advice about specific medical conditions. Look for our [helpful tips on communicating effectively with health care professionals](#).

X A Myth about Nutrition

Malnutrition cannot be prevented or treated in seniors.

A commonly held misbelief is that it is not possible to do anything about malnutrition in the senior population. With the right knowledge and information, malnutrition is **preventable** and **treatable!**

Recognizing Eating Habits

Recognizing a person's eating habits is the first step to supporting good nutrition. You may notice the person you are caring for is eating less than usual.

There may be reasons for changes in a person's eating habits, such as:

- **Knowledge:** Does the person know how to make healthy meal choices and/or how to cook or prepare their meal?
- **Access:** Does the person live close to grocery stores or markets? Does their community provide meal delivery services?
- **Money:** What healthy choices are available within the person's budget?
- **Social:** Does the person prefer eating with others or alone?
- **Culture:** What are the person's values and norms about meals and food choices?
- **Medical:** Are there any health reasons that make it difficult for the person to chew or swallow? What about health reasons that have changed the way food tastes or smells (e.g. medications)? Can the person physically prepare a meal (e.g. chop, carry pots, stir, peel, etc.)



Recognizing Nutrition Risk

How do you recognize if a person is at risk for poor nutrition?

Once you better understand a person's eating habits, you can screen for malnutrition.

The **Self-Mini Nutritional Assessment (Self-MNA®)** is a questionnaire that can be completed by you and the senior you are caring for. This questionnaire can help you recognize malnutrition. To complete the **Self-MNA®** see: [Tool 4.1: Recognizing Malnutrition](#).

How do you recognize if a person is at risk for dehydration?

The following is a list of some of the signs you may notice when the person you care for is not getting enough fluid:

- **Dry mouth:** the person you care for complains of waking up with a dry mouth, or a dry mouth during the day.
- **Yellow or dark (amber) urine:** when a person is well hydrated, urine should be light yellow or almost clear.
- **Bad breath:** the person you care for has noticeable bad breath even after brushing their teeth.
- **Constipation:** the person you care for has not had a bowel movement in three days.
- **Tired all the time:** even after a good night sleep, the person you care for complains of feeling tired or you notice low energy all day.

*“As a caregiver,
I make all the
meals at home”*

– A caregiver from
Thunder Bay, ON

Strategies for When a Person is Refusing to Eat

There may be [many reasons that cause changes in a person's eating habits](#). If the person you are caring for refuses to eat or is eating much less than usual, you may want to consider the following strategies:

Think Small and Simple.

- Consider having smaller meals on smaller plates. Sometimes a big plate with a big portion looks like too much for a person and they may refuse saying, "I couldn't possibly eat all of this".
- Sometimes less is more. Try limiting the number of food items on a plate and avoiding excessive use of spices and garnishes.
- If the person prefers to eat small meals more frequently, have lots of small healthy snacks available during the day.

Consider Comfort.

- Watch how the person you care for chews and swallows. Do they have difficulty?
- Ensure food is moist, soft and safe to swallow.
- Eat with the person you are caring for. Sometimes people feel a social connection with meals and being with others can make a person feel comfortable.

Track Meals.

- Use a notebook or nutrition diary to track foods eaten throughout the day. This will be useful to refer back to when you are speaking with a health care professional.
- Also take note of snacking. The person you care for might be getting full before meals.

Consider Timing.

- The person you care for may not be hungry at particular times. Consider adjusting the routine based on their appetite.
- Many people have a favorite meal of the day. Try to get as many nutrients and calories into this meal.

Speak with a Health Care Professional.

- A person refusing to eat could be a sign of an underlying health issue.
- Registered Dietitians can provide you with advice on how to add nutritious calories into your meals.
- See below for [helpful tips to communicate with health care professionals](#).



The Link between Mouth Care and Nutrition

What do I need to know about mouth care and nutrition?

The entire mouth is linked to a person's nutrition. Taking care of the teeth and gums is important. Brushing and cleaning the mouth can stimulate appetite and make eating more enjoyable. Pain in the teeth, gums, and/or dentures can make it difficult for a person to eat. Talk to a dentist if you are noticing these symptoms. [See Tool 4.2.2: Mouth Care](#) for tips from the Canadian Dental Association.

Helpful Tips to Communicate with Health Care Professionals

It can be hard to know what to say to a health care professional about nutrition. It is important to be prepared when you speak with health care professionals so that they can provide the best help and recommendations.

The following are some helpful tips on how to communicate with health care professionals:

Offer detail.

- The more detail you can provide about a change in a person's nutrition, the more a health provider can work out different strategies to help.
- Important details include:
 - When did this start?
 - How long have they had difficulty?
 - How much difficulty do they have?
 - What have you tried so far?
- Share the results of the completed [Self-MNA®](#).
- Keep track of weekly weight and write down meals and snacks.
- Note foods and liquids that are difficult to chew or swallow.
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, and the support you provide.

Ask questions.

What might be causing the observed changes in the person you are caring for?

- Health care professionals may want to figure out why someone may have changed, especially if this change is something that has come on quickly. They may review medications, ask about daily routine and habits, and may consider doing medical tests to understand more.

What support does the community have to offer for nutrition?

- Health care professionals will share their knowledge about Registered Dietitians, nutritionists, geriatric teams and community programs that support nutrition, meal delivery, and dining clubs. They will tell you if they think a referral is necessary.

Helpful tips to communicate with health care professionals

Nutritional Safety: When to Speak to a Health Care Professional

- If the person you are caring for is showing any of the following signs:
 - Obvious and occasional coughing during meals and/or after sips of fluid
 - Rapid weight loss or weight gain (within six months).
 - Complaining of pain during chewing or swallowing.



Strategies to Manage Nutrition

How does meal planning support nutrition?

Planning meals ahead of time can help you save money and make more nutritious choices for the person you are caring for. Here are some tips to make meal planning easier:

Make time.

- Consider your schedule and the time you have available to go shopping. Book grocery shopping in your calendar and make it a priority in your schedule

Grab a notebook.

- Decide what you and the person you care for would like to eat in advance. Write these ideas down in a notebook that you can refer back to later.
- Add to your grocery list as you think of each item, and keep it handy to save time.
- Don't forget the little things! Include nutritious snacks for easy access with little to no preparation needed.
- Include fluids. There are certain foods that count as fluid (e.g. yogurt, soups, some fruits and vegetables).
- Save money and time by sticking to your list.

Get Inspired.

- Review a sample weekly meal planner ([See Tool 4.2.1: Sample Meal Plan](#)).
- Enjoy! Prepare the meals that you enjoy together.

Finding Additional Support

How do you find additional support related to nutrition?

Ask a health care professional. A qualified health care professional can point you in the right direction to find information about Registered Dietitians, nutritionists, geriatric teams and community programs that support nutrition.

Look online.

- Refer to Canada's Food Guide: <https://food-guide.canada.ca/en/healthy-food-choices/>
- Search for nutritional programs, meal delivery services and congregate dining by browsing the Healthline, health services for Ontario website at: www.thehealthline.ca/. After selecting your region, enter the search term "meals".
- Browse UnlockFood.ca for information on nutrition, healthy eating, recipes, videos and interactive healthy eating tools at: <http://www.unlockfood.ca>.
- Eat Right Ontario [[http://www.unlockfood.ca/EatRightOntario/media/ERO_PDF/en/Seniors/Food-For-Healthy-Aging_E_Apr19-\(2\).pdf](http://www.unlockfood.ca/EatRightOntario/media/ERO_PDF/en/Seniors/Food-For-Healthy-Aging_E_Apr19-(2).pdf)] is a great guide to healthy eating for older adults (Dr. H. Keller, Dietitians of Canada, 2012) that includes recipes and information on maintaining a healthy weight, eating required nutrients for older adults on a budget, and staying hydrated.
- For inspiration, review a sample meal plan for the week that has been created by Dietitians of Canada (See Tool 4.2.1: Sample Meal Plan).

Find a specialist.

- Dietitians can help support you through individual counseling or nutrition programs and workshops. To speak to a local dietitian free of charge, browse the following website www.dietitians.ca/find.

Check the Community.

- Ask public health units and/or community health centres in your area.
- Ask your local grocery store(s) to see if they offer appointments with dietitians.
- Read about how to get nutritious meals delivered to your door:
- Take a look at the Meals on Wheels website <http://www.mealsonwheels.ca/>.
- Take a look at the Heart to Home website <https://www.hearttohomemeals.ca/>.



Summary

This chapter has explained how to figure out a person's eating habits and what they might mean. This chapter has also provided strategies for you to try that support nutrition. Now you can start to develop strategies to support nutrition in the person you care for and find the help you need.

Nutrition Resources

Tool 4.1: Recognizing Malnutrition – Using the Mini Nutritional Assessment

See page 64 and 65.

To download your own copy of the **Self-MNA**[®] online version, visit: https://www.mna-elderly.com/mna_forms.html.

For more general information on the Mini Nutritional Assessment, visit: www.mna-elderly.com.

Tool 4.1: Recognizing Malnutrition – Using the Mini Nutritional Assessment



Self-MNA[®]

Mini Nutritional Assessment

For Adults 65 years of Age and Older

Last name: _____ First name: _____

Date: _____ Age: _____

Complete the screen by filling in the boxes with the appropriate numbers.
Total the numbers for the final screening score.

Screening		
A Has your food intake declined over the past 3 months? [ENTER ONE NUMBER] <i>Please enter the most appropriate number (0, 1, or 2) in the box to the right.</i>	0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake	<input style="width: 30px; height: 25px;" type="text"/>
B How much weight have you lost in the past 3 months? [ENTER ONE NUMBER] <i>Please enter the most appropriate number (0, 1, 2 or 3) in the box to the right.</i>	0 = weight loss greater than 3 kg 1 = do not know the amount of weight lost 2 = weight loss between 1 and 3 kg 3 = no weight loss or weight loss less than 1 kg	<input style="width: 30px; height: 25px;" type="text"/>
C How would you describe your current mobility? [ENTER ONE NUMBER] <i>Please enter the most appropriate number (0, 1, or 2) in the box to the right.</i>	0 = unable to get out of a bed, a chair, or a wheelchair without the assistance of another person 1 = able to get out of bed or a chair, but unable to go out of my home 2 = able to leave my home	<input style="width: 30px; height: 25px;" type="text"/>
D Have you been stressed or severely ill in the past 3 months? [ENTER ONE NUMBER] <i>Please enter the most appropriate number (0 or 2) in the box to the right.</i>	0 = yes 2 = no	<input style="width: 30px; height: 25px;" type="text"/>
E Are you currently experiencing dementia and/or prolonged severe sadness? [ENTER ONE NUMBER] <i>Please enter the most appropriate number (0, 1, or 2) in the box to the right.</i>	0 = yes, severe dementia and/or prolonged severe sadness 1 = yes, mild dementia, but no prolonged severe sadness 2 = neither dementia nor prolonged severe sadness	<input style="width: 30px; height: 25px;" type="text"/>
Please total all of the numbers you entered in the boxes for questions A-E and write the numbers here:		<input style="width: 30px; height: 25px;" type="text"/>

Now, please CHOOSE ONE of the following two questions – F1 or F2 – to answer.

Question F1

Height (cm)	Body Weight (kg)			
147.5	Less than 41.1	41.1 – 45.3	45.4 – 49.6	49.7 or more
150	Less than 42.8	42.8 – 47.2	47.3 – 51.7	51.8 or more
152.5	Less than 44.2	44.2 – 48.7	48.8 – 53.4	53.5 or more
155	Less than 45.6	45.6 – 50.4	50.5 – 55.2	55.3 or more
157.5	Less than 47.1	47.1 – 52.0	52.1 – 57.0	57.1 or more
160	Less than 48.6	48.6 – 53.7	53.8 – 58.8	58.9 or more
162.5	Less than 50.2	50.2 – 55.4	55.5 – 60.6	60.7 or more
165	Less than 51.7	51.7 – 57.1	57.2 – 62.5	62.6 or more
167.5	Less than 53.3	53.3 – 58.8	58.9 – 64.4	64.5 or more
170	Less than 54.9	54.9 – 60.6	60.7 – 66.4	66.5 or more
172.5	Less than 56.5	56.5 – 62.4	62.5 – 68.3	68.4 or more
175	Less than 58.2	58.2 – 64.2	64.3 – 70.3	70.4 or more
177.5	Less than 59.9	59.9 – 66.1	66.2 – 72.4	72.5 or more
180	Less than 61.6	61.6 – 67.9	68.0 – 74.4	74.5 or more
182.5	Less than 63.3	63.3 – 69.8	69.9 – 76.5	76.6 or more
185	Less than 65.0	65.0 – 71.8	71.9 – 78.6	78.7 or more
187.5	Less than 66.8	66.8 – 73.7	73.8 – 80.8	80.9 or more
190	Less than 68.6	68.6 – 75.7	75.8 – 82.9	83.0 or more
192.5	Less than 70.4	70.4 – 77.7	77.8 – 85.1	85.2 or more
Group	0	1	2	3

Please refer to the chart on the left and follow these instructions:

1. Find your height on the left-hand column of the chart.
2. Go across that row and circle the range that your weight falls into.
3. Look to the bottom of the chart to find out what group number (0, 1, 2, or 3) your circled weight range falls into.

Write the Group Number (0, 1, 2, or 3) here:

Write sum of questions A-E (from page 1)

Lastly, calculate the sum of these 2 numbers. This is your SCREENING SCORE:

Question F2 DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

Measure the circumference of your LEFT calf by following the instructions below:

Loop a tape measure all the way around your calf to measure its size.

Record the measurement in cm: _____

If less than 31cm, enter "0" in the box to the right.

If 31cm or greater, enter "3" in the box to the right.



© SIGVARIS

Write the sum of questions A-E (from page 1) here:

Lastly, calculate the sum of these 2 numbers. This is your SCREENING SCORE:

Screening Score (14 points maximum)

12–14 points: Normal nutritional status

8–11 points: At risk of malnutrition

0–7 points: Malnourished

Copy your SCREENING SCORE:

If you score between 0-11, please take this form to a healthcare professional for consultation.

All trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland.

Tool 4.2.1: Weekly Meal Plan - Sample

For inspiration, review this weekly meal planner created by Dietitians of Canada: http://www.unlockfood.ca/EatRightOntario/media/ERO_PDF/en/Menu%20Plans/SampleFamilyMenuPlan_en.pdf

 Get answers to meal time challenges. Call toll-free to speak with a Registered Dietitian www.Ontario.ca/EatRight 1-877-510-510-2					
Sample Menu Plan					
	Breakfast	Lunch	Dinner	Snack	Snack
Monday	Leftover French toast Canned peaches Milk or fortified soy beverage	Sandwich with leftover roast turkey Homemade chunky apple-rhubarb sauce Water	Slow-cooker beef & barley stew Whole-grain rolls Green salad Milk or fortified soy beverage	Orange slices Cheese cubes Water	Make-your-own fruit-yogurt smoothie
Tuesday	Peanut butter on whole-grain toast Orange Milk or fortified soy beverage	Leftover stew in a thermos Apple Plain granola bar Water	Grilled salmon, asparagus and squash Whole-wheat couscous cooked in orange juice Homemade chunky apple-rhubarb sauce topped with vanilla yogurt Milk or fortified soy beverage	Air-popped or low-fat popcorn Chocolate milk or fortified soy beverage	Carrot-raisin salt Water
Wednesday	Homemade muesli 100% unsweetened orange juice	Fruity tuna salad on rye crackers Tomato, green pepper and cucumber salad Low-fat yogurt Water	<u>Minestrone Soup*</u> Garlic toast Ice cream between two oatmeal cookies Milk or fortified soy beverage	Mixed dry whole-grain cereals Banana Water	Crackers spread with almond or peanut butter Raw carrots Water
Thursday	Congee (thick rice/broth soup) Apple Milk or fortified soy beverage	Egg-salad lettuce wraps (Use lettuce instead of tortillas as a wrap. Pack the lettuce and egg salad separately.) Homemade apple-oat bran muffin Canned apricots Milk or fortified soy beverage	Cook's night off Rotisserie cooked chicken Microwaved potato Whole-grain rolls Raw green beans and baby carrots Ranch dip Water	Make-your-own yogurt sundae Mix and match fruit, nut and cereal toppings Water	<u>Lightened-up Guacamole and Chips</u> 100% Orange juice
Friday	Whole-grain cereal Milk or fortified soy beverage Walnut pieces Fruit salad Water	Chicken (leftover) vegetable fried rice Orange slices sprinkled with cinnamon Cookie Milk or fortified soy beverage	Make-your-own-omelet Toasted whole-grain bagel Homemade baked sweet potato fries (peel on) Greek salad <u>Rhubarb Apple Loaf*</u> Milk or fortified soy beverage	Chocolate milk or fortified soy beverage and cinnamon crisps (whole-wheat tortillas dusted with cinnamon, cut into wedges and baked until crispy)	<u>Khao Tom (Thai rice soup)*</u>
Saturday	Scrambled egg on toasted whole-wheat English muffin Canned mixed fruit Milk or fortified soy beverage	Panini (layered sandwich heated/toasted) Filling ideas: Sliced hard-cooked eggs, grilled veggies, cooked meats, tomato slices, grated carrots or beets, raw spinach, avocado slices. Pinch of oregano, garlic powder and parsley. Cut-up oranges and apples Water	Meatballs with whole-wheat fusilli Spinach-and-mandarin orange salad Turnip sticks Whole-grain baguette Milk or fortified soy beverage	<u>Beet Hummus</u> with veggies Water	Low-fat yogurt Water
Sunday	Whole-grain banana-flavoured French toast (blend a ripe banana into egg mixture) Canned mandarin oranges Milk or fortified soy beverage	Vegetarian chili over half a baked potato Raw green beans and rutabaga sticks Ranch dip Water	Roast turkey Vegetables for roasting (asparagus, rutabaga, carrots, potatoes, parsnips) Whole-grain rolls <u>Rhubarb and Apricot Bread Pudding*</u> Milk or fortified soy beverage	Strawberry (frozen) -apple salsa with cinnamon crisps Water	Edamame (green soybeans) Water

* Find these recipes at www.Ontario.ca/EatRight

* The EatRight Ontario dietitian service is provided free of charge to residents of Ontario.



4.2.2: Mouth Care

You may find that providing dental care to a senior experiencing frailty is challenging. The Canadian Dental Association has created an online webpage about mouth care tips for caregivers.

When caring for a person's natural teeth:

- Let the person sit at the sink and stand behind them. This way, you can make the same motions cleaning their teeth as when you are caring for your own teeth.
- Use a soft toothbrush or an electric toothbrush. Ask the person you are caring for to tell you if you are brushing too hard.
- Have the person you are caring for rinse with warm water when done.
- To see more of these tips including tips about denture care and care of the mouth tissues, visit: http://www.cda-adc.ca/en/oral_health/cfyt/dental_care_seniors/tips.asp.

References

Nutrition

Canadian Dental Association. (2019). *Tips for caregivers*. Retrieved from: http://www.cda-adc.ca/en/oral_health/cfyt/dental_care_seniors/tips.asp.

Capezuti, E., Zwicker, D., Mezet, M., & Fulmer, T. (2008). *Evidence-based geriatric nursing protocols for best practice: Third edition*. New York, New York: Springer Publishing Company. Dietitians of Canada. (2019). UnlockFood.ca. Retrieved from: <http://www.unlockfood.ca/en/default.aspx>.

ElderCarelink. (2019). *An elder refuses to eat: what should a caregiver do?* Retrieved from: <http://www.eldercarelink.com/Other-Resources/Health/elders-refusal-to-eat.htm>.

Government of Canada. (2019). *Canada's food guide*. Retrieved from: <https://food-guide.canada.ca/en/healthy-food-choices/>.

Nestlé Nutrition Institute. (2012). *Self-MNA® mini nutritional assessment for adults 65 years of age and older*. Retrieved from: https://www.mna-elderly.com/mna_forms.html.

Ramage-Morin, P.L., Gilmour, H., & Rotermann, M. (2017). Nutritional risk, hospitalization and mortality among community dwelling Canadians aged 65 or older. *Health Rep.*, 28(9), 17-27.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Bladder Health



Introduction

Although people often think urinary incontinence is something that occurs naturally with age, it is not part of the normal process of aging! Incontinence is often a symptom of an underlying health issue.

Urinary incontinence is defined as an uncontrolled loss of bladder control causing leaking of urine.

Incontinence care is known to be one of the biggest causes of stress for caregivers. You may have questions about urinary incontinence such as:

- What can cause urinary incontinence?
- What type of incontinence is the person I care for experiencing?
- What are the strategies to manage incontinence?
- How do I talk to the person I am caring for about this issue?

Did You Know?

Urinary incontinence can occur in people of all ages and it can cause:

- Social isolation and embarrassment.
- Decreased movement.
- Skin issues.
- Embarrassment.
- Falls.
- Depression and anxiety.
- Loss of intimacy.
- Financial burden.

This chapter may help you answer some of these questions. By applying, and adapting the strategies in this chapter, you can help enhance the comfort of the person you care for.

The information in this chapter is not intended to replace the advice of a qualified health care professional. Please consult your health care professional for advice about specific medical conditions. Look for our [helpful tips on communicating effectively with health care professionals](#).

What about bowel incontinence?

Bowel incontinence is the involuntary loss of stool from the bowel and is much less common than urinary incontinence. For more information, refer to the guide provided by the Canadian Continence Foundation: [Tool 5.1.4: Bowel Incontinence](#).

The Underlying Causes of Urinary Incontinence

What could be causing urinary incontinence?

By understanding what can cause urinary incontinence, you will be better able to identify the type of incontinence the person is experiencing. The following list highlights some of the most common causes of urinary incontinence:

- **Infection:** one of the most common causes of incontinence is a urinary tract infection (UTI).
 - **UTI Symptoms:** common signs include burning when urinating, going to the bathroom frequently, and an urgent feeling to urinate.
- **Changes in the brain and thinking:** delirium and dementia can make a person unable to recognize the bathroom/toilet or remember how to get to it.
- **Changes in the body:**
 - Thinning of the walls of the urethra.
 - Inflammation of the vagina (vaginitis).
- **Medications:** Some medications force the body to release fluid from the body.
- **Mental Health:** Some medications taken for depression or mental health can cause a person to urinate more.
- **Heart Health:** Issues with the heart's ability to pump effectively can cause a person to have to urinate often due to buildup of fluid in the body.



- **Mobility Problems:** Difficulties with moving, walking and getting around can cause a person to be unable to get to a bathroom quickly or independently.
- **Constipation:** Straining to have a bowel movement can weaken the pelvic floor muscles. These muscles are important for urinary control. Also, a full bowel can press against the bladder and sometimes block the passing of urine, causing urine to leak.
- **Constipation Symptoms:** Common signs include one or fewer bowel movements in two days, movements that are difficult to pass and are hard or dry. For even more information, you can look at the Bristol Stool Chart for a simple way to gauge if the person you are caring for is constipated (See [Tool 5.1.1: Bristol Stool Chart](#)).

Types of Urinary Incontinence

What type of urinary incontinence are you noticing?

There are different types of incontinence. By knowing how to identify them, you will be better prepared to:

- Have conversations with the person about incontinence.
- Consider appropriate strategies to manage incontinence.
- Have more detailed conversations with health care professional about incontinence.

Myths about Bladder Health

X *Being incontinent of urine is part of the natural process of aging.*

Although it is a common misbelief, urinary incontinence should not be considered part of the natural process of aging. Urinary incontinence is often the sign of an underlying health issue.

X *There is no treatment for urinary incontinence.*

There are many possible treatment options for urinary incontinence. It is important to understand the different types and their causes in order to begin to talk about treatment. (See [Types of Incontinence](#).)

X *The best way to avoid urinary incontinence is to drink less fluids.*

Drinking less does not cause a person to become less incontinent of urine. Drinking less can lead to serious health problems like dehydration, constipation, urinary tract infections, urinary frequency, confused thinking (delirium), and low blood pressure and dizziness when moving from a low to high position like sitting to standing (postural hypotension).

The following is a table showing six types of urinary incontinence and their underlying causes:¹²

Type	Most Common Cause
Functional	Not being able to get to the bathroom on time due to reasons other than the bladder or urinary system (problems walking, with memory/thinking, medications, etc.).
Transient	Other health issues that can be easily treated if recognized (e.g. urinary tract infection). (See Causes of Urinary Incontinence.)
Stress	Weak muscles in the urinary system and sudden exertion (e.g. sneezing, coughing, laughing, etc.).
Urge	Sudden or urgent need to urinate caused by issues with the bladder (an infection).
Overflow	An overly full bladder as a result of a blockage (e.g. constipation) or weak bladder muscles.
Total	Complete loss of bladder control as a result of neurological health conditions (spinal cord damage, multiple sclerosis, etc.).

¹² Adapted from RGP of Toronto. (2018). *SF7 Toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>



Strategies to Manage Urinary Incontinence

What can you do about urinary incontinence right now?

Have the conversation.

Below are a few ways you might word a conversation with the person you care for about urinary incontinence. Above all, it is important to maintain respect and dignity.

- Example 1: “Some people experience urine or wetness when they cough or sneeze, does your bladder cause you any concern or embarrassment?”
- Example 2: “Is it sometimes difficult for you to get to the bathroom in time? How often is this happening?”
- Example 3: “Do you feel you have to rush to the toilet?”

Make small changes.

Staying hydrated is often the best remedy for constipation

- Encourage six to eight glasses of fluid per day (e.g. water).
- Refer to a Urine Colour Chart for a simple way to see if the person you are caring for is drinking enough ([See Tool 5.1.2: Urine Colour Chart](#)).
- Avoid the foods/fluids that irritate the bladder (e.g. caffeine, alcohol, carbonated drinks).
- Ask the older adult if they would switch to decaffeinated beverages.
- Suggest clothing that makes independence in the bathroom a little easier (e.g. pants with an elastic waistband).

Schedule.

Encourage a trip to the bathroom every three to four hours to empty the bladder, and also right before bed.

Managing Urinary Incontinence on an Ongoing Basis

Keep track.

Encourage the person you care for to keep track of their urinary symptoms over several days in a bladder diary (See [Tool 5.2: Bladder Diary](#)).

Support emotional health.

- Be mindful of the words you use to describe products (e.g. instead of using the term “diaper” try using a term like “product” or “brief” or any other word that you and the person you care for agree to).
- Maintain dignity and ease embarrassment or anxiety by protecting the furniture. Add layers of protection to their bed/chair. For ideas on how to protect furniture, see [Tool 5.1.3: Incontinence Pads for Beds](#).

Encourage independence.

Encourage the person you care for to stay as active as possible and to have appropriate equipment in the bathroom that allows them to do as much on their own as possible.

Speak to a health care professional.

Health care professionals can help identify causes of urinary incontinence and create a care plan with you and/or refer you to a specialist in your area. They can also prescribe different treatments for certain types/causes of incontinence. See [helpful tips to communicate with health care professionals](#).

Managing the Impact of Urinary Incontinence on the Relationship

You may find that urinary incontinence creates stress on the caregiving relationship at times. Although this experience is different for each caregiver, the following are three key ways to manage the stress that caregivers can feel due to urinary incontinence:

1. Try to be patient.

Patience will ease your stress and the stress of the person you are caring for.

2. Look for ways to be prepared.

- Having a small incontinence bag at the ready can make life easier when out of the house. This kit may include a change of pants, socks, and cleansing wipes.
- For men with mobility issues, sitting on the toilet and using a hand held urinal to urinate can cause less stress and mess.

3. Ask for help if you need it.

You can ask for help during a conversation with a health care professional. See [helpful tips to communicate with health care professionals](#).



Helpful Tips to Communicate with Health Care Professionals

Urinary incontinence is a sensitive topic. A challenge faced by many caregivers is how to communicate with health care professionals about urinary incontinence. It's important to be prepared to speak with health care professionals so that they can provide the right help at the right time. Get permission from the person you are caring for to speak to a health care professional about their incontinence, or speak to one together.

The following are some helpful tips on how to communicate with health care professionals:

Offer detail.

- The more detail you can provide, the more a health care professional can help.
- Details like blood in the urine need to be brought to the attention of a health care professional as soon as possible.
- Share a copy of your bladder diary (See Tool 5.2: Bladder Diary).
- Be prepared to answer questions about the person's incontinence, such as: when did it start, what symptoms went along with it, is it worse at night, etc.
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, and the support you provide.

Ask questions.

- What supports does the community have to offer for urinary incontinence? Health care professionals should have knowledge about geriatric teams, continence experts, and other community programs that can support you and the person you are caring for. They will be able to tell you and the person you care for about these services and if they think a referral is needed.

Why aren't people talking about incontinence?

Urinary incontinence is typically not discussed for two main reasons:

1. People do not like to talk about urinary incontinence due to embarrassment, and
2. Health care professionals may not ask their patients about it.

Talking about incontinence is the first step to treatments and/or symptom management.

Finding Additional Support

How do you find additional support related to urinary incontinence?

Ask a health care professional.

- Ask a qualified professional who can point you to the right resources.

Look online.

- You can search for specialists or programs by going online and browsing the Healthline, health services for Ontario website. To access the Healthline website: www.thehealthline.ca/.
- To learn more about incontinence products, visit the Ontario Incontinence Supplies website at: <https://www.ontarioincontinencesupplies.com/Default.asp>.

Read.

- You can learn more about incontinence and incontinence products in this guide created by the Canadian Continence Foundation: [The Source – Your Guide to Better Bladder Control](#).

Summary

This chapter has provided you with some of the causes and types of urinary incontinence. It has also shared strategies to recognize and manage incontinence. You can start to develop your own personalized strategies to help the person you care for manage incontinence and find the support you need.



Tool 5.1: Incontinence Resources

5.1.1 Bristol Stool Chart

For a simple way to check if the person you are caring for is constipated, use the Bristol Stool Chart as a reference. Health care professionals use this tool in practice. For more information, visit: <https://www.continence.org.au/pages/bristol-stool-chart.html>.

5.1.2 Urine Colour Chart

For a simple way to check to see if the person you are caring for is getting enough fluid, you can check the colour of their urine. For more information, visit: https://cdn4.sportngin.com/attachments/document/0057/2892/Urine_Color_Chart.pdf.

5.1.3 Incontinence Pads for Beds

Explore the Daily Caring Website for more information on how to protect the couch and bed from leaks. By protecting the furniture, you can maintain dignity, ease a person's anxiety and embarrassment.

For more information, visit: <https://dailycaring.com/incontinence-pads-for-beds-layers-work/>.

5.1.4 Bowel Incontinence

The Canadian Continence Foundation is a great website that includes information and resources for bowel incontinence (fecal incontinence). This website is a great start for a caregiver who wants to learn the basic facts and where to go for additional support. For more information, visit: <http://www.canadiancontinence.ca/EN/fecal-incontinence.php>.

Tool 5.2: Bladder Diary¹³

Encourage the person you are caring for to complete this tool throughout the day, or ask if you can help them complete it. Try to complete this tool over several days in a row to gather enough background information. This tool can be very helpful when communicating with a health care professional.

Bladder Health Caregiving Strategies Handbook								
Bladder Diary: Day _____								
Time	Urination		Was it Urgent?		Was there Leakage?		Drinks	
	How many times?	How much? (Sm., Med., Lg.)	Yes	No	How many times?	How much? (Sm., Med., Lg.)	Type	How much?
Example	1	Medium	Yes		Once	Small	Water	2 cups
6 - 10 am								
10 - 2 pm								
2 - 6 pm								
6 - 10 pm								
10 - 2 am								
2 - 6 am								

www.rgps.on.ca/caregiving-strategies 

¹³ Adapted from: The Canadian Continence Foundation. (2018). *The Source: your guide to bladder control*. Retrieved from: <http://www.canadiancontinence.ca/pdfs/The-Source.pdf>



References

Bladder Health

Cassells, C., & Watt, E. (2003). The impact of incontinence on older spousal caregivers. *Journal of Advanced Nursing*, 42(6), 607-16.

Daily Caring. (2019). *Incontinence pads for beds: layers keep things dry*. Retrieved from: <https://dailycaring.com/incontinence-pads-for-beds-layers-work/>.

Family Caregiver Alliance. (2012). *Incontinence Care*. Retrieved from <https://www.caregiver.org/incontinence-care>.

RGP of Toronto. (2018). *SF7 Toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>.

The Canadian Continence Foundation. (2014). *The impact of incontinence in Canada a briefing document for policy makers*. Cameron Institute, Retrieved from: <http://www.canadiancontinence.ca/pdfs/en-impact-of-incontinence-in-canada-2014.pdf>.

The Canadian Continence Foundation. (2018). *Different types of urinary incontinence* Copyright ©, Retrieved from: <http://www.canadiancontinence.ca/EN/types-of-urinary-incontinence.php>.

The Canadian Continence Foundation. (2018). *Bladder Diary* Copyright ©, Retrieved from: <http://www.canadiancontinence.ca/pdfs/Bladder-Diary.pdf>.

The Canadian Continence Foundation. (2018). *The Source: your guide to bladder control* Copyright ©. Retrieved from: <http://www.canadiancontinence.ca/pdfs/Source-2018/The-Source-2018-English.pdf>.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Medication Management



Introduction

Managing medications is an important part of caregiving that can be challenging. Depending on a person's needs and abilities, assistance with medication management may vary between caregivers.

There can be a lot to organize:

- Monitoring the timing of when medications are taken
- What needs to be taken with medication (food, other meds, etc.)
- Being aware of possible side effects

If not managed properly, medication problems could lead to complications. In fact, the more medication a person takes, the higher the risk that a complication can occur.

Did you know?

- It is very common for older adults to be taking five or more medications.
- Approximately one in every four older adults are taking 10 or more medications.
- The number of different medications can add up over time. Sometimes this is a result of seeing different specialists for different health issues.
- Some medications, when taken with others can cause problems like falls, dizziness, changes in how the heart pumps, confusion, sleepiness, changes in nutrition, bladder health and bowel issues, nausea and/or vomiting, etc.
- One of the most effective solutions to managing multiple medications is to maintain an up-to-date medications list and have a professional review it regularly.

You may have questions about medications, such as:

- How do you manage medications for another person safely?
- What if the person you care for does not want to take their medications?
- How do you speak to a health care professional about their medications?

These are some of the questions this chapter may help you answer. By applying, and adapting the strategies in this chapter, you can help enhance the safe medication use for the person you care for.

Polypharmacy is a medical term that describes taking many medications including prescribed and/or over-the-counter and herbal/supplemental products.

The information in this chapter is not intended to replace the advice of a qualified health care professional. Please consult your health care professional for advice about specific medical conditions. Look for our helpful tips to communicate with health care professionals.

Manage Medications Safely

How do you assist the person you care for to take their medications safely?

To get the most out of the medications taken and lower the risk of complications, it is important to check that medications are being taken correctly. This starts with keeping a good management system. The following list highlights some strategies that you can use to assist a person in taking their medications correctly, as prescribed.

Write it Down.

- A medication chart is a helpful tool to track all important information about the medications you are managing in one place. When completed, this chart may help you monitor symptoms and communicate with others.
- Be sure to include all medications taken in the medication chart, including prescription and non-prescription or over-the-counter medications (e.g. herbal remedies, vitamins and minerals). Non-prescription medications may interact with prescription medications or with each other and your health profession will want to review these with you.
- For an example of a medication chart, see: [Tool 6.1: Medication Chart Template](#).



Follow Instructions.

- Follow the instructions for all medications prescribed.
- Some medications require you to follow strict instructions while some allow flexibility to suit the person's lifestyle.
- Discuss any situation, social habit, and/or lifestyle choice that may influence how a medication is taken with a health care professional.

Organize.

- Blister packs, bubble packs, dose organizers, or multi-dose packs are options that can assist a person experiencing frailty to take medications correctly and independently.
- These devices help organize a person's pills in advance, according to the correct days and times that they should be taken.
- Ask your pharmacist about how they can help you organize the medications in a way that works for you and the person you care for.

Be Consistent.

- There are benefits to developing a relationship with one pharmacy/pharmacist, including having accurate and up-to-date records of all medications and health history in one place.
- Labels should be consistent for all medications. Consistent labeling ensures easy access to instructions. If you or the person you provide care for has vision problems, you may request your pharmacy to make the labels bigger.
- Sticking to the same routine each day will make it easier to remember.

Follow Up.

- Health conditions change over time and the dosage of medications may reflect this. Consider meeting with a pharmacist for regular medication reviews to ensure the medications being taken are appropriate.

Myths about Medications

X *Medications that have been taken for a long time do not need to be checked or changed.*

There are natural changes that occur in the body as it ages (e.g. decreased kidney and liver function, decreased total body water and higher proportion of body fat). An older person experiencing frailty is at risk of poor outcomes if the medications they are taking are not reviewed often and adjusted when appropriate.

X *Alternatives to medications do not work*

Using alternative approaches to achieve wellness, healing and symptom management can be effective. These approaches can take many forms. Some examples include: yoga, deep breathing, meditation, massage, acupuncture, art and music therapy, and many more.

Encouraging Someone to Take Their Medications

What do you do if the person you care for says “no”?

As a caregiver, it may feel frustrating if a person refuses to take medication as prescribed. Be creative and test strategies until you find one or two that work for you. The following are some suggested strategies that may help if the person you are caring for says “no” to medications:

Find out why.

Find a calm and relaxed time to ask the person about why they do not want to take their medications. Finding out why someone refuses may help to solve some unknown issues. Consider the following questions to ask:

- What is this medication is for? Why are you taking it?
- How does this medication make you feel after taking it? Do you feel sick, dizzy, too sleepy?
- Do you believe something bad may happen if you take this medication (e.g. addiction to pain medication)?
- Is the medication working for you?
- Is it the taste or difficulty swallowing pills?

Together, you and the person you care for should share these answers with the prescribing health care professional and talk about solutions.

Respect their wishes.

- Have a conversation with the person you care for about their priorities regarding the medications they take and the quality of life they want to have.
- Their wishes may be different than yours or the prescribing health care professional.
- It is okay for a person to refuse medications if they can understand and appreciate the consequences of that refusal.
- Before stopping any medication, it is important that you speak to a health care professional for assistance.

Alter the schedule if needed.

- Talk to your pharmacist about altering the timing of medications to better suit the person you provide care for.
- For example, a person may be more likely to refuse a medication if they are being wakened too early in the morning.



Keep it simple.

- Try to reduce the number of times medications have to be taken each day. Talk to your pharmacist about how to get the doses and number of times to the lowest amount possible.
- Create an organized way to manage multiple medications (blister packs, pill organizers, checklist, etc.). Having 10 pill bottles on the counter may look too overwhelming and cause a person to refuse.

Stay calm.

- When a person refuses, there may be missed doses. This is not your fault. All you can do is try your best.
- Talk to your pharmacist about if and when you should be concerned when doses are missed and what to do about it should this happen.

Don't force it.

- In many cases, a person has the right to refuse to take medication.
- Speak to a health care professional about your role in managing medications in accordance with the person's level of competence, and their goals and wishes.
- A competent person is able to appreciate and understand the consequences of their choice. For instance, a person who can explain what the pill is for, why they refuse it and what may happen if they refuse it is considered competent to make that decision.
- If you are concerned about a person's competence, you are encouraged to speak to a health care professional. Ideally, speak to the professional who has prescribed the medication being refused.

Medications and Dementia

People who live with dementia may refuse medications more often. Try the following tips:

Stay cheerful.

- Keeping positive is an important aspect of dementia care. A calm and gentle approach builds trust and lowers anxiety in the person living with dementia.

Keep it simple.

- Talk to a qualified health care professional about which medications are absolutely necessary and which can be reduced or eliminated.
- Showing one pill at a time, giving one or two word cues, and having a glass of something to drink at the ready might be all you need to decrease anxiety.

Be together.

- Stay with the person when taking medications.
- Take your medications (or a small candy) with the person when they take theirs.

Come back later.

- Try again in 15 minutes with a gentle voice and positive attitude.

Don't force it.

- In many cases, a person has the right to refuse medication, even if they have dementia.
- Speak to a health care professional about your role to support medication management in accordance with the person's level of dementia.
- For example, hiding pills in food may work sometimes, but it is not appropriate to hide pills in the food of someone who is competent to refuse.
- If medication refusal is causing distress in the older person every day, it may be time to consider stopping that medication. Do not stop any medications until you have spoken to a qualified health care professional about this issue.



Helpful Tips to Communicate with Health Care Professionals

When speaking with health care professionals about medications, it is important to be prepared so that they can provide the best support and recommendations.

For questions about medications, it is ideal to speak with the professional who has prescribed the medication (e.g. a doctor or a nurse practitioner). A pharmacist is also an excellent resource and you can often speak to them without an appointment. You can speak with pharmacists in person or over the phone.

The following are some helpful tips on how to communicate with health care professionals.

Offer detail.

- The more detail you can provide about the type and dose of medications, the more a health care professional can help. Share details about all forms of medication being taken including prescriptions and over the counter medications.
- See [Tool 6.1: Medication Chart Template](#) for an example of how to get the important information about the medications on one page. Complete this chart or write a list and bring it to every appointment or encounter with any health care professional (e.g. visit to a walk-in clinic or emergency department). Remember to update the chart or list if there is a new prescription.

Alternatives to Medications

Alternative medicine is a term that defines the use of non-mainstream approaches instead of traditional Western medicine.

Complementary medicine is a term that defines the use of non-mainstream approaches along with traditional Western medicine.

Non-mainstream approach is a term to describe many different approaches to health, healing and symptom management. These approaches can take many forms. Some examples include: yoga, deep breathing, meditation, massage, acupuncture, art and music therapy, and many more.

- Using alternative and complementary medicine approaches to improve health and wellness is very common. A health care professional is the best person to talk to about the use of some of these approaches. It is important that health care professionals know and understand how they can help while staying focused on the medications and altering the approach safely.

Share any alternative or complementary approaches the person you care for is using and why.

- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, and the support you provide.

Ask questions.

The following list highlights the five questions that you can ask a health care professional about the medications the person you care for is taking. These five questions can be asked during each visit to ensure the medications are up-to-date and reviewed regularly. It may be helpful for you to share the answers to these questions with the person you are supporting and caring for.

1. Changes. Have any medications been added, stopped or changed, and why?
2. Continuation. What medications does the person I am caring for need to keep taking and why?
3. Proper Use. How should the person I am caring for take the medications? How long should they take it for?
4. Monitor. How will I know if the medication is working? What side effects do I watch for?
5. Follow-Up? Does the person I am caring for need any tests (e.g. laboratory tests or blood tests)? When do we book the next visit?

See [Tool 6.2: Five Questions to Ask About Your Medications](#) for a copy of these questions. For more information on these questions, visit: www.safemedicationuse.ca.

Ask what support the community has to offer for medication management? Health care professionals should know about local geriatric teams and community programs that can help you managing medications. They should be able to tell you and the person you care for about these services and if they think a referral is needed.

Ask if there are alternatives to using some medications? Health care professionals know about alternatives to using medications. They may or may not recommend using alternatives but they can connect you with a different professional to help you.

“I have to manage all of my husband’s medications so the ‘five questions to ask about medications’ list is so helpful when I am speaking with our doctor!”

– A caregiver from Orillia, ON



Finding Additional Support

How do I find additional support related to medication management?

Ask a health care professional.

- Ask a qualified health care professional who can recommend appropriate local programs and services.

Look online.

- You can search for online support by browsing the Healthline, health services for Ontario website at: www.thehealthline.ca/.
- SafeMedicationUse.ca is supported by Health Canada. For more information on managing multiple medications, medication safety and other strategies for caregivers, visit: www.safemedicationuse.ca.

Watch a video.

- To watch a fun and interesting short video about medication safety, watch “One Simple Solution for Medication Safety”: <https://www.youtube.com/watch?v=f2KCWMnXSt8>.

Summary

This chapter has provided you with some strategies to support medication management. Information provided includes how to manage medications safely, what to do if the person you care for says “no” to taking their medications, and tips on how to communicate with health care professionals. You can develop your own personalized strategies to manage medications and find the support you both need.

It is important that you and/or the person you care for speak to a qualified health care professional before stopping any medications abruptly. Some medications require close monitoring by a health care professional before stopping, in order to prevent dangerous health outcomes.

Tool 6.1: Medication Chart Template¹⁴

Write down all the medications in one place to manage medications and to communicate with health care providers. Include all medications, prescribed and over the counter, that a person takes and bring it with you to each appointment or any other encounter with a health care professional (i.e. walk in clinic or emergency department visit).

Medication Management | Caregiving Strategies Handbook

Name of Person:

Date (update with each new medication):

Name of medication	Strength of medication	How much to take (dose)	When to take	How to take	How long to take for	Notes <small>(reason, take with or without food, don't mix with alcohol, etc.)</small>
<i>e.g. Med1</i>	<i>xxxmg</i>	<i>1000mg (two tabs)</i>	<i>8:00am, and before bed</i>	<i>With a full glass of water</i>	<i>As needed for one month then follow up with Dr. Smith</i>	<i>To control knee pain</i>

www.rgps.on.ca/caregiving-strategies
 Family Doctor or Nurse Practitioner: Name of Pharmacy:
 Telephone number: Telephone number:



¹⁴ Adapted from Caregivers Nova Scotia. (2019). *The Caregiver's Handbook*. Retrieved from: <https://caregiversns.org/resources/handbook>



Tool 6.2: Five Questions to Ask About Your Medications¹⁵

5

QUESTIONS TO ASK ABOUT YOUR MEDICATIONS

when you see your doctor, nurse, or pharmacist.

1. CHANGES?

Have any medications been added, stopped or changed, and why?

2. CONTINUE?

What medications do I need to keep taking, and why?

3. PROPER USE?

How do I take my medications, and for how long?

4. MONITOR?

How will I know if my medication is working, and what side effects do I watch for?

5. FOLLOW-UP?

Do I need any tests and when do I book my next visit?

Keep your medication record up to date.

Remember to include:

- drug allergies
- vitamins and minerals
- herbal/natural products
- all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.

Visit safemedicationuse.ca for more information.

Used with permission from ISMP Canada. For more information on these questions and other strategies for caregivers, visit: www.safemedicationuse.ca.

¹⁵ ISMP Canada. (2016). 5 questions to ask about your medications. Retrieved from: <https://www.ismp-canada.org/medrec/5questions.htm>

References

Medication Management

Caregivers Nova Scotia. (2019). *Medication management*. Retrieved from: <https://caregiversns.org/resources/tiac/living-safely-at-home/medication-management/>.

Caregivers Nova Scotia. (2019). *The Caregiver's Handbook*. Retrieved from: <https://caregiversns.org/resources/handbook>.

DailyCaring. (2019). *6 tips to convince seniors to take medications*. Retrieved from: <https://dailycaring.com/6-tips-to-convince-seniors-to-take-medication/>.

DailyCaring. (2019). *11 ways to get someone with dementia to take medication*. Retrieved from: <https://dailycaring.com/11-ways-to-get-someone-with-dementia-to-take-medication/>.

ISMP Canada. (2016). *5 questions to ask about your medications*. Retrieved from: <https://www.ismp-canada.org/medrec/5questions.htm>.

National Centre for Complementary and Integrative Health. (2017). *Complementary, alternative, or integrative Health: What's in a name?* Retrieved from: <https://nccih.nih.gov/health>.

RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Changes in Thinking and Behaviour: Delirium



Introduction

It can be frightening to witness a delirium. Watching a person all of a sudden behave strangely can be scary.

Delirium is not well understood. It may be difficult to recognize if you are not aware of what delirium is. You might find yourself asking questions such as:

- Why are they behaving this way?
- How do I know if this is a delirium?
- How is delirium different than dementia?
- What can I do to manage this now and prevent delirium in the future?

This chapter may help you answer these questions. By applying, and adapting the strategies in this chapter, you can help recognize changes in thinking and behaviour in the person you care for and know what to do about delirium.

A Myth about Delirium

X *Becoming confused and forgetful is part of the natural process of aging.*

Contrary to popular belief, confusion and forgetfulness should not be considered part of the natural process of aging. Confusion is often a sign of something else going on and should be discussed with a health care professional as early as the symptoms are noticed.

Delirium is a term that describes a new, sudden change in a person's ability to think, remember and understand what is going on around them. A person who is delirious may appear confused, disorganized, hyper, frightened, forgetful, and suspicious of other people.

In a delirium, people may also hallucinate (e.g. tell you that they see people/objects/animals that are not there). Delirium is typically caused by something else going on in the body (infection, withdrawal, sleep deprivation, severe pain, shock, etc.). Delirium can usually be treated as long as the cause of the delirium is determined quickly and treated properly (e.g. taking antibiotics for an infection).

Delirium typically can be treated as long as the cause of the delirium is determined quickly and treated properly (e.g. taking antibiotics for an infection).

Delirium is different than dementia. This chapter will help you tell the difference between these two conditions. The chapter will touch briefly on dementia, and focus mostly on the topic of delirium. If you are interested in learning more about dementia, there are a number of excellent resources which can be found in the [how do I find additional supports related to dementia](#) section of this chapter.

The information in this chapter is not intended to replace the advice of a qualified health care professional. Please consult your health care professional for advice about specific medical conditions. Look for our [helpful tips on communicating with health care professionals](#).

Facts about Delirium

Did You Know?

Delirium is:

- A medical emergency.
- Reversible if the cause is found and treated.
- Very common and even more so in the hospital setting.
- Can happen to people of all ages.
- Is often mistaken for dementia and can go unrecognized because of this.
- Can last a few days to a few weeks.

"My wife started a new medication and then, all of a sudden, it was like she was a different person. She couldn't remember any of my instructions and she was up all night walking around the house. She was acting very strange and it was frightening! The doctor stopped the new medication and she went back to being herself. I later found out that she had developed a delirium from the new medications she was taking."

– A caregiver from
Kingston, ON



The Difference between Delirium and Dementia

Many people are more familiar with dementia than delirium and often do not understand the difference between the two terms.

Dementia is a term that describes changes to a person's ability to independently interact with the world around them as a result of changes happening in their brain.¹⁶

The brain is the power house driving a person's ability to interact with the world around them. A person's abilities may be altered or weakened, depending on where in the brain changes are occurring. The result may be that a person becomes dependent on others for day to day routine tasks to stay safe.

Dementia can result in changes to memory, language ability, social skills, driving, daily activities (e.g. bathing, dressing) and ability to manage finances. These changes start to show slowly and do not happen overnight. There are many types of dementia; dementia of the Alzheimer type is the most common.

Below is a table that describes the most common differences between delirium and dementia.¹⁷

Delirium	Dementia
<ul style="list-style-type: none"> • Comes on very quickly (within hours or days) • Changes in mental status, or sudden onset of confusion. • Caused by something else going on in the body (e.g. dehydration, infection, shock, sleep deprivation, etc.) • Often the person can go back to being themselves if the cause is determined and treated. 	<ul style="list-style-type: none"> • Develops slowly (over months or years) • Changes in a person's ability to interact with the world around them independently. • Caused by changes to different areas of the brain. • Although the symptoms can be slowed down in some cases, typically the person cannot return to normal functioning. Dementia is irreversible.

¹⁶ Family Caregiver Alliance, National Centre on Caregiving. (2019). Caregiver resources, dementia. Retrieved from: <https://www.caregiver.org/health-issues/dementia>

¹⁷ Registered Nurses Association of Ontario. (2016). *Delirium, dementia and depression: What is the difference?* Retrieved from: https://rnao.ca/sites/rnao-ca/files/HEFS_Delirium_dementia_and_depression_What_is_the_difference_0.pdf

Recognize Delirium

How do you recognize delirium in the person you are caring for?

Delirium is complicated and is experienced differently by different people. This is one of the reasons that delirium is so hard to recognize. The first step to recognizing delirium is to understand what to look for. Consider the following list of common signs and symptoms.¹⁸

What is New	What You May Notice	What This Might Look Like
Sudden Change in Thinking and Behaviour	<ul style="list-style-type: none"> • All of a sudden the person you care for is thinking and behaving very differently from their usual self. • Unpredictable mood changes from one moment to the next. 	<ul style="list-style-type: none"> • Personality and behavioural change of the person you are caring for unlike anything you have ever seen in them before. • An active person sleeping all day long. • A quiet person yelling out and unable to settle down. • An independent person all of a sudden unable to get their daily tasks done (e.g. bathing, dressing, cooking, feeding their
Difficulty Concentrating	<ul style="list-style-type: none"> • The person is not able to focus. • May be distracted by sounds or moving objects. 	<ul style="list-style-type: none"> • Darting their eyes from place to place. • Restlessness. • Unable to follow along in conversation.

¹⁸ Mayo Clinic. (2018). Delirium. Retrieved from: <https://www.mayoclinic.org/diseasesconditions/delirium/symptoms-causes/syc-20371386?p=1>.



What is New	What You May Notice	What This Might Look Like
Disorganized Thinking	<ul style="list-style-type: none"> • They have difficulty answering a simple question because they seem confused. • The answer they give you does not make any sense. • What they are talking about is very unorganized. 	<ul style="list-style-type: none"> • They may answer you by talking about something completely different to the subject. • They may speak in a very bizarre way about unrelated topics. • They may tell you that people are trying to harm them or they may be fearful of you. • For example, when asked to count backwards from 100, John said "100, 99, ...where's Mary? I've got to pick up the kids, where's Mary?!"
Poor Memory	<ul style="list-style-type: none"> • A person suddenly is very forgetful. 	<ul style="list-style-type: none"> • A person may have difficulty remembering what their address is, the date, the year, the town they live in. • They may have difficulty remembering a conversation just minutes or hours before. • A person may not remember how and when to take medications or how to make their usual breakfast.
Altered Level of Consciousness	<ul style="list-style-type: none"> • A person is not as alert as their usual self. 	<ul style="list-style-type: none"> • A person can appear highly hyper and excitable, unable to settle down or sleep, and restless. • A person may also appear very drowsy and sleep for many more hours than their usual self. • A person may appear as though they are falling asleep during a conversation with them.

What is New	What You May Notice	What This Might Look Like
Hallucinations	<ul style="list-style-type: none"> A person may tell you that they see, feel, or hear things, people, and objects that are not there. 	<ul style="list-style-type: none"> They may tell you that they see animals in the room, bugs on their clothes, people standing near them, etc. They may hear music playing in the room that is not really playing.
Moments of Clarity	<ul style="list-style-type: none"> A person experiences times of confusion and other times of clarity in the same day. 	<ul style="list-style-type: none"> In the course of a day, a person may be their usual self and suddenly their conversation or actions are completely different to their usual behaviour.

Delirium Detection Questionnaire for Caregivers

If you are noticing any of the common signs and symptoms of delirium in the chart above, take a moment to complete the Delirium Detection Questionnaire for caregivers. This is a tool that will assist you to speak with a health care professional about the changes you are noticing and determine the next steps. [See Tool 7.1: Delirium Detection Questionnaire.](#)

How does delirium get diagnosed?

As a caregiver, you may notice a sudden change in a person before anyone else. The diagnosis of delirium comes from a health care professional and this is the first step to determining cause and treatment.

- This is done by visiting a health care professional that already has a trusted relationship with you and the person you are caring for (e.g. family doctor or nurse practitioner).
- This professional will review the details of the sudden changes, the signs and symptoms you are noticing, and may want to perform tests to determine the cause of this change (e.g. a blood test to look for infection).
- Once the cause is determined, treatment can begin and the delirium will usually clear allowing the person to go back to thinking and behaving like their old self.



Strategies to Manage Delirium

What to do if you suspect that the person you are caring for is in a delirium:

Stay Calm.

- A person in a delirium can say strange things and they may answer questions incorrectly. This is not their fault. Try to remain patient and not argue with them if they are not making sense. Staying calm lessens feelings of anxiety and/or frustration for both you and the person experiencing a delirium.
- Saying things like, “I believe you” or “it’s going to be okay” may help calm their nerves. Let them know that you are with them and that they are safe, even if they are hallucinating. For example, rather than saying, “there are no snakes, you are hallucinating,” you could try saying something like, “I know you see snakes on the floor and that you are scared, but I am here with you and you are safe.”
- Talk to the person about delirium. It is okay to talk about it rather than pretend nothing is wrong. By letting them know you understand what is going on and you have a plan, you can decrease fear and anxiety. For example, “I can tell you are not feeling well. It’s okay. You are safe and we are going to figure this out together.”
- Give very simple directions. Long explanations may be difficult to understand when experiencing a delirium. For example, you could give directions like, “eat this,” or “drink this,” or “follow me,” in a calm voice.

Common Causes and Risk Factors for Delirium

- Alcohol or other substance use disorders.
- Change of environment (hospital stay, new living arrangement).
- Constipation.
- Dehydration.
- Diagnosis of dementia.
- Infections.
- Over stimulation (e.g. too much noise, activity, or too many people).
- Poor nutrition.
- Some medications.
- Organ malfunction (pancreas, liver, lungs, etc.) are not functioning normally.
- Vision or hearing impairment
- Pain.

Create a Quiet and Familiar Environment.

- If possible, have a familiar person stay with them so they are not alone.
- Limit noise, such as radio or television. You can try soothing music but turn it off if it causes agitation.
- Dim the lighting in the room. Shadows from bright lights can increase hallucinations.
- Ensure that the person is wearing their glasses, dentures and hearing aids. It is important that they can both communicate what they need and hear what you are saying.
- Encourage the Usual Routine:
- Encourage them to be as active as they normally would, safely indoors.
- Encourage them to eat and drink at mealtimes by offering simple meals and easy to eat foods. It is important to encourage good nutrition even if the person is not hungry or thirsty.

Seek Medical Attention as Soon as Possible.

- Any suspected sudden change in mental status should be reported to a health care professional as soon as possible. The cause for the change needs to be determined.
- An assessment and diagnosis of delirium, as quickly as possible, will lead to a proper plan of treatment and action.
- Ideally, you would connect as soon as possible with a trusted health care professional who is aware of the person's health history. However, if this is not possible, seek medical attention from your closest medical facility (walk-in-clinic, emergency department, etc.).



The following table is a list of strategies that can help manage and prevent delirium. For a one-page tool, outlining these strategies, see [Tool 7.2: Strategies to Manage and Prevent Delirium](#).

Strategies to Manage and Prevent Delirium ¹⁹	
Stimulate the Mind	Promote daily socializing, reading, listening to music, brain games (crossword, puzzles, etc.), and friendly conversations about daily news and events.
Get Moving	Encourage the person to stay as active as their abilities allow (try for at least three times each day).
Promote Healthy Sleep	Use a bedtime routine or other technique that promotes a good night sleep (e.g. turn off electronics an hour before bed, put on soothing music, read a book, enjoy a sleep-tea, have a warm bath, make sure the room is cool, dark and comfortable).
Confirm Seeing and Hearing	Ensure a person has their hearing aids and glasses on (if needed) and that they are working properly.
Stay Hydrated	Provide fluids throughout the day to prevent dehydration.
Eat	Make food available throughout the day, and enjoy meal times together (if possible).
Take Medications as Prescribed	Keep an up-to-date medication list and tracking system. Use a chart or dosette box to organize medications. Blisterpacks can be obtained from your pharmacy with pills already organized. (See Medication Management for more information).
Ensure Regular Bowel Movements	One of the most common causes of delirium is constipation. Ensure the person is drinking fluids throughout the day, walking (at least three times a day), and having daily prunes or prune juice with breakfast. Try to establish a routine time for a bowel movement each day (often this can be after breakfast). A routine gentle laxative such as stool softener or one that helps the bowels to move may be helpful. Speak to a health care professional for if there is any difficulty having regular bowel movements.

¹⁹ Adapted from RGP of Toronto. (2018). *SF7 Toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>

Helpful Tips to Communicate with Health Care Professionals

A challenge faced by caregivers is how to communicate with health care professionals about delirium. Delirium is so complex that it can be missed or unrecognized by health care professionals. It's important to be prepared to speak with health care professionals so that they can provide help by offering recommendations, strategies, or other forms of assistance.

The following are some helpful tips on how to communicate with health care professionals:

Offer detail.

- Use the list of [common signs and symptoms](#) to explain what sudden changes you are noticing.
- Bring your completed Delirium Detection Questionnaire (See [Tool 7.1: Delirium Detection Questionnaire](#)).
- Bring a complete list of all medications, including over the counter medications, with their dosages and the bottles/packages.
- Be prepared to answer the following questions that the health care professional may ask you:
 - What changes are you noticing? How is this different than the usual?
 - When did you notice this change?
 - Has this ever happened before? When and if possible, why?
 - Have they taken any new medications prescribed or have there been changes to their usual medications? What medications and if possible, why?
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, and the support you provide.

Ask questions.

Is there anything more I should be doing to manage this delirium?

- The health care professional may offer treatment and or additional strategies for you to use.



What should I do if delirium reoccurs?

- The health care professional may recommend what to do and where to go if you notice delirium occurring again. They may recommend different places to seek help depending on certain signs and symptoms (e.g. their clinic, a walk-in-clinic, or emergency department).

What supports are available in the community for someone with delirium?

- Health care professionals should know about geriatric teams, and community programs that can support delirium management in your area. They will be able to tell you and the person you care for about these services and if they think a referral is needed and how they may want to support ongoing care after a diagnosis of delirium is made.

Finding Additional Support

How do I find additional support related to delirium?

Ask a health care professional.

- There is not one way to navigate the health care system. It is different depending on where you live in Ontario and what services you may need. A health care professional will be able to recognize what local services may support you the best.

Look online.

- You can search for more information about delirium by visiting the Canadian Safety Institute website: <https://www.patientsafetyinstitute.ca/en/Topic/Pages/Delirium.aspx>.

Watch a video.

- You can watch a video from CBC's The National to understand more about how a person may experience delirium and a program that some hospitals have adopted to prevent delirium. You can watch it here: <https://www.cbc.ca/player/play/1189994563703>.

How do I find additional support related to dementia?

This Handbook does not include a chapter about dementia. There are many resources devoted to teach caregivers about dementia. If you suspect that you might be dealing with dementia or are interested in learning more about dementia, consider the following list as a starting point.

- To learn more about dementia, how to care for a person living with dementia, and how to find help, visit the Alzheimer Society of Ontario website: <https://alzheimer.ca/en/on>.
- The Reitman Centre is a recognized leader in caring for the caregivers of people living with dementia. They provide services and support that benefit caregivers and individuals living with dementia. To learn more about the Reitman Centre and what they have to offer, visit their website at: <https://www.mountsinai.on.ca/care/psych/patient-programs/geriatric-psychiatry/dementia-support/>.
- IGeriCare is a resource that provides educational information for individuals who are newly diagnosed with dementia or mild cognitive disorder, their families, caregivers and health care providers. Developed by experts in geriatrics and mental health at McMaster University. For easy to access and simple lessons that teach caregivers about dementia and brain health, review this free course. Understanding the complexity of dementia may help reduce stress and increase your quality of life. Start your lessons now by visiting: <https://igericare.healthhq.ca/lessons>.

Summary

This chapter has offered information about delirium. You have reviewed some strategies to recognize and manage delirium. You are now more aware of the differences between delirium and dementia. You can start to develop your own strategies related to delirium and find additional support in your area.



Tool 7.1: Delirium Detection Questionnaire²⁰

This tool is a simple way for you to communicate what you are seeing to a health care professional. Review and complete the following table.

During your interaction with the person today, have you observed any of the following?	YES	NO
1. Altered level of awareness to the environment in any way different than being normally awake.	<input type="text" value="3"/>	<input type="text" value="0"/>
2. Reduced attentiveness; inability to focus on you during the interaction	<input type="text" value="4"/>	<input type="text" value="0"/>
3. Fluctuation in awareness and attentiveness, such as drifting in and out during an interaction or through the day.	<input type="text" value="3"/>	<input type="text" value="0"/>
4. Disordered thinking; the response (whether verbal or action) is unrelated to the question or request.	<input type="text" value="3"/>	<input type="text" value="0"/>
5. Disorganized behaviour; purposeless, irrational, under-responsive or overresponsive to requests.	<input type="text" value="2"/>	<input type="text" value="0"/>
6. Unexplained impaired eating or drinking (excluding appetite); unable to perform the actions to feed oneself.	<input type="text" value="2"/>	<input type="text" value="0"/>
7. Unexplained difficulty with mobility or movement.	<input type="text" value="1"/>	<input type="text" value="0"/>
Score	<input type="text"/>	
Scoring information for health professional use:		
Score	Predictive Value	Description
4	89%	Possible delirium: evaluate potential medical causes, medications, substances, etc.
9	100%	Delirium: immediate medical evaluation required.

²⁰ Shulman, R. & Trillium Health Partners. (2014). *The Sour Seven: Delirium Detection Questionnaire for Caregivers*. Retrieved from: https://static-content.springer.com/esm/art%3A10.1186%2Fs12877-016-0217-2/MediaObjects/12877_2016_217_MOESM1_ESM.pdf

Tool 7.2: Strategies to Manage and Prevent Delirium²¹

The following chart highlights strategies that caregivers can apply to prevent delirium in older adults.

Strategies to Manage and Prevent Delirium ¹⁹	
Stimulate the Mind	Promote daily socializing, reading, listening to music, brain games (crossword, puzzles, etc.), and friendly conversations about daily news and events.
Get Moving	Encourage the person to stay as active as their abilities allow (try for at least three times each day).
Promote Healthy Sleep	Use a bedtime routine or other technique that promotes a good night sleep (e.g. turn off electronics an hour before bed, put on soothing music, read a book, enjoy a sleep-tea, have a warm bath, make sure the room is cool, dark and comfortable).
Confirm Seeing and Hearing	Ensure a person has their hearing aids and glasses on (if needed) and that they are working properly.
Stay Hydrated	Provide fluids throughout the day to prevent dehydration.
Eat	Make food available throughout the day, and enjoy meal times together (if possible).
Take Medications as Prescribed	Keep an up-to-date medication list and tracking system. Use a chart or dosette box to organize medications. Blisterpacks can be obtained from your pharmacy with pills already organized. (See Medication Management for more information).
Ensure Regular Bowel Movements	One of the most common causes of delirium is constipation. Ensure the person is drinking fluids throughout the day, walking (at least three times a day), and having daily prunes or prune juice with breakfast. Try to establish a routine time for a bowel movement each day (often this can be after breakfast). A routine gentle laxative such as stool softener or one that helps the bowels to move may be helpful. Speak to a health care professional for if there is any difficulty having regular bowel movements.

²¹ Adapted from RGP of Toronto. (2018). SF7 Toolkit. Retrieved from: <https://www.rgptoronto.ca/resources/>



References

Changes in Thinking and Behaviour: Delirium

Capezuti, E., Zwicker, D., Mezet, M., & Fulmer, T. (2008). *Evidence-based geriatric nursing protocols for best practice: Third edition*. New York, New York: Springer Publishing Company.

Mayo Clinic. (2018). *Delirium*. Retrieved from: <https://www.mayoclinic.org/diseasesconditions/delirium/symptoms-causes/syc-20371386?p=1>.

Family Caregiver Alliance, National Centre on Caregiving. (2019). *Caregiver resources, dementia*. Retrieved from: <https://www.caregiver.org/health-issues/dementia>

Gower, L. E., Gatewood, M. O., & Kang, C. S. (2012). Emergency department management of delirium in the elderly. *The Western Journal of Emergency Medicine*, 13(2), 194–201.

Inouye, S.K. (1999). *Hospital elder life program (HELP) for prevention of delirium*. Retrieved from: <https://www.hospitalelderlifeprogram.org/>

Inouye, S.K., Westendorp, R.G., Saczynski, J.S., Kimchi, E.Y., & Cleinman, A.A. (2014). Delirium in elderly people. *Lancet*, 383(9934), 2045.

The Ottawa Hospital. (2016). *Delirium a guide for caregivers*. Retrieved from: <http://www.rgpeo.com/media/74748/delirium%20a%20guide%20for%20caregivers.pdf>

RGP of Toronto. (2018). *SF7 toolkit*. Retrieved from: <https://www.rgptoronto.ca/resources/>

Registered Nurses Association of Ontario (RNAO) (2016). *Delirium, dementia and depression: What is the difference?* Retrieved from: https://rnao.ca/sites/rnao-ca/files/HEFS_Delirium_dementia_and_depression_What_is_the_difference_0.pdf

Shulman, R.W., Kalra, S., & Zhuan Jiang, J. (2016). Validation of the sour seven questionnaire for screening delirium in hospitalized seniors by informal caregivers and untrained nurses. *BMC Geriatrics*, 16(44), 1 – 8.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



Social Engagement



Introduction

As a caregiver, you may be responsible for planning and preparing social outings and appointments. Depending on a person's level of frailty, you may be one of the only people they socialize with.

It can be upsetting to see the person you care for alone or unengaged. You might be wondering:

- How do I know if they are experiencing social isolation, loneliness, or depression?
- What can I do to increase social engagement?
- How do I seek out additional supports related to social engagement?

This chapter may help you answer these questions. By applying, and adapting the strategies in this chapter, you can help increase the social connections of the person you care for.

Did you Know?

- Depending on the person, social isolation can lead to loneliness.
- Being socially engaged in meaningful activities can make a person feel less lonely.
- Loneliness can lead to depression, and poor health.
- Depression is one of the most common mental health issues that impact older adults.
- As a result of spending most of their time providing care and support to a senior experiencing frailty, many caregivers also experience isolation, loneliness, and depression.
- The topics of social isolation and loneliness do not often come up in conversation with health care professionals.
- There is help for people who feel isolated, lonely, and depressed. There are services in the community that can help!

Key Terms

The following are definitions of terms that are used throughout this chapter. Understanding and differentiating between each of these terms can be helpful when communicating with health care professionals.

Social engagement is when a person is involved in meaningful activities with others and is maintaining close, fulfilling relationships.

Social isolation results when a person has very rare contact with others.

Loneliness is a feeling that results from wanting to be connected to other people but those people and connections are not there.

Depression is the result of feeling sad on a daily basis for two weeks or more. Depression causes a person to feel helpless, hopeless, and perhaps like a burden to others.

The information in this chapter is not intended to replace the advice of a qualified health care professional. Please consult your health care professional for advice about specific medical conditions. Look for our [helpful tips on communicating with health care professionals](#).

Recognize Isolation, Loneliness, and Depression

Is the person you're caring for socially isolated?

There are a number of factors that may increase the likelihood of a person becoming socially isolated. Recognizing social isolation early on and getting support immediately could help avoid feelings of loneliness and depression.

Consider the following risk factors:

- Any history of mental health concerns.
- Difficulty with hearing or vision.
- Living alone.
- No children or family in general.
- Disabilities or health challenges.
- Recent major life changes, such as the loss of friends/relationships, grief, changed living arrangements, etc.



These risk factors can all contribute to a person being alone more often and less able to get out of the house. If you answered “yes” to any of the above questions, the person you care for may be at risk of social isolation. It may be helpful to speak with the person to understand how they might be more socially engaged, what activities would be most enjoyable for them, how they would like to be with other people and when.

Is the person you care for lonely?

If the person you care for is at risk of being socially isolated, you may want to consider if they are experiencing loneliness. The best way to explore these feelings is by speaking with them directly about what you are observing.

A good place to start this conversation is by asking the person if they feel lonely and why. Then you can continue the conversation by asking the following questions:

- How often do you feel that you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?

These questions are part of a validated screening tool called the *Three-Item Loneliness Scale*. Once completed, this screening tool can be great resource to bring with you to visits with a health care professional. To complete the full screening tool, see [Tool 8.1: Three-Item Loneliness Scale](#).

When to Seek Immediate Help

1. Please call 911 immediately if the person you care for is telling you that they plan to harm themselves or others, or you suspect that they will.
2. If the person you care for has discussed thoughts of wanting to die or that they “wish there were ways to end their suffering” but do not intend to hurt themselves, seek help immediately. ConnexOntario has a free, 24/7 support service for mental health, crisis, addictions, and more. You can call them any time to discuss your concerns and get help with the next steps: 1-866-531-2600 or visit their website for more information at: <https://www.connexontario.ca/>
3. To learn more about suicide prevention in older adults, download the guide for family members: <https://cloudfront.ualberta.ca/-/media/hrs/health-and-wellbeing/mental-health/suicide/preventing-suicide-among-older-adults.pdf>

Is the person you are caring for depressed?

Given that loneliness is a risk factor for depression, it is important to be aware of common signs of depression. If you observe that the person you are caring for has had changes in mood and/or behaviour or is showing signs of sadness, consider the common signs of depression in the table below.

Common Signs of Depression

Signs of Depression	Example
Feeling Hopeless	<ul style="list-style-type: none"> • “It’s hopeless; I’ll never get better...what’s the point anyway?” • “No one cares about me.” • “You are wasting your time because that will never work.” • “I don’t want to try anymore.”
Stopping Usual Activities	<ul style="list-style-type: none"> • They no longer take part in activities that they once enjoyed (card games with their social group, going to church, etc.) • They seem to have lost interest in hobbies (they stop gardening, painting, listening to or playing music, etc.).
Mood Swings	<ul style="list-style-type: none"> • Mood swings are high and low and come and go quickly. • They cry during your visits or they may push you away with anger.
Anxiety	<ul style="list-style-type: none"> • They tell you they often feel nervous or on edge, and they are not sure why. • They appear to be worrying all the time about their health, your life, other people’s lives, etc. • They tell you they feel their heart is racing, their mouth is dry and their hands are shaky.
Altered Sleep	<ul style="list-style-type: none"> • They sleep all day or most of the day. • They may also have trouble falling asleep and staying asleep.
Weight Changes	<ul style="list-style-type: none"> • You notice the person gaining weight as a result of overeating. • You may also notice the person losing weight as a result of eating less than their usual.



The more signs you are noticing above, the higher chance that the person is experiencing depression. Discuss the signs you are noticing with the person. Explain what you notice, ask them how you can help, and plan to speak with a health care professional together as soon as possible, to get connected to the right services.

Strategies to Increase Social Engagement

How can you encourage social engagement?

One of the best ways to encourage social engagement is to help a person take part in the activities they enjoy, with people they like to be around. It is not about the number of activities they participate in, or the number of people. What matters most is the quality of the activity and social connection. For example, some people may enjoy spending time with one other person. For others, socializing means to dine with a large group, volunteer, or participate in group activities.

The following ideas may help you think creatively about social engagement:

Ask the Person.

- Start with a conversation about what activities they enjoy and who they enjoy spending time with.
- How did they enjoy spending their time in the past? Did they prefer their alone time? Did they love large group gatherings? What activities did they find most enjoyable?

Myths about Social Engagement

X *All people who are alone are lonely.*

Many people find being alone is a way to reflect and re-energize for the next day. People who spend a lot of time alone do not always consider themselves lonely. Depending on a person's lifestyle and personality, they may be more comfortable quietly reading the paper or watching the birds than gathering with a large group of people. It is more important to consider meaningful engagement rather than assuming that people who are alone need to be with other people all the time. The first step to understanding what works best for another person is ask them.

X *It is normal for older adults to feel lonely and depressed.*

Loneliness and depression are serious health issues that should not be considered part of the normal process of aging. Regardless of a person's age, loneliness and depression can lead to poor health and quality of life. Individuals feeling this way are encouraged to speak to a health care professional as soon as possible to strategize helpful ways to increase meaningful social engagement.

“My mom is alone for most of the week other than my visits. Sometimes it is by choice but other times I think she may be feeling lonely. A friend told me that loneliness can lead to depression. Learning about social engagement has helped me understand where I can offer the most help to my mom.”

– A caregiver from
Ottawa, ON

Be Creative.

- Being creative does not mean grand gestures. In this case, being creative means considering all opportunities for social engagement inside and outside of the home, such as:
- Running errands and daily chores together.
- Listening to music together.
- Looking through old photos or memory boxes and allowing the person to tell you what they are thinking about.
- Visiting a favorite bakery or restaurant and the taste of favorite foods.

Keep it Simple.

- Each visit is an opportunity for social engagement!
- Social engagement does not mean that there has to be a lot of talking. Listen and validate how someone is feeling. Allowing time for silence and reflection helps thoughts to develop and the conversation to build.
- People need to feel that they matter. This can be accomplished by just being present with someone else. Sitting and watching the birds with a person who enjoys that activity can make a big difference in that person’s day.
- Ask open ended questions and see where the conversation goes. When a person only gives you a one-word answer, try asking, “Tell me more about that.” You’ll be surprised by how a conversation can grow.

Consider Barriers.

- Are there reasons that a person cannot get out of their house, even though they would love to? Consider possible ways to address barriers yourself or with the help of community services. Possible barriers include:
 - Needing transportation or assistance with walking.
 - Needing another person to be with them for safety reasons.
 - Challenges with vision or hearing.
 - Health issues that make long outings impossible or challenging.
- By preparing for the potential or real barriers in advance, you will increase the likelihood for enjoyment of the activity for everyone.
- For more information on how to find community services, see the [finding additional supports](#) section.



Helpful tips to Communicate with Health Care Professionals

When speaking with health care professionals, it is important to be prepared so that they can provide support by offering the right help at the right time.

Unfortunately, discussing feelings of loneliness and depression openly is not a common practice. Even if your health care professional does not ask about loneliness or depression, you can still bring it up.

The following are some helpful tips on how to communicate with health care professionals about loneliness and depression:

Offer detail.

- The more detail you can provide about a change in a person's mood and behaviour, the more a health professional can work out different strategies to help.
- Offer details like when the behaviour started; how long they have been feeling this way; what you have tried so far; and anything that has happened recently that could cause feelings of loneliness or depression (e.g. death of a friend, family has moved away, or they have recently moved from their home to retirement home).
- As a starting point, share the results of the completed [Tool 8.1: Three-Item Loneliness Scale](#).
- If depression is suspected, share the unexpected changes you have noticed in the person you are caring for. Use the common signs of depression list offered in this chapter to help you share these changes.
- Beyond explaining who you are and the relationship you have with the person, offer details about your caregiving role, and the support you provide.

Ask questions.

Are there reasons for the changes I am seeing in the person I am caring for?

- Health care professionals may want to figure out why someone's mood and behaviour may have changed, especially if this change is something that has come on quickly. They may review medications, ask about daily routine and habits, and may consider doing medical tests to understand more.

What support does the community have to offer for supporting social engagement?

- Health care professionals should know about geriatric teams, and community programs that support social engagement, dining programs, different hobby clubs, and social workers or counselors that are local to you. They will be able to tell you and the person you care for about these services and if they think a referral is needed.

Finding Additional Support

How do I find additional support related to social engagement?

Ask a health care professional.

Ask a qualified health care professional who can provide direction. There is no one way to navigate the health care system. It is different depending on where you live and what it is you are looking for. A good first step to finding the right services is to ask a qualified and trusted health care professional.

Look online.

- You can search for social engagement activities or services that support loneliness and depression by going online and browsing the Healthline, Health Services for Ontario website at: www.thehealthline.ca/.
- To find places that you can go for social activities and fun, you can browse the Government of Ontario website: www.ontario.ca/page/seniors-connect-your-community.
- To learn more about finding specialized help for depression, visit the Canadian Mental Health Association website: <https://ontario.cmha.ca/documents/understanding-and-finding-help-for-depression/>.
- To learn more about information and referral services for mental health and addictions, visit the ConnexOntario website: <http://www.connexontario.ca/>.

Call.

- To speak to a registered nurse for non-urgent health advice or for general health information, call Telehealth Ontario: Toll-free: 1-866-797-0000; or Toll-free TTY: 1-866-797-0007. You can also learn more about their service by visiting their website: <https://www.ontario.ca/page/get-medical-advice-telehealth-ontario>.

Summary

This chapter has provided you with information about social engagement, social isolation, loneliness and depression. This information may help you recognize if a person is at risk of social isolation. You are now able to create strategies to increase the social engagement of the person you care for.



Tool 8.1: Three-Item Loneliness Scale²²

You may want to consider if the person you are caring for is experiencing loneliness. One way to explore feelings of loneliness is to ask the person the questions offered in the tool below.

Discuss each of the questions below with the person you care for and circle the appropriate score. Once completed, add the scores together for a total.

Scores closer to nine (9) indicate that the person is likely experiencing loneliness. Anything over a score of six (6) should be discussed with a health care professional.

Sharing these results with a health care professional could lead to a helpful conversation about the services available to increase social engagement.

Question:	Hardly Ever	Some of the Time	Often
First, how often do you feel that you lack companionship: Hardly ever, some of the time, or often?	1	2	3
How often do you feel left out: Hardly ever, some of the time, or often?	1	2	3
How often do you feel isolated from others? Hardly ever, some of the time, or often?	1	2	3
Score	/9		

²² Hughes, M., Waite, L., Hawkley, L., Cacioppo, J. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. *Res Aging*, 26(6), 655–672; Retrieved from: <https://static1.squarespace.com/static/5b855bd5cef372d1e9a8ef0e/t/5ccc5008b208fcd615da0870/1556893704715/Measuring+Loneliness+Scale+SEOAT.pdf>

References

Social Engagement

Canadian Mental Health Association. (2019). *Backgrounder on seniors' mental health*. Retrieved from: <https://ontario.cmha.ca/documents/backgrounder-on-seniors-mental-health/>.

Family Caregiver Alliance, National Centre on Caregiving. (2019). *Caregiver Isolation and Loneliness*. Retrieved from: <https://www.caregiver.org/caregiver-isolation-and-loneliness>

Holt-Lunstad J, Smith TB, & Layton JB. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, 7(7), e1000316

Hughes, ME., Waite, LJ., Hawkey, LC., & Cacioppo, JT. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, 26(6), 655-72.

RGP of Toronto. (2018). SF7 Toolkit, Retrieved from: <https://www.rgptoronto.ca/resources/>.

Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. *Ind Psychiatry*, 18(1), 51-55.

Notes



A series of horizontal dotted lines spanning the width of the page, intended for handwritten notes.



© 2019 Regional Geriatric Programs (RGPs) of Ontario.
Permission granted to use without editing and with appropriate citation.

If reproducing or adapting the content in the handbook, RGPO must be credited as the author with the following citation:

Regional Geriatric Programs of Ontario. (2019). Caregiving Strategies Handbook: Providing Care and Support for a Senior Living with Frailty. Retrieved from www.rgps.on.ca/caregiving-strategies

For more information on the Senior Friendly Caregiver Education Project and the Regional Geriatric Programs of Ontario, please visit www.rgps.on.ca/caregiving-strategies.



About Regional Geriatric Programs of Ontario (RGPO)

The RGPO is a provincial collaborative of 11 Regional Geriatric Programs (RGPs) and regionally-based networks that support specialized geriatric service delivery, capacity building, evaluation, and advocacy toward meeting the health needs of Ontario's aging population.

Locally, RGPs provide specialized geriatric services. These services assess and treat functional, medical, and psychosocial aspects of illness and disability in seniors who have multiple and complex health needs. Working in collaboration with primary care physicians, community health professionals, and others, RGPs seek to meet the needs of seniors who are experiencing frailty.

About the Senior Friendly Caregiver Education Project

To address the growing need for educational supports for caregivers, in 2018, the RGPO launched the Senior Friendly Caregiver Education Project. Funded by the Ontario Ministry of Health and working in collaboration with caregivers across Ontario, the project team has developed the Caregiving Strategies Handbook: Providing Care and Support for a Senior Experiencing Frailty and other resources to support the diverse needs of caregivers of seniors living with frailty.

The project team, in collaboration with local RGPs, organized and facilitated focus group sessions in ten communities across Ontario. We listened to 133 caregivers as they responded to our questions, told their stories, and shared their caregiving experiences. For more information about the co-design methodology used and the results of these facilitated sessions, please refer to our report "What We Heard from Caregivers Across Ontario" available at: <https://www.rgps.on.ca/resources/what-we-heard-report/>. We reviewed the results of the focus groups with caregivers and health care professionals who were invited to form our Educators Working Group. They advised us each step of the way as we responded to what we heard and created these new resources.

Acknowledgements

Many people made the development of this handbook possible. We would like to express our gratitude to the caregivers from across the Ontario who took time from their busy schedules to join us in focus groups and share stories of their caregiving experiences. You have deepened our understanding about what you do every day and what you want to learn about frailty. This project would not be possible without your participation and commitment to the seniors you care for each day.

We are also grateful for the time and dedication of the interprofessionals and volunteers from local RGPs across Ontario who supported our efforts by hosting focus groups in their communities and helped make it possible for us to connect with caregivers.

The RGPO would like to acknowledge the Ministry of Health for recognizing the important role that caregivers play in supporting the well-being of seniors experiencing frailty. The Ministry provided funding for this project.

This handbook builds upon the strong foundation of the Senior Friendly 7 topics proposed by the Regional Geriatric Program of Toronto. This project would not have been possible without the research and expertise spearheaded by this exceptional team. We also want to thank the professionals who reviewed drafts of this handbook and offered their expert recommendations to ensure the content is up-to-date, evidence-based and accurate. The RGPO is fully responsible for the contents in this handbook and any errors or omissions.

Project Team

Susan Bacque, Project Manager,
Regional Geriatric Programs of Ontario

Sarah Gibbens, Knowledge to Practice Specialist,
Regional Geriatric Programs of Ontario

Christie Nash, Engagement and Impact Specialist,
Regional Geriatric Programs of Ontario

Project Steering Committee Members (*Project Co-Chairs)

***Dr. Jacobi Elliott**, Project Co-Chair, Southwestern Ontario Regional Geriatric Program

***Kelly Kay**, Project Co-Chair, Regional Geriatric Programs of Ontario, Seniors Care Network

Gail Hawley Knowles, Regional Geriatric Program South East Ontario

Dr. Barbara Liu, (Lead Applicant), Regional Geriatric Program of Toronto

Elizabeth McCarthy, Southwestern Ontario Regional Geriatric Program

Jane McKinnon-Wilson, Regional Geriatric Program Central/Waterloo Wellington

Kelly Milne, Regional Geriatric Program Eastern Ontario

Dr. John Puxty, Regional Geriatric Program South East Ontario

Dr. David Ryan, Regional Geriatric Program of Toronto

Valerie Scarfone, Provincial Geriatric Leadership Office/North East Specialized Geriatric Centre

Educators Working Group Members (*Project Co-Chairs)

***Dr. Jacobi Elliott**, Project Co-Chair, Southwestern Ontario Regional Geriatric Program

***Kelly Kay**, Project Co-Chair, Regional Geriatric Programs of Ontario, Seniors Care Network

Amy Coupal, CEO, Ontario Caregiver Organization

Dr. Nicole Dalmer, Postdoctoral Fellow, Digital Infrastructures of Health and Aging, Trent University

Shaen Gingrich, PT, BHSc(Hon), MPT, Regional Geriatric Knowledge Translator, North East Specialized Geriatric Centre

Jody Glover, MSW, RSW Quality Improvement/Knowledge Translation Facilitator, South West Frail Senior Strategy, Parkwood Institute, St. Joseph's Health Care London

Mieko Ise, Caregiver, and Patient, Family and Caregiver Advisor

Gail Hawley Knowles, Manager, Centre for Studies in Aging & Health South East Ontario RGPO

Alekhya M. Johnson, MPH, Knowledge-to-Practice Project Manager, Regional Geriatric Program of Toronto

Mary Lou Kelley, MSW, PhD Professor Emeritus Lakehead University and Advisory Committee, Compassionate Ottawa

Heather MacLeod, MSc (OT) OT Reg. (Ont.), Team Leader, Geriatric Assessment Outreach Teams, Bruyere Continuing Care

Jane McKinnon Wilson, BSc. H.K., MSc. H.B., Waterloo Wellington Geriatric Systems Coordinator (she/her)

Dr. David Ryan, Director of Education & Knowledge Processes, Regional Geriatric Program of Toronto

Anne-Marie Yaraskavitch, Caregiver, and Patient, Family and Caregiver Advisor

Content Reviewers

Caring for the Caregiver:

Mieko Ise, Caregiver, and Patient, Family and Caregiver Advisor

Anne-Marie Yaraskavitch, Caregiver, and Patient, Family and Caregiver Advisor

Pain:

Lynn Haslam, RN(EC), MN, PANC(C), Nurse Practitioner, PhD(c) Aging & Health

Staying Active:

Dr. Barbara Liu, MD, FRCPC, Executive Director, Regional Geriatric Program of Toronto

Nutrition:

Nicole Osinga, RD, MAN, BAsC.

Bladder Health:

Linda Galarneau, RN, GNC(C), NCA

Medication Management:

Natalie Chan, RPh, BCGP

Changes in Thinking and Behaviour (Delirium):

Karen Truter, RN(EC), MN, CHPCN(C), GNC(C), Nurse Practitioner

Social Engagement:

Dr. David Ryan, Director of Education & Knowledge Processes,
Regional Geriatric Program of Toronto

Chantal Lelievre, MSW, RSW

Bibliography

Government of Ontario. (2017). Aging with confidence: Ontario's action plan for seniors. Retrieved from: <https://www.ontario.ca/page/aging-confidence-ontario-action-plan-seniors>

Ontario Shores Centre for Mental Health Sciences. (n.d.). Interprofessional practice and interprofessional care. Retrieved from: https://www.ontarioshores.ca/about_us/our_approach/interprofessional/

Thabrew, H., Fleming, T. M., Hetrick, S., & Merry, S. N. (2018). Co-design of eHealth interventions with children and young people. *Frontiers in psychiatry*, 9, 481.

The Change Foundation. (2018). Spotlight on Ontario's caregivers. Retrieved from: <https://www.changefoundation.ca/spotlight-on-caregivers/>

Notes

A series of horizontal dotted lines for taking notes.

Regional Geriatric Programs of Ontario
c/o 1000 DePalma Drive Suite 2H-16
Cobourg ON K9A 5W6

905 372-6811 x 7798
www.rgps.on.ca

