

Caregiving Strategies Handbook

Providing Care and Support for an Older Adult Living with Frailty



Dedication

Provincial Geriatrics Leadership Ontario (PGLO) acknowledges and values the efforts of care partners who provide care and support for older adults living with frailty.

This handbook is dedicated to you.



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Introduction

About this Handbook

The Caregiving Strategies Handbook: Providing Care and Support for an Older Adult Living with Frailty was developed for you, the family and friend care partners who support older adults experiencing frailty. Created with advice from care partners 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 life¹.

This handbook is organized into nine main chapters.

Each chapter provides:

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

Each chapter includes important tips in boxes that:

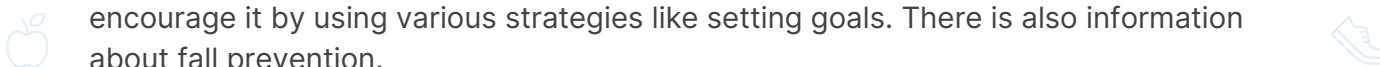
- Challenge some of the common myths
- Share facts you need to know
- Provide tools that you can print out and use at your convenience.

In **Caring for the Care Partner**, we begin by focusing on your needs and how to prioritize self-care. This chapter provides strategies and resources for you, the care partner, 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.

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

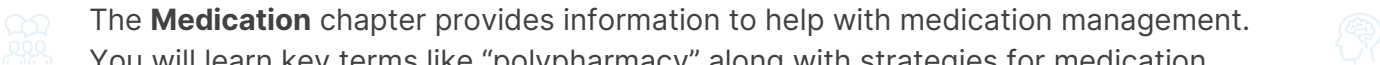
– A care partner from
London, ON



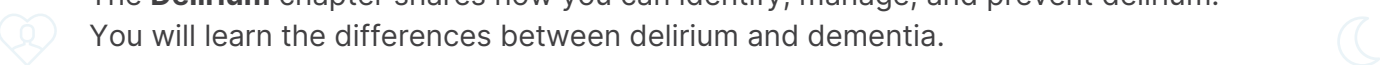
The chapter on **Staying Active**, is about the importance of mobility and how to encourage it by using various strategies like setting goals. There is also information about fall prevention.



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.

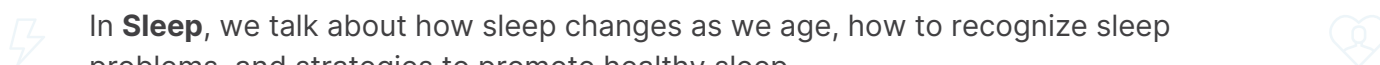


In **Bladder Health**, the different types and causes of incontinence are explained, with strategies for how to talk about incontinence with the person you care for.



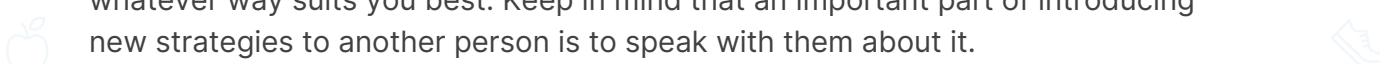
The **Medication** chapter provides information to help with medication management. You will learn key terms like “polypharmacy” along with strategies for medication management.

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

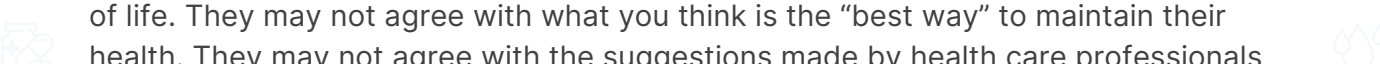


In **Social Engagement**, we talk about loneliness, depression, and social isolation. We also share strategies to encourage a person to take part in activities.

In **Sleep**, we talk about how sleep changes as we age, how to recognize sleep problems, and strategies to promote healthy sleep.



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 older adult 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 other care partners. You can only do your best. Asking for their permission to help is important. Encouraging independence allows the older adult 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.



Five-Step Problem-Solving Tool²

Sometimes the person you are supporting may not want to do something that could help them, like moving more, eating well, or taking a medication. This quick problem-solving tool can help you work together to figure out the next small step for any of the topics in this handbook.

You don't have to do all 5 steps every time, pick what fits.

When to use this tool

When motivation stalls.

When something feels "too hard".

When you're both unsure what step to take next.

When you notice a change in routine (e.g., sleep, eating, mobility, pain, mood).

Why this helps

Builds collaboration and trust.

Reduces frustration for both of you. Makes big goals feel manageable. Supports independence and choice.

Encourages realistic and compassionate expectations.

1. What is the issue right now?

Say what the issue is in one simple sentence.

- "Mom feels too tired to walk today."
- "Meals are getting skipped."
- "Taking medication is becoming harder."

Tip: Focus on the situation—not the person.

2. What's getting in the way?

Ask the person what makes it hard.

- Are they worried about pain?
- Feeling overwhelmed?
- Frustrated?
- Unsure what to expect?
- Is timing, energy, or comfort the issue?

You might say:

"What would make this easier right now?"

3. What small step could help?

Choose one tiny, doable thing.

- Walk to the kitchen instead of around the block.
- Try one more glass of water instead of two more.

Small steps build confidence.

4. Try the plan—just once.

Make it feel safe and low pressure.

- "Let's try this today and see how it feels."

Offer support, encouragement, and choice.

If it doesn't go as planned, that's okay—go back to Step 2.

5. Look back together.

Ask:

- "Did that help?"
- "Would you like to keep doing it, or try something different?"

Celebrate even the smallest wins.

Glossary

Care Partner

There are many terms used to describe your role: care partner, caregiver, carer, care provider, care manager, and more. You may be family members, partners, friends, or neighbours who provide personal, social, physical, and/or psychological support to someone in need, without getting paid. For consistency, throughout this handbook we will use the term care partner to describe people who provide caregiving support.

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.”³

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 regulatory health professions in Ontario as of 2024⁴.

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

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 an older adult experiencing frailty⁵.

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 include⁵:

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

- 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.

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 \(PFFS\)](#)^{6,7} is an example of a screening tool that can be used by a care partner. 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.

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

Upon completion, the PFFS can be used as a tool to support communication with the older adult 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 older adult's needs, changes you are noticing, and the role you have in the older adult's life.

The Pictorial Fit-Frail Scale® (Used with permission)



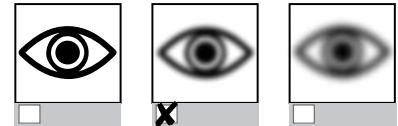
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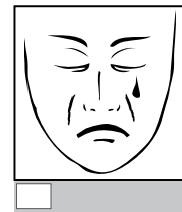
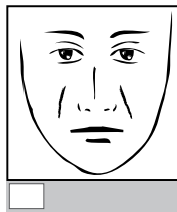
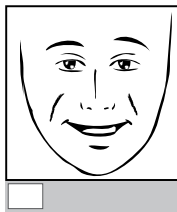
Instructions: This scale is intended to assess your USUAL state in different categories using pictures ordered from best to worst.

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

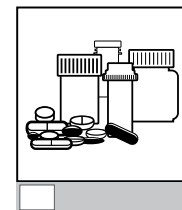
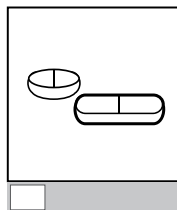
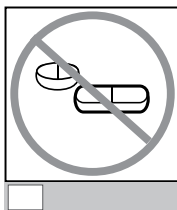
Example: If your USUAL vision is closest to the second picture mark as shown.



1 MOOD



2 NUMBER OF MEDICATIONS



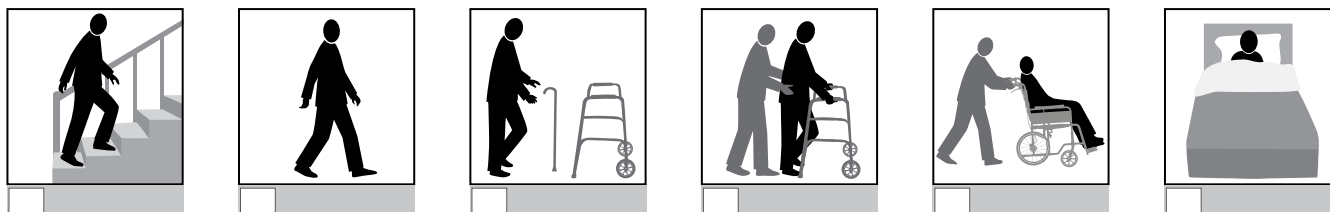
The Pictorial Fit-Frail Scale® (Used with permission)



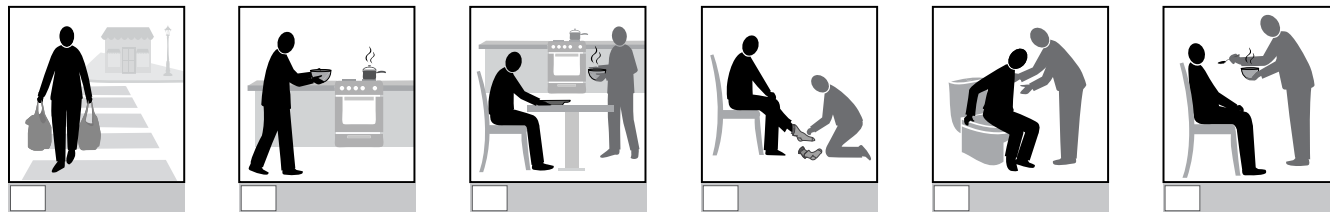
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



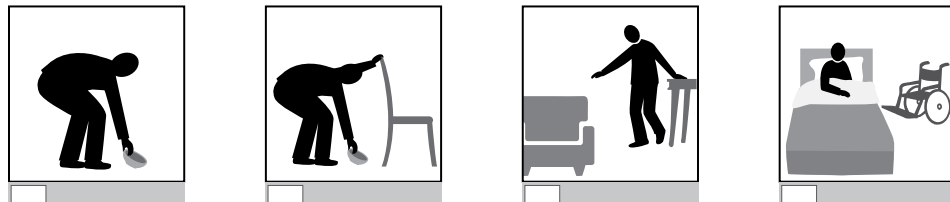
3 MOBILITY



4 FUNCTION



5 BALANCE



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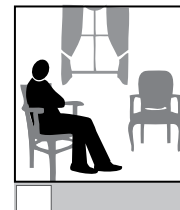
The Pictorial Fit-Frail Scale® (Used with permission)



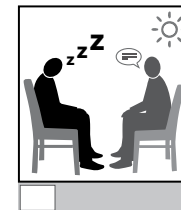
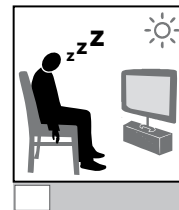
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



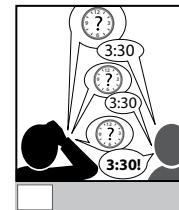
6 SOCIAL CONNECTIONS



7 DAYTIME TIREDNESS



8 MEMORY AND THINKING

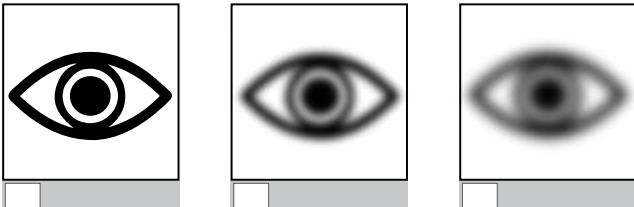




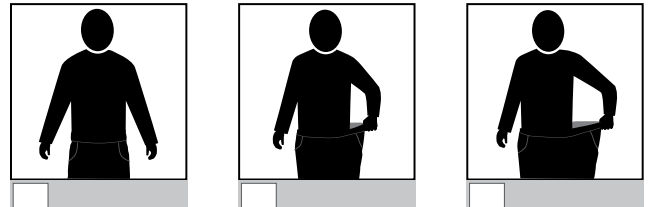
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



9 VISION (WITH GLASSES IF NEEDED)



12 UNINTENTIONAL WEIGHT-LOSS



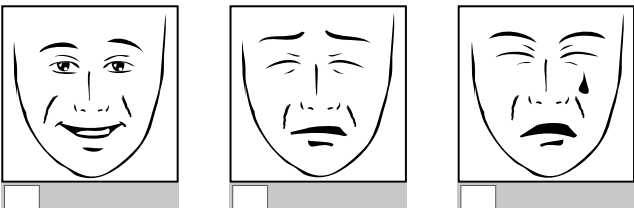
10 HEARING (WITH HEARING AID IF NEEDED)



13 AGGRESSION



11 PAIN



14 BLADDER CONTROL



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6. Theou O, Andrew M, Ahip SS, et al. The Pictorial Fit-Frail Scale: Developing a Visual Scale to Assess Frailty. Canadian Geriatrics Journal. 2019; 22(2). doi.org/10.5770/cgj.22.357
7. Pictorial Fit-Frail Scale. Dalhousie University. Accessed February 20, 2026. <https://www.dal.ca/sites/gmr/our-tools/pictorial-fit-frail-scale.html>

Caring for the Care Partner



Care partners are family members, partners, friends, or neighbours who provide support to someone they care about. This support may be physical, emotional, social, or practical. Most care partners are not trained for this role; you learn as you go.

Every care partner's journey is unique. Some moments can feel meaningful and rewarding, while other moments can feel stressful, lonely, or exhausting, and not always easy. Often, both are true at the same time. This chapter focuses on you, your well-being, your strengths, and the supports that can help you continue caregiving in a way that makes caregiving feel more manageable.

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 care partner

Every care partner has a unique experience and level of comfort with providing care shaped by their relationship with the person they support.

- Sometimes your past relationship with the person you are caring for can influence the current caregiving experience.
- All families function differently, and some care partners have to also 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.

Care Partner Wellness

Care partners may experience stress that can impact their health. It is important to recognize when you, the care partner, 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 care partner.”

“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 caregiving stress.

Taking a moment to check in!

Some care partners find it helpful to pause and reflect on how they are doing. The Ontario Caregiver Organization (ontariocaregiver.ca) offers optional tools such as

- A short wellness quiz.
- A caregiving checklist.

These tools are not tests. They are simply a way to reflect and notice where extra support might help.

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

– A care partner from Hamilton, ON



Discover Your Strengths.

You may feel that your life is too busy to care for yourself, but think about how strong you are. Experienced care partners 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 care partners feel stronger when they:

Link with social supports.

- Experienced care partners explain that they feel stronger when family, friends, and other care partners 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.

- Care partners express that they feel stronger when they understand the health and well-being of the older adult 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.

- Care partners suggest that boundaries surrounding the care and support you provide should be based on what the older adult 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.

- Care partners 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 care 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 care partners 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 care partners feel good when they provide care for someone in need. These positive feelings make them feel energized and keep them going each day. One care partner 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 care partner, to help you reinforce positive thinking about caregiving. Take a moment to think about the things that make you feel strong. Incorporating these things into your life may help you cope when things get tough. To guide your thinking, see [Tool 1.1: Care Partner Strengths Activity](#) (p.25).

Practical Ways to Support Your Well-Being

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 healthy foods in your meals as possible (whole grains, protein, fruits and vegetables).
- Have snacks that are ready to grab and go (e.g., put them in your purse or bag 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 being active for two or more hours each week.

- Add activity and movement into each day.

Try getting 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 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 Care Partners 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.

Ontario Health atHome: is a single organization coordinating local home and community care, long-term care placement, and help finding services in the community. You can learn more at: www.ontariohealthathome.ca

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

The Healthline: provides links to local health and community services across Ontario. The Healthline website is: www.thehealthline.ca

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

A Guide to Programs and Services for Seniors in Ontario is a Ontario Government 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 a care partner and your role in another person's health care.
- What to do when a loved one dies.
- Elder abuse.
- Tax credits.
- Housing.
- Staying safe.

You can find the guide here:

www.ontario.ca/document/guide-programs-and-services-seniors

**“Give yourself
permission
to ask for help”**

– A care partner 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/campaigns/seniors.html>

The **Fountain of Health** website offers strategies that are known to promote brain health and resilience. The website offers strategies and support for care partners to try at home. Access the Fountain of Health website at:

<https://fountainofhealth.ca>.

The **Caregiving Matters** website provides education, support, videos, and podcasts on many topics that matter to Canadian care partners. Visit their website at:

<https://caregivingmatters.ca>.



Hospice Palliative Care Ontario (HCPO) Caregiver Education Portal offers information, educational resources, and support for family and friend care partners. It is especially helpful for those seeking guidance related to the topics of death and dying and end-of-life care. Visit their website at: <https://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 professionals, researchers, and educators. Visit their website at: <https://virtualhospice.ca>

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

The **Caregiver Exchange** website offers practical advice for busy Ontario care partners. 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 their website. You can find out more about what this Ontario website offers at: <https://caregiverexchange.ca>

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

Take a course!

Caregiving Strategies: Providing Care and Support for an Older Adult Living with Frailty

A free online course offered by the Provincial Geriatrics Leadership Ontario. This course is designed for family and friend care partners of older adults who want to learn more about frailty and build practical 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 Care Partner.
- Pain.
- Staying Active: Mobility and Fall Prevention.
- Nutrition.
- Bladder Health.
- Medication Management.
- Changes in Thinking and Behaviour (Delirium).
- Social Engagement.
- Sleep.

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

Caregiving Essentials

A free online course offered by McMaster Continuing Education that covers the following topics:

- Strategies for caregiver self-care and maintaining personal health and well-being
- How to navigate health and social service systems to better access support
- How to complete a personalized Caregiver Action Plan to prepare for both expected and unexpected situations
- Develop confidence and new competencies using online technology in a virtual learning environment

To learn more about this course, visit :

<https://continuing.mcmaster.ca/programs/health-social-services/caregiving-essentials>

On-line Self-Management Program

Funded by Ontario Health East, the Online Self-Management Program is available Province-wide at: <https://selfmanagementontario.ca>

Resources include workshops, webinars, frequently asked questions and links to free one-to-one health coaching.



Read a book that other care partners 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 who are care partners. 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 Jahnna Beecham [Ashland, Oregon: Starcatcher Press (2016)] 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.

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 care partners 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 care partners, this guidebook seeks to make health care understandable and to value and respect the expertise of family, friends and other care partners. Venice, Florida: Innovative Caregiving Solutions LLC (2017)

Summary

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

- Transportation
- Cooking
- Cleaning
- Appointments
- Bathing and dressing
- Supporting them from a distance
- And many other tasks

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

This chapter has focused on you, the care partner. The following chapters will focus on clinical topics and caring for an older adult experiencing frailty.



Tool 1.1 - Care Partner 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 care partners 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. Care partners 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 health care 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 care partners agree that they gain strength from self-care. For example, taking time to relax, enjoying themselves, staying active, spending time with friends, spending time with pets, and rest.

- What are some activities or ways that help you replenish?

4. Although not the case for everyone, many care partners 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 care partners 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?

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 and may lead to:
 - Poor quality of sleep.
 - Less movement.
 - Depressed mood.
 - Being withdrawn from others.

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 to communicate with health care professionals](#) on p.34.

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 by asking a few key questions

Questions you can ask.

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.)?
- Are you hungry or thirsty?
- Do you need to have a bowel movement or urinate?

Myths and Facts about Pain



Pain is part of the natural process of aging.

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



If I take pain medication I will become addicted.

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 Pain Medication and Addiction p.32](#))



Look for indicators and take notes.

As a family member or friend care partner, 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 may be a sign 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 they are crying, upset, or moaning.
- They display a facial expression of distress when they move. They display other non-verbal cues such as restlessness, agitation or combativeness.
- 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, or going outside).

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

– A care partner 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](#) on p.36).



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 ¹	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.

¹ RGP of Toronto. (2024). 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](#), p.37).

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, drawing, painting, reading, watching a movie, listening to music, engaging in Tai Chi, or attending a social gathering.

Consider alternative approaches to pain management that focus on the 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, aromatherapy physiotherapy, and more.
- Another helpful approach includes pet therapy.
- For answers to questions about alternative approaches to pain management, ask a health care professional.

Pain medication and constipation

Long-term use of pain medication can cause constipation. Discuss prevention or management of constipation with the health care professional prescribing the pain medications.

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 medications, it is recommended that you ask a health care professional as soon as possible, in order to avoid delaying pain management.



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](#), p.38).
- 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.
- Pain may be a symptom of low mood or may affect the mood of the person you are caring for. It is important to discuss this potential link with a health care professional.
- Encourage the person you are caring for to make an appointment, or ask if you can make one for them. Reassure them that it's best not to 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://canada.ca/en/health-canada/services/drugs-medication/cannabis.html> or review the online emodule at the McMaster Optimal Aging Portal at: <https://mcmasteroptimalaging.org/e-learning/cannabis-and-older-adults>
- See above for alternative approaches to pain management.
- Physiotherapists can also support pain assessment and management.

Don't lose hope.

- Pain is different for everyone and can impact each person's life in different ways.
- Finding the right way to support someone in pain can take time. Trying different approaches is part of the process, not a sign that you are doing something 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 care partners 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. 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.

The following are some helpful tips on how and what 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](#), p.38).
- Be prepared to answer questions about the pain, such as: when it started, where it is located, how long it lasts, how intense it is, what has already been tried, what makes it worse and what helps.



Finding Additional Support

How do you find additional supports related to pain?

Ask a health care professional.

- Ask a qualified health care 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; an Ontario website that lists health services at: <https://thehealthline.ca>

Look online.

- You can search the Power of Pain Portal to find support, explore resources and attend workshops. To access their website go to: portal.poweroverpain.ca/i-need-help. You can also review Pain Canada's website at: <https://paincanada.ca>

- Talk about the person's expectations for pain relief to ensure that full pain relief is not at the expense of being too sedated to be awake and participate in activities. It is also important to discuss goals of care and how they align with the person's expectations of pain relief.

Questions you could ask.

- 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 for alternative approaches to pain management.
- It is also important to understand when to stop using pain medications (for instance, once pain subsides).

Summary

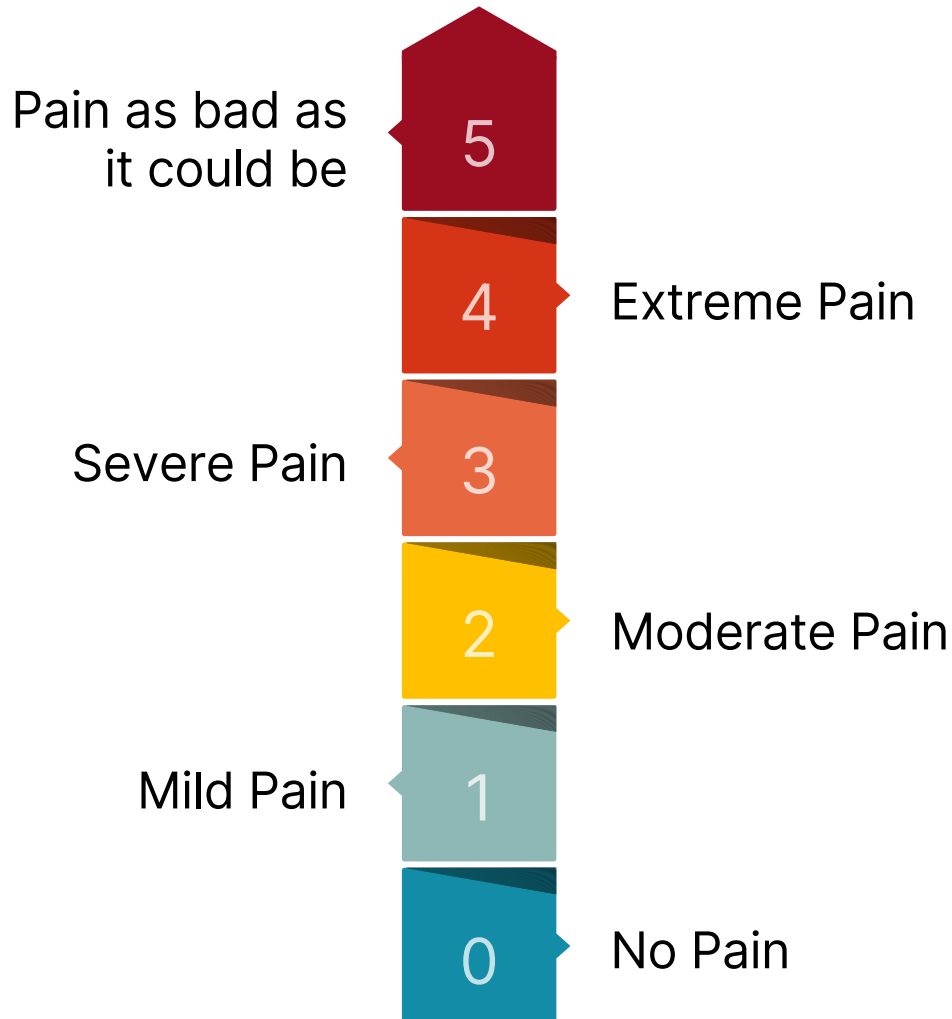
This chapter has provided you with some language and strategies related to pain management. This chapter has also provided tips to help you communicate with health care professionals. Now you can start to develop strategies with the person you care for to manage pain and find the right supports.

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](#), p.38).



Pain Scale



⁸ Adapted from Herr, K., and Mobily, P. (1993)



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: <https://headspace.com>

Insight Timer: <https://insighttimer.com>

Calm: <https://calm.com>

10% Happier: <https://tenpercent.com/podcast>

You can also search for guided meditation videos on <https://youtube.com>

Also consider seeking out library resources for mindfulness and meditation or find a therapist near you through: <https://psychologytoday.com/ca> (and enter in your postal code) or call 811 to learn about what mental health supports are available.

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. Completing the diary below every day for several days in a row can help you notice patterns or trends. You can do this together with the person you are caring for, or encourage them to complete it on their own. Over time, it may become clearer which strategies are working better than others.

Daily Pain Diary

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

⁹ Daily Pain Diary Template (Adapted from Healthlink BC)



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Pain

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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 support someone in staying active. These may include:

- What does mobility mean?
- What are the different levels of mobility?
- How can you encourage a person to be active and set realistic activity goals?
- What strategies can help support daily activity?
- How can you support safe mobility and prevent falls?
- What do you do if someone falls?
- Are there community supports that help an older adult stay active?

Did you know?

- Immobility can increase a person's dependence on their care partner, 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 on p.48.

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:¹

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 care partner 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).



Encourage Activity and Set Goals

How do I encourage a person to set activity goals?

In order to help someone set realistic activity goals, it is important to match activities to the person’s level of mobility to conserve their energy. Work with the person you are caring for to understand their goals and how much activity feels manageable for them. It is also important to choose activities that the person enjoys as they are more likely to keep doing them.

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

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>

Adapted from Liu et al. (2015)^{10,11} and RGP Toronto (2024)¹

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 being active for 10 minutes at a time to work towards achieving 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 remember goals and work towards achieving them.
- Help the person to stay motivated by offering encouraging feedback, using positive reinforcement, and celebrating the effort made!

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:

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 the best of their 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. • Eat each meal in a chair at a table. 	<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.

Adapted from Liu et al. (2015)^{10, 11} and RGP Toronto (2024)¹



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 or that are loose and slipping can occur when there is water on the floor, for example.

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 number of times they get up and move. This type of fear-related 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 to put a plan in place to add more activity into each day.

A Myth and Fact about Staying Active



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.

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 as 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 in ways that are safe and appropriate for their health conditions.
- Depending on the person's level of mobility, use safe transfer techniques for sitting to standing. Ask a health care 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](#), p.50)



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

Stay calm.

Witnessing a person falling can be a very scary event for care partners. It is hard to resist trying to help by pulling the person up right away, but it is important to note that this could cause more injury. Try to stay calm and make the person as comfortable as possible while 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 guide the person 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.
- Confusion or sudden changes in behaviour or alertness.
- Difficulty speaking or understanding speech.
- New or worsening pain.
- Changes in strength, movement or mobility.

Helpful Tips to Communicate with Health Care Professionals

It can be hard for a care partner 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 care professional about near falls or loss of balance. This might help your health care 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.

Questions you could ask.

- 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 health care 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; an Ontario website that lists health services at: <https://thehealthline.ca>
- You may be able to find an exercise and fall prevention class in your community. Visit: <https://ontario.ca/page/exercise-and-falls-prevention-programs>

Read.

- For more in depth information on safe mobility and fall prevention, browse through the physical activity tips for older adults (65 years and older)¹²: <https://www.canada.ca/en/public-health/services/publications/healthy-living/physical-activity-tips-older-adults-65-years-older.html>
- Watch a video: To watch a fun and interesting short video about the importance of staying active, watch “23 and ½ Hours”¹³: 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 care partner to help a person move from sitting to standing: <https://www.youtube.com/watch?v=UjfSwEQoe2c>.



Source: ACC New Zealand, 2017.



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Staying Active: Mobility and Fall Prevention

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Nutrition



Introduction

As a care partner, 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.

Did you know?

Good nutrition improves:

- Sleep.
- Thinking, memory and mood.
- Blood sugar and digestion.
- Energy and weight management.
- Blood pressure and heart health.
- Ability to fight infection and heal from illness.
- Medication effectiveness.
- Ability to participate in self-care and other activities.

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 to communicate with health care professionals](#)¹ on p.59.

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 meals?
- **Access:** Does the person live close to grocery stores or markets? Is the person able to get food home? 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.)? Does the person have the energy or capacity to make meals?
- **Eating Ability:** Is the person experiencing any challenges with eating, such as chewing or swallowing, using utensils, or having enough energy to eat?

A Myth and Fact about Nutrition



Malnutrition cannot be prevented or treated in older adults.

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

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

– A care partner from
Thunder Bay, ON



Recognizing Nutrition Risk

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

Some people may be at nutrition risk, meaning there are signs they may not be getting enough food or fluids. Paying attention to eating and drinking patterns can help you notice when extra support or guidance may be helpful.

SCREEN-14¹⁴ is a questionnaire that can be completed by you or the older adult you care for. This questionnaire can help to identify nutrition risk and areas where improvements can be made to support food intake and nutrition. See [Tool 4.1 SCREEN-14: Rate Your Eating Habits](#) on p.62.

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

As people age, they may not feel thirsty even when their body needs fluids. The best indication of hydration is urine production. If the person you care for is not producing urine throughout the day, even after drinking fluids, this would be a sign that they could be dehydrated. The following is a list of some of the non-specific signs you may also 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's sleep, the person you care for complains of feeling tired or you notice low energy all day.

Key Nutrition Terms to Know

- **Good nutrition** results from eating a variety of foods and fluids that meet vitamin, mineral, protein, and energy needs necessary for health, growth, and bodily functioning.
- **Poor nutrition** results from a lack of intake of sufficient energy, protein, vitamins, and minerals needed to maintain the body, leading to poor health and function.
- **Nutritional risk** means someone may become malnourished if nothing changes. It can occur when everyday factors, such as limited income, difficulty shopping or cooking, living alone, or a health problem, make it hard to eat enough or eat well. When these challenges lead to low intake of energy, protein, or important nutrients, a person is at nutritional risk. If this continues without support, it can lead to malnutrition.
- **Malnutrition** happens when the body does not get enough of the nutrients it needs or cannot use them properly. Over time, this lack of nutrients can lead to changes in how the body works. These changes can include things like slow wound healing, lower energy, increased weakness, more frequent infections, unintentional weight loss, loss of muscle, and even changes in memory or thinking. The good news is that malnutrition can often be improved by eating a balanced diet with enough energy, protein, vitamins, and minerals.
- **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.

Getting Enough Protein

Protein helps keep muscles strong, supports healing, and keeps the immune system working well. As we age, our bodies need **more** protein to maintain strength and recover from illness or surgery.

Most older adults need **1–1.2 grams of protein per kilogram of body weight each day**. For example, someone who weighs 70 kg (150 lb) needs **70–84 grams of protein daily**. Your health care professional may recommend more if you are recovering from an illness or trying to rebuild muscle.

High-Quality Protein Foods

Animal sources (contain all essential amino acids) includes milk, yogurt, cheese, eggs, poultry, fish, and lean red meat. Choose lean options such as: skim or 1% milk, low-fat cheese, skinless poultry, and trimmed meats.

Plant sources include lentils, beans, peas, nuts, seeds, nut butters, and whole grains. These do not always provide all essential amino acids unless combined (e.g., beans + whole grains). Soy and edamame are complete proteins.

Increased Nutrient Needs: Calcium & Vitamin D

As we age, we need more calcium and vitamin D to keep bones strong. Check with your health care professional about what amount of calcium and vitamin D is right for you.

Supplements

Supplements can be helpful, but they do **not** replace the benefits of eating whole, less-processed foods.

Before starting any supplement:

- Talk to your health care professional as some supplements can interact with medications.
- A dietitian can help determine whether you are getting enough nutrients from food.
- Vitamin D levels can be checked with a blood test.
- Choosing whole foods like fruits, vegetables, whole grains, dairy, lean meats, beans, and nuts will give you the most nutritional benefit.

Tips to Get Enough Protein

Include a good source of protein at **every meal**.

For example:

Breakfast:

2 eggs (14 grams)
+ 1 cup of milk (8 grams)

Lunch:

1½ cups baked beans (~20 grams)
+ 2 slices whole-grain bread (~7 grams)

Dinner:

Poultry, fish, lean meat, tofu, or Greek yogurt

Aim for roughly:

20 grams at breakfast
25–30 grams at lunch
30–35 grams at dinner



Strategies for When a Person has Nutrition Risk or Poor Nutrition

There may be many reasons why a person may be at nutrition risk or have poor nutrition. Consider some of the following strategies if you notice the person that you are caring for is eating small amounts of food, seems less interested in food, or has trouble starting or continuing a meal:

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 say, “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 if they are snacking.

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 with a poor appetite or less interest in eating can be a sign of an underlying health issue.
- Ask your health care professional for a referral to a Registered Dietitian who can provide you with advice on how to add nutritious calories into your meals.
- See p.59 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. Look for a dry mouth, sores or redness in the mouth, broken or missing teeth, ill-fitting dentures, bad breath, difficulty chewing or swallowing. 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 [Tip 4.2: Mouth Care](#) on p.66 for tips from the Canadian Dental Association.

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 to 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.
- Emphasize whole grains, fruits and vegetables, and lean protein sources in menu planning.
- 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 by sticking to your list.

Get inspired.

- Review a sample weekly meal planner (See [Tool 4.3: Sample Meal Plan](#) on p.67).
- Prepare the meals that you enjoy together.

In the store.

- Spend most of your time (and money) on the outside aisles of the store which have grain products, fruits and vegetables, dairy, meat products, and frozen fruit and vegetables.
- Frozen vegetables and fruit are just as healthy as fresh, and can be easier to prepare and use in cooking.
- Look for lean cuts of meat with less fat or marbling.
- Choose chicken and turkey often as a leaner meat choice.
- Choose low-fat dairy products like 1% milk, reduced milk fat cheese, 1% milk fat yogurt, and 1 or 2% Kiefer, or other dairy products.
- Canned lentils and beans may be more convenient than dry, rinse before use.



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 especially important to talk to them when the person you care for has lost weight, has a poor appetite, or has swallowing and chewing problems. 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 care professional 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 SCREEN-14¹⁴.
- Keep track of weekly weight and write down meals and snacks consumed.
- 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.

Questions you could ask.

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, geriatric teams, and community programs that support nutrition, meal delivery, and dining clubs. They will tell you if they think a referral is necessary.

Nutritional Safety: When to Speak to a Health Care Professional

- If the person you are caring for is showing any of the following signs:
 - Coughing during meals or when drinking.
 - Rapid weight loss or weight gain within six months.
 - Complaining of pain during chewing or swallowing.
 - Sudden decrease in appetite.

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, geriatric teams and community programs that support nutrition.

Look online.

- Refer to Canada's Food Guide¹⁶: <https://food-guide.canada.ca/en/healthy-food-choices>
- Search for nutritional programs, meal delivery services, and congregate dining by browsing the Healthline, an Ontario website that lists health services at: <https://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 tools¹⁷ at: <https://unlockfood.ca>.
- Browse resources for older adults including factors on a variety of nutrition topics: <https://olderadultnutritionscreening.com/resources>
- For inspiration, review a sample meal plan for the week that has been created by Dietitians of Canada¹⁵ (or see [Tool 4.3 : Weekly Meal Plan - Sample](#) on p.67).
- For ways to increase nutrition into meals. See Nutrition in Disguise¹⁸: <https://the-ria.ca/resources/nid/>

Find a specialist.

- Dietitians can help support you through individual counseling or nutrition programs and workshops. To find a dietitian working in your community, browse the following website: <https://dietitians.ca>. Not all registered dietitians may be listed on this website, simply search for ‘registered dietitian’ in your city or community as well.

Check the community.

- Ask public health units and/or community health centers 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: <https://mealsonwheels.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 SCREEN-14: Rate Your Eating Habits¹⁴ (Used with Permission)

Complete the Rate Your Eating Habits questionnaire below. Add up the numbers for each response. If your older adult scores < 50 discuss the results with a health care professional. The lower the score, the greater the nutrition risk.

<https://olderadultnutritionscreening.wordpress.com/screen-tools/>

Tool 4.1 SCREEN-14: Rate Your Eating Habits¹⁴ (Used with Permission)



SCREEN-14
Rate your eating habits!

Name: _____

Score: _____

- For each question, check **only one** box that describes you **best**.
- Your response should reflect your **typical eating habits**.

1a. Has your weight changed in the past 6 months?

- 0 Yes, *I gained* more than 10 pounds.
- 1 Yes, *I gained* 6 to 10 pounds.
- 2 Yes, *I gained* about 5 pounds.
- 4 No, my weight stayed within a few pounds.
- 2 Yes, *I lost* about 5 pounds.
- 1 Yes, *I lost* 6 to 10 pounds.
- 0 Yes, *I lost* more than 10 pounds.
- 0 I don't know how much I weigh or if my weight has changed.

1b. Have you been trying to change your weight in the past 6 months?

- 4 Yes.
- 4 No.
- 0 No, *but it changed anyway*.

1c. Do you think your weight is ...?

- 0 More than it should be.
- 4 Just right.
- 0 Less than it should be.

2. Do you skip meals?

- 4 Never or rarely.
- 2 Sometimes.
- 1 Often.
- 0 Almost every day.

3. Do you limit or avoid certain foods?
- 4 I eat most foods.
 - 2 I limit some foods and I am managing fine.
 - 0 I limit some foods and I am finding it difficult to manage.
4. How would you describe your appetite?
- 4 Very good.
 - 3 Good.
 - 2 Fair.
 - 0 Poor.
5. How many pieces or servings of vegetables and fruit do you eat in a day?
Vegetables and fruit can be canned, fresh, or frozen.
- 4 Five or more.
 - 3 Four.
 - 2 Three.
 - 1 Two.
 - 0 Less than two.
6. How often do you eat meat, eggs, fish, poultry, tofu, dried peas, beans, lentils, nuts, or nut butters?
- 4 Two or more times a *day*.
 - 3 One to two times a *day*.
 - 1 Once a *day*.
 - 0 Less than once a *day*.
7. How often do you have milk, soy beverages, or milk products such as cheese, yogurt, or kefir?
- 4 Three or more times a *day*.
 - 3 Two to three times a *day*.
 - 2 One to two times a *day*.
 - 1 Usually once a *day*.
 - 0 Less than once a *day*.

8. How much fluid do you drink in a day?

Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but NOT alcohol.

4 Eight or more cups.

3 Five to seven cups.

2 Three to four cups.

1 About two cups.

0 Less than two cups.

9. Do you cough, choke or have pain when swallowing food OR fluids?

4 Never.

3 Rarely.

1 Sometimes.

0 Often or always.

10. Is biting or chewing food difficult for you?

4 Never.

3 Rarely.

2 Sometimes.

0 Often or always.

11. Do you use commercial meal replacements or supplements?

Examples are shakes, puddings, or energy bars.

4 Never or rarely.

2 Sometimes.

0 Often or always.

12. Do you eat one or more meals a day with someone?

- 0 Never or rarely.
 2 Sometimes.
 3 Often.
 4 Almost always.

13a. Who usually prepares your meals?

- I do.
 I share my cooking with someone else.
 Someone else cooks most of my meals.

13b. Which statement best describes meal preparation for you?

- 4 I enjoy cooking most of my meals.
 2 I *sometimes* find cooking a chore.
 0 I *usually* find cooking a chore.
 4 I'm *satisfied* with the quality of food prepared by others.
 0 I'm *not satisfied* with the quality of food prepared by others.

14. Do you have any problems getting your groceries?

Problems can be poor health or disability, limited income, lack of transportation, weather conditions, or finding someone to shop.

- 4 I live in a residential home that provides most of my meals.
 4 I do not buy my own groceries. Someone else does this for me.
 4 Never or rarely.
 2 Sometimes.
 1 Often.
 0 Always.

Thank you for telling us about your eating habits.



Tip 4.2: Mouth Care

You may find that providing dental care to an older adult experiencing frailty is challenging. The Canadian Dental Association has created an online webpage about mouth care tips for care partner²⁰.

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: https://cda-adc.ca/en/oral_health/cfyt/dental_care_seniors/

Tool 4.3: Weekly Meal Plan - Sample

For inspiration, review weekly meal plans created by Ontario Dietitians in Public Health¹⁹ <https://odph.ca/resources/meal-planning-examples/>:

MENU PLANNING

Menu examples

This resource provides a four-week menu cycle that incorporates different foods to align with Canada's Food Guide including a variety of colours, shapes, and textures.

These menus include:

- One meal and two snacks daily
- A **dark green vegetable** daily
- Whole grains at every meal
- **Orange vegetables** a few times a week
- A **plant-based entrée** weekly
- One **egg or fish-based** entrée weekly
- Dishes that reflect various cultures and traditions

Week 1

Choice	Monday	Tuesday	Wednesday	Thursday	Friday
Snack – Include a vegetable and fruit choice and <i>at least</i> one choice of protein (Snack A) or whole grain (Snack B)					
Vegetables and Fruits	Frozen fruit	Canned peaches	Applesauce	Strawberries	Banana slices
Whole Grains		Whole grain cereal	Whole wheat toast	Whole wheat pita triangles	Oat granola
Protein	Yogurt	Milk	Hard boiled eggs	Chocolate hummus	Yogurt
Meal/Lunch – Include choices from all food groupings					
Entrée Name	Tomato Beef Pasta Bake	Stuffed Pepper Casserole	Three Bean Chili and Buns	Tuna Sandwiches and Squash Soup	Chicken Caesar Salad Wraps
Vegetables and Fruits (2 choices)	Frozen carrots & peas	Peppers, onions	Tomatoes, corn	Squash Soup	Broccoli florets
	Bananas	Garden salad	Green beans	Green peppers	Romaine lettuce
Whole Grains	Whole wheat pasta	Brown rice	Whole wheat bun	Whole grain bread	Whole wheat tortilla
Iron-rich Protein	Ground beef	Ground turkey or lentils	Mixed canned beans	Tuna	Chicken or tofu
Milk	Milk	Milk	Milk	Milk	Milk
Snack – Include a vegetable and fruit choice and <i>at least</i> one choice of protein (Snack A) or whole grain (Snack B)					
Vegetables and Fruits	Raw vegetables	Cucumbers	Melon slices	Canned pineapple	Carrots
Whole Grains	Whole grain crackers	Whole grain mini bagels		Mini oat muffin	'Carrot cake' oatmeal squares
Protein	Hummus	Spinach dip (cottage cheese)	Cheese cubes	Cottage cheese	

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Bladder Health



Introduction

While bladder changes are common as people age or live with health conditions, urinary 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 care partners. 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 to communicate with health care professionals](#) on p.75.

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](#) on p.77.

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 Chart²¹ for a simple way to gauge if the person you are caring for is constipated (See [Tool 5.1.1: Bristol Stool Chart](#) on p.77).

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 and Facts about Bladder Health



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.



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](#) on p.72)



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).

Types of Urinary Incontinence

The following is a table showing six types of urinary incontinence and their underlying causes¹:

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 (e.g., problems walking, memory changes, or medications, etc.).
Transient	Other health issues that can be easily treated if recognized (e.g., urinary tract infection). See Causes of Urinary Incontinence , p.70.
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 (e.g., spinal cord damage, multiple sclerosis, etc.).

¹ Adapted from RGP of Toronto. (2024). *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.

People may reduce fluid intake to prevent bladder accidents, but 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 Chart²² for a simple way to see if the person you are caring for is drinking enough (See [Tool 5.1.2: Urine Colour Chart](#) see p.77).
- Avoid foods and fluids that irritate the bladder (e.g., caffeine, alcohol, carbonated drinks).
- Suggest switching 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.

“I had no idea that incontinence was something that could be treated.”

– A care partner from Oshawa, ON

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](#) on p.78).

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](#) on p.77.

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. You can get more information on bathroom equipment from a medical supply store or Occupational Therapist.

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](#) on p.75.

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 care partner, the following are three key ways to manage the stress that care partners 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. It may take some time to find out what is causing the urinary incontinence and what might work to support the person you are caring for.

2. Look for ways to be prepared.

- Having a small incontinence bag 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 handheld urinal to urinate can cause less stress and promote independence.

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](#) on p.75.



Helpful Tips to Communicate with Health Care Professionals

Urinary incontinence is a sensitive topic. A challenge faced by many care partners 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](#) on p.78).
- 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.

Questions you could ask.

- 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 health care professional (nurse, nurse practitioner, family physician, physiotherapist, occupational therapist) to point you to the right resources.

Visit a medical supply store.

- Medical supply stores are also helpful in explaining products and may offer samples to try.

Look online.

- You can search for specialists or programs by going online and browsing the Healthline, an Ontario website that lists health services at: <https://www.thehealthline.ca/>
- To learn more about incontinence products, visit the following online Continence Supplies stores and don't be afraid to ask for free samples.
 - Ontario Incontinence Supplies: <https://ontarioincontinencesupplies.com>
 - Age Comfort: <https://agecomfort.com>
 - Healthwick: <https://healthwick.ca>
 - MedProdDirect: <https://medprodirect.net>
 - Wear Ever Canada: <https://wearevercanada.ca>
- To access an Occupational Therapist regarding bathroom equipment, call Ontario Health at Home (310-2222) to see if you qualify for a publicly funded in-home assessment. Or you can find private occupational therapy services through the Ontario Society of Occupational Therapists.

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

1. Bristol Stool Chart

For a simple way to check if the person you are caring for is constipated, use the Bristol Stool Chart²¹ as a reference. Health care professionals use this tool in practice. For more information, visit: <https://continence.org.au/bristol-stool-chart>

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 compare the colour of their urine against a urine colour chart²². Keep in mind that medications can also cause changes in urine colour. For more information, visit: <https://healthdirect.gov.au/urine-colour-chart>

3. Incontinence Pads for Beds

Explore the Daily Caring Website for more information on how to protect the couch and bed from leaks²³. By protecting the furniture, you can maintain dignity, ease a person's anxiety, and embarrassment. For more information, visit: <https://dailycaring.com/incontinence-protection-for-furniture-and-cars-makes-cleanup-easy/>

4. Bowel Incontinence

The Canadian Continence Foundation²⁴ is a great website that includes information and resources for bowel incontinence (fecal incontinence). This website is a great start for a care partner who wants to learn the basic facts and where to go for additional support. For more information, visit: <https://canadiancontinence.ca/fecal-incontinence>

Tool 5.2: Bladder Diary

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 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								

Adapted from the Canadian Continence Foundation ²⁴



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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.

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 is 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 health care professional review it regularly.

You may have questions about medications, such as:

- How do I manage medications for another person safely?
- What if the person I care for does not want to take their medications?
- How do I 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 promote the safe medication use for the person you care for.

Polypharmacy is a medical term that describes taking many medications including prescribed, over-the-counter, and herbal/supplemental products. Polypharmacy can become a problem when the medications prescribed start causing more harm (e.g., side effects) than good.

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](#) on p.87.

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, 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, so your health care professional will want to review them with you.
- For an example of a medication chart, see: [Tool 6.1: Medication Chart Template](#) on p.90.

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 choices that may influence how a medication is taken with a health care professional.
- If you or the person you provide care for has vision problems, you may request your pharmacy to make the labels bigger.



Organize.

- Managing multiple pill bottles safely can be challenging. There are options available that could help make things easier: 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.
- Each system has its pros and cons. Talk to your pharmacist as they can help you decide what system works best for you and the person you care for.
- It is also important to keep an up-to-date medication list.

Monitor.

- As one gets older, medications can have increased risks of side effects like confusion, dizziness, constipation, dry mouth, or nausea. This can also be related to drug-drug interactions and interactions with substances like alcohol or cannabis.
- The doctor, nurse practitioner, and pharmacist can explain things to watch for and what to do if they happen. It is helpful to track these things on a calendar or note pad if you notice them. Any concerns should be brought up with the health care professional.

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.
- Sticking to the same routine each day will make it easier to remember.

Follow up.

- Health conditions change over time and medication doses may need to be adjusted to reflect this. A focused medication review done regularly with a health care professional is an effective way to identify safety issues. If you have concerns or questions, consider booking an appointment with the doctor, nurse practitioner, or pharmacist.

Myths and Facts about Medications



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). This can affect how medications are processed and lead to experiencing side effects. An older person living with frailty is at risk of poor health outcomes if the medications they are taking are not reviewed often enough and adjusted when appropriate.



Alternatives to medications do not work

Using alternative approaches, as recommended by a health care professional, to achieve wellness, healing and symptom management are effective. These approaches can take many forms. Some examples include: yoga, mindfulness practices, cognitive behavioural therapy, deep breathing, meditation, massage, acupuncture, art, and music therapy.

Encouraging Someone to Take Their Medications

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

As a care partner, it may feel frustrating if a person doesn't want to take their medication as prescribed. Be creative and test strategies until you find one or two that work. The following are some suggested strategies that may help if the person you are caring for says “no” to medications:

Find out why.

Choose a calm and relaxed time to talk with the person about why they may not want to take their medications. This can help uncover concerns or challenges you may not be aware of.

You can also learn more about what they know and understand about their medications.

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

- Do you know what this medication is for and why you are 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?

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 not want to take their medications if they are capable to make their health care decisions.
- 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 declines to take their medications, there may be missed doses. This is not your fault. All you can do is try your best.
- Talk to your pharmacist about when missed doses may be a concern and what to do if this happens.

Don't force it.

- In many cases, a person has the right to decline taking their medications.
- 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 person who is capable to make decisions about their health care, can for instance, explain what the pill is for, why they are choosing not to take it, and what may happen if they don't take their medication.
- 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 declined.

“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 care partner from Orillia, ON

Medications and Dementia

People who live with dementia may decline their 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 a few pills at a time, using 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 decline taking their 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 decline taking their medications.
- 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](#) on p.90 for an example of how to get the important information about the medications on one page, even if medications are organized in things like a blister pack. 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.

Non-Drug Options to Stay Healthy

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.

Questions you could ask.

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](#)²⁷ on p.91 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. When medications are complicated, a full review may be best done by a specialist, such as a Geriatrician or a team of health care professionals specializing in older adult care. Health care professionals should know about these local geriatric teams and community programs that can help you manage 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.



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 and make a referral to appropriate local programs and services.

Look online.

- You can search for online support by browsing the Healthline, an Ontario website that lists health services at: <https://thehealthline.ca>
- SafeMedicationUse.ca²⁴ is supported by Health Canada. For more information on managing multiple medications, medication safety and other strategies for care partner, visit: <https://safemedicationuse.ca>

Watch a video.

- To watch a fun and interesting short video about medication safety, watch “One Simple Solution for Medication Safety”²⁵: <https://youtube.com/watch?v=f2KCWMnXSt8>

Tip

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.

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.



Tool 6.2: Five Questions to Ask About Your Medications²⁷

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.

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Visit safemedicationuse.ca for more information.



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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 and Fact about Delirium



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 often be treated if the cause is identified quickly and treated appropriately (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 on p.105.

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](#) on p.103.

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, but increases with age.
- Is often mistaken for dementia and can go unrecognized because of this.
- Can last a few days to a few weeks with some symptoms lasting up to six months.
- There are three main types of delirium: **Hyperactive** (you would observe increased activity such as restlessness, agitation, insomnia); **Hypoactive** (you would observe decreased level of consciousness such as drowsiness, withdrawn) or **Mixed** (you would observe both increased and decreased levels of consciousness).

“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 care partner 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 brain²⁸.

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's type is the most common.

Below is a table that describes the most common differences between delirium and dementia^{29,30}.

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.

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 symptoms³¹.

What is New	What You May Notice	What This Might Look Like
<p>Sudden Change in Thinking and Behaviour</p>	<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)
<p>Difficulty Concentrating</p>	<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.



What is New	What You May Notice	What This Might Look Like
<p>Disorganized Thinking</p>	<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?!”
<p>Poor Memory</p>	<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.
<p>Altered Level of Consciousness</p>	<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 Care Partners

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 care partners. 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](#) on p.106. You may also want to refer to [Tool 7.3](#) on p.108 to [help determine the level of urgency](#).

How does delirium get diagnosed?

As a care partner, 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 usual self.



Strategies to Manage Delirium

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

Ensure basic needs are being met³².

- Encourage their usual routine and sleep patterns.
- Encourage them to be as active as they normally would, safely indoors.
- Encourage them to eat and drink at meal times 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.
- Encourage regular bowel movements.
- Ensure they are hearing and seeing well.

Communicate with the SMILE³³ approach.

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.

Maintain eye contact and position yourself so the person can see you.

Introduce yourself if the person is not recognizing you.

Listen actively. 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.

Engage and empathize. 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.”

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

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.” See [Tool 7.4: Supportive Communication Techniques for Older Adults Experiencing Delirium](#) on p.109.

Communication techniques to support a person with delirium who is experiencing hallucinations or agitation³⁶:

When the person is experiencing hallucinations:

- Use a calm voice and reassuring words. For example, “I can tell that you aren’t feeling well / are afraid. It’s going to be okay”.
- Focus on how the person is feeling. What is real is how they feel. For example, “You think a man is in your room? I can see why you feel uncomfortable”.
- Let them know that you are with them and that they are safe. For example, rather than saying “There are no snakes, you are hallucinating”, try 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”.
- Check for things in the room that the person might think are something else. For example, “Man in the room” may be a coat hanging in the corner; “People in the room talking” could be the TV; “God talking” could be the radio.

When the person is experiencing agitation:

- If you appear anxious or fearful, it may increase the person’s agitation. Stay calm, maintain a safe distance from the person in order to make them feel safe, and have someone else present if possible for support and assistance, as needed. Only one person should talk to the person with delirium.
- Verbally engage and get the person’s attention by calling their name in a gentle tone of voice: “Hello _____ (use preferred name). I am _____, your _____.”
- Establish a collaborative relationship: “I can see you are upset. I want to help you.”
- Verbally de-escalate: “It’s okay. I am sorry you are upset. I am here to help you and keep you safe. How can I help you?” Repeat your message, if needed, as the upset person may not be able to hear and/or respond the first time.
- Try to establish what may be causing the person distress and take time to explain and calmly reassure.



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.

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](#) on p.107.

Strategies to Manage and Prevent Delirium

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's 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 Chapter on Medication Management on p.81 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 if there is any difficulty having regular bowel movements.

Adapted from RGP of Toronto. (2024)¹



Helpful Tips to Communicate with Health Care Professionals

A challenge faced by care partners 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](#) on p.95-98 to explain what sudden changes you are noticing.
- Bring your completed Delirium Detection Questionnaire (See [Tool 7.1: Delirium Detection Questionnaire](#) on p.106).
- 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 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.

Questions you could ask.

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.

Other questions to consider

- How will the health care team manage the person I care for's delirium?
- Should the person I care for see a doctor or nurse practitioner with expertise in caring for older adults?
- Will the person I care for need medication for their delirium? How will it help?
- Is any other treatment needed?
- How long will it take them to feel better?
- What can I do to help the person I care for with their care?

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 Delirium Central³⁴ website: <https://deliriumcentral.org>.



How do I find additional supports related to dementia?

This Handbook does not include a chapter about dementia. There are many resources devoted to teaching care partners about dementia. If you suspect that you might be caring for someone 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>
- IGerCare is a resource that provides educational information for individuals who are newly diagnosed with dementia or mild cognitive disorder, their families, care partners and health care professionals. This resource was developed by experts in geriatrics and mental health at McMaster University. For easy to access and simple lessons that teach care partners 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 Questionnaire

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
Circle the corresponding value in the answer boxes.		
1. Altered level of awareness to the environment in any way different than being normally awake.	3	0
2. Reduced attentiveness; inability to focus on you during the interaction	4	0
3. Fluctuation in awareness and attentiveness, such as drifting in and out during an interaction or through the day.	3	0
4. Disordered thinking; the response (whether verbal or action) is unrelated to the question or request.	3	0
5. Disorganized behaviour; purposeless, irrational, under-responsive or overresponsive to requests.	2	0
6. Unexplained impaired eating or drinking (excluding appetite); unable to perform the actions to feed oneself.	2	0
7. Unexplained difficulty with mobility or movement.	1	0
Score	<input style="width: 50px; height: 30px; border: 1px solid black;" 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.

Adapted from Shulman, R. et al. (2014)³⁵.



Tool 7.2: Strategies to Manage and Prevent Delirium

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

Strategies to Manage and Prevent Delirium¹⁹

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 chapter on Medication Management on p.81 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 regularly (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 gentle laxative such as stool softener or a medication that helps stimulate bowel movements, may also be helpful. Speak with a health care professional if there is any difficulty having regular bowel movements.

Adapted from RGP of Toronto. (2024)¹

Tool 7.3 Delirium: Urgency or Emergency?

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

Delirium: Urgency or Emergency?

Quick reference for family care partners

Delirium requires prompt medical attention! If an older family member has a **sudden change** in memory, thinking, or behaviour, think delirium!

The person may say or do things that seem strange or uncharacteristic for them or don't make sense, such as:

- Forgetting things that have happened recently
- Having difficulty paying attention
- Not knowing where they are or what time it is (disoriented)
- Seeing things that do not exist (hallucinations)
- Being restless and agitated, or drowsy



Act with URGENCY	Or treat as an EMERGENCY
<p>If you notice any signs of delirium, or a previously diagnosed delirium is not getting better or is getting worse, promptly contact or go to one of the following:</p> <ul style="list-style-type: none"> • Family doctor or nurse practitioner • Home care nurse or community paramedic (if these services are in place in the home already) • Walk-in clinic or urgent care centre (call 211 or check health811.ontario.ca to find the closest one that is open) <p>You can use the Delirium Detection Questionnaire to help you communicate what you are seeing.</p>	<p>Call 911 or go to the emergency department if you notice any signs of delirium AND any of the following apply:</p> <ul style="list-style-type: none"> • If you suspect a serious medical problem, such as a stroke, heart attack, or injury • If you are unable to reach a doctor, nurse, or community paramedic • If delirium symptoms, such as disorientation or hallucinations are putting the person at immediate risk of harm to themselves or others • If the person is unable to care for themselves and care can't be put into place • If your instinct or intuition tells you to

Support the person while waiting for medical attention

- ✓ Be calm and reassuring
- ✓ Have a familiar person present as much as possible
- ✓ Help maintain normal routines and ensure basic needs are met such as eating, drinking, regular toileting, controlling pain, using eyeglasses or hearing aids, keeping the mind and body active, and getting a good night's sleep



Tool 7.4 Delirium: Supportive Communication Techniques³⁷

DELIRIUM: SUPPORTIVE COMMUNICATION TECHNIQUES

Goals:

- Keep it simple
- Avoid open-ended questions
- Acknowledge feelings, validate confusion, and reassure

Tips:

- Remember that someone who has delirium is confused and can be frightened by the experience
- Use a calm voice, smile, and be patient when communicating

Instead of...



Try this...

“How are you?”	“Are you having a good day?”
“What would you like to wear today?”	“Red shirt or blue shirt?”
“There are no snakes, you are hallucinating.”	“I know you see snakes on the floor and you’re scared, but I’m here with you and you’re safe.”
“Your mother has been dead for 20 years.”	“Why are you asking about your mother? What’s going through your mind right now?”

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Changes in Thinking and Behaviour: Delirium

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Social Engagement



Introduction

As a care partner, 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 an older adult experiencing frailty, many care partners 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 limited 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.

Social prescribing according to the Centre for Effective Practice, is “a practical way for health care professionals to address the social determinants of health by connecting people with a range of resources that support their social, mental, and physical well being”³⁸. It means meeting people where they are by helping address basic needs. For example, sharing information about where to access free meals when food security is an issue.

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](#) on p.117.

Recognize Isolation, Loneliness, and Depression

According to Dr. Debbie Stoewen, from Oakville Ontario, “wellness is a holistic integration of physical, mental, social, and spiritual well-being, fueling the body, engaging the mind and nurturing the spirit”³⁹ which is why social engagement is an important part of wellness. Promotion of social engagement can have a positive impact on health and wellbeing.

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.
- Difficultly 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](#) on p.119.

When to Seek Immediate Help

1. Please call 911 or 988 immediately if the person you care for is telling you that they plan to harm themselves or others, or you suspect that they will. 988 is suicide crisis helpline. You can also get more information on suicide prevention at <https://988.ca/>.
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://connexontario.ca>

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.

“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 care partner from Ottawa, ON



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 enjoy large group gatherings? What activities did they find most enjoyable?

Myths and Facts about Social Engagement



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 to ask them.



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

Loneliness and depression are serious health issues that should be discussed with a health care professional. 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.

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.
- Allow others to support the person, for example: visit at home to help with bathing or cleaning.
- Find social engagement that benefits both you and the person you are caring for.
- Be patient in trying different strategies, allow time for change in habits and make adjustments as needed.
- Do a “warm hand over”, attend the activity with the person and let them know they don't need to return if they don't like it. After the activity, enquire what they liked or did not like.

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 on p.118.



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 care 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](#) on p.119.
- 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.

Questions you could ask.

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 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?

Potential ideas.

- Going to a coffee shop to meet someone
- Library
- Community Centres
- Seniors centres (e.g., day programs)
- Virtual programs
- Church or community groups
- Indigenous older adults
- Culture groups (e.g., a Somali women's group)

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, an Ontario website that lists health services at: <https://thehealthline.ca>
- To find places that you can go for social activities and fun, you can browse the Ontario Society for Seniors' Citizens' Organizations website at: <https://ossco.org>
- To learn more about finding specialized help for depression, visit the Canadian Mental Health Association website at: <https://ontario.cmha.ca>
- To learn more about information and referral services for mental health and addictions, visit the ConnexOntario website at: <https://connexontario.ca>

Call.

- To speak to a registered nurse for non-urgent health advice or for general health information, call Health811: call 811 24/7 or you can also learn more about their service by visiting their website: <https://health811.ontario.ca>

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 Scale

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		

Adapted from Hughes et al. (2004)⁴⁰

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Social Engagement

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Sleep



Introduction

Good sleep matters for everyone, but it often gets harder as people grow older. This chapter shows you how to spot sleep problems, what you can do to help, and when to talk to a doctor.

You may have many questions about supporting good sleep, such as:

- How do I know if they are experiencing sleep problems?
- What can I do to support healthy sleep?
- How do I seek out additional supports related to sleep problems?

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 [helpful tips to communicate with health care professionals](#) on p.126.

Did you Know?

- Sleep problems are one of the most common concerns reported by care partners of older adults.
- Poor sleep can impact a person's quality of life by:
 - Increasing risk of falls
 - Causing memory problems
 - Causing low mood
 - Increasing withdrawal from others
- Improved sleep can improve these symptoms.
- Sleep can often be improved without medications.
- Proper management of sleep issues starts with a full assessment.

Background: Understanding Sleep in Older Adults

Sleep changes naturally as we age. For care partners of older adults, understanding these changes and recognizing the difference between normal age-related sleep patterns and sleep disorders is essential for providing effective care.

Sleep changes as we age

As people age, they often experience several changes to their sleep patterns:

- **Lighter sleep:** Older adults tend to spend more time in lighter stages of sleep and less time in deep, restorative sleep.
- **Earlier bedtimes and wake times:** The internal body clock (circadian rhythm) often shifts, causing many older adults to feel sleepy earlier in the evening and wake earlier in the morning.
- **More nighttime awakenings:** Waking up during the night becomes more common, often due to physical discomfort, the need to use the bathroom, or environmental factors.
- **Less total sleep time:** Contrary to popular belief, older adults need about the same amount of sleep as younger adults (7-8 hours), but they may get less total sleep at night.

Recognizing Sleep Problems

How do I know if the person I am caring for has sleep problems?

Sleep issues can be experienced and expressed differently by each person. Some people are able to talk about their sleep difficulties, while others may only show changes in their behaviour.

Ask specific questions.

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

- Are they having trouble falling asleep at night?
- Do they wake up frequently during the night?
- Do they wake up earlier than they would like to?
- Do they feel rested when they wake up in the morning?
- Are they napping more during the day than usual?
- Are they feeling unusually tired during the day?



Look for indicators and take notes.

If you notice any of the following, it could mean that the person you are caring for is experiencing sleep problems:

- Their interest in going out or being with others changes.
- They tell you they feel tired all the time.
- They fall asleep at inappropriate times during the day.
- They stay in bed for longer than usual.
- They appear more confused or irritable than usual.
- They have increased anxiety, especially as bedtime approaches.

Common Causes of Sleep Problems in Older Adults

While some sleep changes are normal, persistent sleep difficulties may indicate a sleep disorder. Here are some common sleep disorders that might affect the person you are caring for and should be discussed with a health care professional:

Insomnia Disorder

The following may be signs that a temporary sleep disturbance has turned into insomnia disorder:

- Trouble falling asleep, trouble staying asleep, or waking up too early and not being able to get back to sleep.
- Sleep difficulties that cause distress or impair daily functioning.
- Problems typically occur at least three times per week.
- A long-lasting condition (lasting 3 or more months).
- It is a 24-hour problem, affecting how you feel during the night and during the day.

Myths and Facts about Sleep

✘ Sleep problems are a normal part of aging that cannot be improved.

While sleep patterns do change with age, significant sleep problems are not an inevitable part of aging and can often be improved with proper assessment and intervention.

✘ Older adults need less sleep than younger adults.

This is not true. Older adults need approximately the same amount of sleep (7-8 hours) as younger adults, though they may have more difficulty obtaining quality sleep.

✘ Sleeping pills are the best solution for sleep problems in older adults.

Medication should generally not be the first approach to sleep problems. Non-medication approaches are often more effective and have fewer side effects, especially for older adults.

✘ Alcohol helps promote better sleep.

While alcohol may help someone fall asleep initially, it disrupts sleep cycles, leading to fragmented, poor-quality sleep and more nighttime awakenings.

Sleep Apnea

Sleep apnea involves pauses in breathing during sleep. Look for these signs (remembered as the STOP-BANG⁴¹ criteria):

- **Snoring:** Loud snoring (audible through closed doors or causing a bed partner to nudge them).
- **Tiredness:** Daytime fatigue or sleepiness (falling asleep during activities like driving or conversations).
- **Observed:** Has anyone observed them stop breathing, choking, or gasping during sleep?
- **Pressure:** High blood pressure or being treated for hypertension.
- **Body Mass Index:** Over 35 kg/m².
- **Age:** Older than 50.
- **Neck:** Large neck circumference.
- **Gender:** Being male increases risk.

If you suspect sleep apnea, consult a health care professional. This condition typically requires evaluation with a sleep study and may be treated with continuous positive airway pressure (CPAP) therapy or other interventions.

Restless Legs Syndrome (RLS)

Restless Legs Syndrome (RLS) causes uncomfortable sensations in the legs and an irresistible urge to move them. Watch for these characteristics:

- Urge to move legs, often accompanied by uncomfortable sensations.
- Symptoms worse during rest or inactivity.
- Relief with movement or activity.
- Symptoms worse in the evening or at night.

RLS can severely impact being able to fall asleep and should be evaluated by a health care professional, as specific medications and lifestyle changes may help.

Rapid Eye Movement (REM) Sleep Behaviour Disorder

This disorder involves movement during REM (dream stage) sleep. Signs include:

- Speaking out or physical behaviours during sleep (punching, kicking).
- Acting out dreams.
- Person is usually alert if awakened during an episode.
- Can be associated with or progress to certain types of dementia.

This disorder can be disruptive or cause injury to their bed partner.



Substance or Medication-Induced Sleep Disorder

Sleep problems can be caused by medications or substances, including: soon after starting or stopping certain drugs or substances such as alcohol, caffeine, and medications for high blood pressure, breathing issues, depression, or pain.

If you suspect medications may be affecting sleep, don't stop them without medical guidance, but do discuss your concerns with a primary care provider or pharmacist.

Strategies to Promote Healthy Sleep

Here are some ways to support healthy sleep:

Creating a sleep-conducive environment

- **Optimize the bedroom:** Keep the room quiet, dark, cool (18-20°C), and well-ventilated.
- **Ensure a comfortable sleeping surface:** Check that the mattress and pillows provide adequate support and comfort.
- **Reduce noise disruptions:** Use a white noise machine or fan if environmental noise is a problem.
- **Control light exposure:** Use blackout curtains if outside light is disruptive and minimize use of bright lights during nighttime bathroom trips.

Establishing helpful routines

- **Maintain consistent sleep and wake times:** Support going to bed at the same time each night and waking up at the same time each morning.
- **Develop a relaxing bedtime routine:** Encourage calming activities 30-60 minutes before bed, such as reading, listening to soft music, or gentle stretching.
- **Manage daytime naps:** If the person naps during the day, try to limit naps to 30 minutes and schedule them before 3 PM.
- **Encourage daily physical activity:** Regular physical activity promotes better sleep but try to schedule exercise at least a few hours before bedtime.

Supporting healthy habits

- **Monitor caffeine, alcohol, and nicotine:** Limit caffeine after noon, minimize alcohol (especially close to bedtime), and reduce smoking if possible.
- **Time meals appropriately:** Avoid heavy meals close to bedtime, but a light snack might help if hunger disrupts sleep.
- **Manage fluid intake:** To reduce nighttime bathroom trips, consider limiting fluids in the evening while ensuring adequate hydration earlier in the day.
- **Ensure adequate exposure to natural light:** Morning sunlight exposure helps maintain a healthy sleep-wake cycle.

Managing medical and mental health factors

- **Help with pain management:** If pain disrupts sleep, work with health care professionals to develop an effective pain management plan.
- **Address anxiety and worries:** If the person seems anxious at bedtime, create time earlier in the day to discuss concerns.
- **Monitor medication timing:** Some medications cause sleepiness while others may be stimulating. Work with your primary care provider or pharmacist to optimize medication timing.
- **Watch for depression:** Depression and sleep problems often occur together. Be alert for symptoms like persistent sadness, loss of interest in activities, or feelings of hopelessness. Speak to the older adult's primary care provider if these symptoms continue.

Helpful Tips to Communicate with Health Care Professionals

It is important that any person suspected of having sleep difficulties have a comprehensive assessment. Effective communication with health care professionals is essential for addressing sleep problems in older adults. Here's how to advocate for appropriate care:

Preparing for healthcare appointments.

Track sleep patterns: Keep a sleep diary (such as the [Consensus Sleep Diary](#) on p.128) for 1-2 weeks before the appointment, noting:

- Bedtime and wake time.
- Estimated time it takes to fall asleep.
- Number and length of nighttime awakenings.
- Daytime naps.
- Daytime symptoms (fatigue, sleepiness, mood changes).
- Environmental factors (noise, temperature, comfort).
- Factors that seem to improve or worsen sleep.

Prepare questions: Write down specific questions about sleep concerns.



Offer detail.

Share with your health care professional:

- Any concerns or questions about the person you are caring for's sleep.
- Any physical or mental health concerns that may affect their sleep.
- Information about medications and supplements they are taking.
- Relevant changes in their health, medications, or life circumstances.
- Previous treatment they tried for sleep problems.
- Family history of sleep disorders.
- Anything about their sleep disorder diagnosis that you do not understand.
- Any concerns or questions you or they have about the treatment options.

Discussing Treatment Options:

When discussing sleep concerns and treatment options with health care professionals consider the whole person. Remind the health care professional about other health conditions, medications, routines, values, and preferences that might influence treatment choices.

Questions you could ask.

- What treatment options are available for this sleep problem?
- How long should we try this treatment before knowing if it works?
- What are the possible benefits and side effects of this treatment?
- Are there alternative treatments?
- What should we do if their sleep gets worse?
- When should we come back for follow-up?
- Are there any community programs or supports that might help?

Before the appointment is finished:

Make sure you understand the next steps, any changes to routines or medications, and when to seek help sooner.

Finding Additional Support

Ask a health care professional.

GeriMedRisk

A team of doctors and pharmacists who can work closely with your health care professional to answer questions about medications. <https://www.gerimedrisk.com/What-is-GeriMedRisk-Patients-and-care-partner.html>

Look online.

Sleepwell

Sleepwell is a research and knowledge mobilization program to help people with insomnia get their sleep back without medications and to help people stop taking sleeping pills safely and effectively. See their website for a variety of resources and recommendations.

www.mysleepwell.ca

Consensus Sleep Diary

The free Consensus Sleep Diary app (available with an account sign-up) helps you learn about your sleep patterns and make changes to improve your sleep. You can access your diary entries from any internet-connected device. The diary is also available as a PDF.

www.consensusleepdiary.com

SleepEZ

A digital cognitive behavioural therapy for insomnia (dCBT-I) course, developed by the United States Department of Veterans Affairs⁴³, that includes a sleep diary and other resources. <https://www.veterantraining.va.gov/apps/insomnia/index.html#introduction1>

American Academy of Sleep Medicine

Offers patient guides that summarize behavioural and psychological treatments for chronic insomnia disorder⁴² in adults, as well as recommendations for using medications to treat chronic insomnia. <https://aasm.org/wp-content/uploads/2021/08/Behavioral-and-Psychological-Treatments-for-Insomnia-Patient-Guide.pdf>

Canadian Sleep Research Consortium

Provides links to resources (including apps, books, and online courses) for people with insomnia and their care partners. <https://www.researchsleep.ca/public/category/Websites>

Sink Into Sleep

A website⁴⁴ created by Dr. Judith Davidson, based on her book “Sink into Sleep: A Step-by-Step Guide for Reversing Insomnia.

<https://sinkintosleep.com/>

Read.

Books by Dr. Colleen Carney, Professor and Director of the Sleep and Depression Laboratory at Toronto Metropolitan University. <https://drcolleencarney.com/books-page/>



Are you getting a good night's sleep?

As a care partner, your sleep is just as important as the sleep of the person you're caring for. Lack of sleep can affect your mood, energy, decision-making, and overall health.

Common sleep challenges for you as a care partner

You may experience sleep problems due to:

- Being awakened during the night to provide care.
- Worry or anxiety about your caregiving responsibilities.
- Changes to your usual sleep routine.
- Stress from balancing caregiving with other responsibilities.
- Physical strain or discomfort from caregiving activities.

Strategies to protect your sleep

- Arrange respite support (formal or informal) when possible to allow for a good night's sleep.
- Share or rotate nighttime responsibilities with trusted supports.
- Use relaxation techniques such as deep breathing, gentle stretching, progressive muscle relaxation, or meditation.
- Establish your own sleep routine and try to maintain it as consistently as possible.
- Set boundaries around your sleep time when possible.
- Seek support from care partner groups to share strategies and concerns.
- Speak with health care professionals if you are experiencing problems sleeping.

A gentle reminder:

Taking care of yourself is not selfish, it is necessary to sustain your ability to care for others.

Summary

This chapter has explained how sleep changes as we age and how to recognize when sleep difficulties may be present. This chapter has also provided practical strategies you can try to support healthy sleep for the person you care for, along with guidance on when to seek additional help. Now you can begin to develop sleep-support strategies that fit the needs, routines, and preferences of the person you care for.

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Further Reading

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- b. Health Quality Ontario. Insomnia Disorder: A Guide for Adults with Chronic Insomnia. Published 2025. Accessed February 20, 2026. <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-insomnia-disorder-patient-guide-en.pdf>



About Provincial Geriatrics Leadership Ontario (PGLO)

PGLO supports the collective impact effort of a network of Regional Geriatric Programs (RGPs), specialized geriatric services and seniors' mental health programs, along with other parties who are interested in advancing integrated care for older adults living with complex health conditions

PGLO sets provincial direction, enables system integration, provides backbone support, and supports alignment across Ontario by convening partners, facilitating collective impact, influencing policy across dementia and frailty care, seniors' mental health and more. PGLO envisions that, through collective action, we will realize a future where every older adult in Ontario—regardless of location, background, or complexity of need—has timely access to integrated, compassionate, and evidence-informed care that supports their health, dignity, and quality of life.

About the Caregiving Strategies Project



To address the growing need for educational supports for care partners, in 2018, PGLO and Regional Geriatric Programs across Ontario launched the Caregiving Strategies Project. Funded by the Ontario Ministry of Health and working in collaboration with care partners across Ontario, the project team developed the Caregiving Strategies Handbook and other resources to support the diverse needs of care partners of older adults 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 care partners 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 care partners Across Ontario" available at: <https://geriatricsontario.ca/resources/what-we-heard-report/>. We reviewed the results of the focus groups with care partners and health care professionals. They advised us each step of the way as we responded to what we heard and created these resources. In 2024, we launched a review of the Caregiving Strategies resources with care partners and clinical experts to bring them up to date, culminating in this revised edition.

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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 PGLO is fully responsible for the contents in this handbook and any errors or omissions.

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