

What Matters Most in People with Frailty

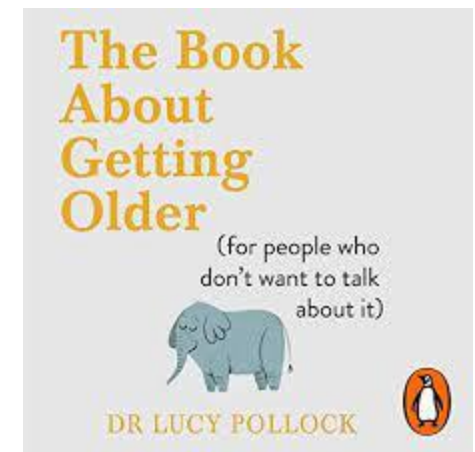
- NMP conference
- Dr Lucy Pollock
- 4th July 2023



Declaration: Lucy Pollock

I have the following financial interest or relationship/s to disclose with regard to the subject matter of this presentation:

- I received a publisher's advance from Penguin Michael Joseph and may at some future point receive royalties relating to this publication
- I'm an NHS doctor and have no private practice
- I'm a patron of Age UK Somerset
- I sat on a NICE committee and I really love NICE



Thank you

- To Giles, Mel and the NMP team
- To friends, family and patients who have provided images for this presentation
- An important number
- Why geriatric medicine?

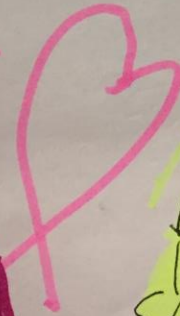


hero
doctors
and nurses

Thank you
for looking
after my granny
and
KIKI
and
a
sesame



Amast

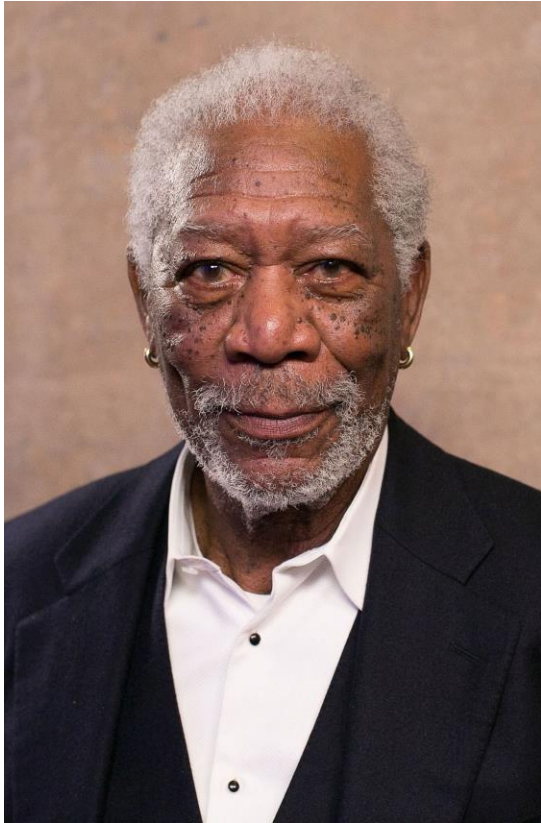


Imsix



Discharge
Operating





Most older people are independent

- Only a small proportion world wide are dependent on others for their care



23% of all over 80s are providing care to someone else Age UK 2021



Two-fifths (40%) of the nation's grandparents over the age of 50 - five million - have provided regular childcare for their grandchildren



People over 75 are the most likely to give to charity in England and Wales... Statista



...and over 65s are more likely to donate to overseas aid and disaster relief UK gov



Older people contribute significantly to the economy (through taxation and consumer spending)









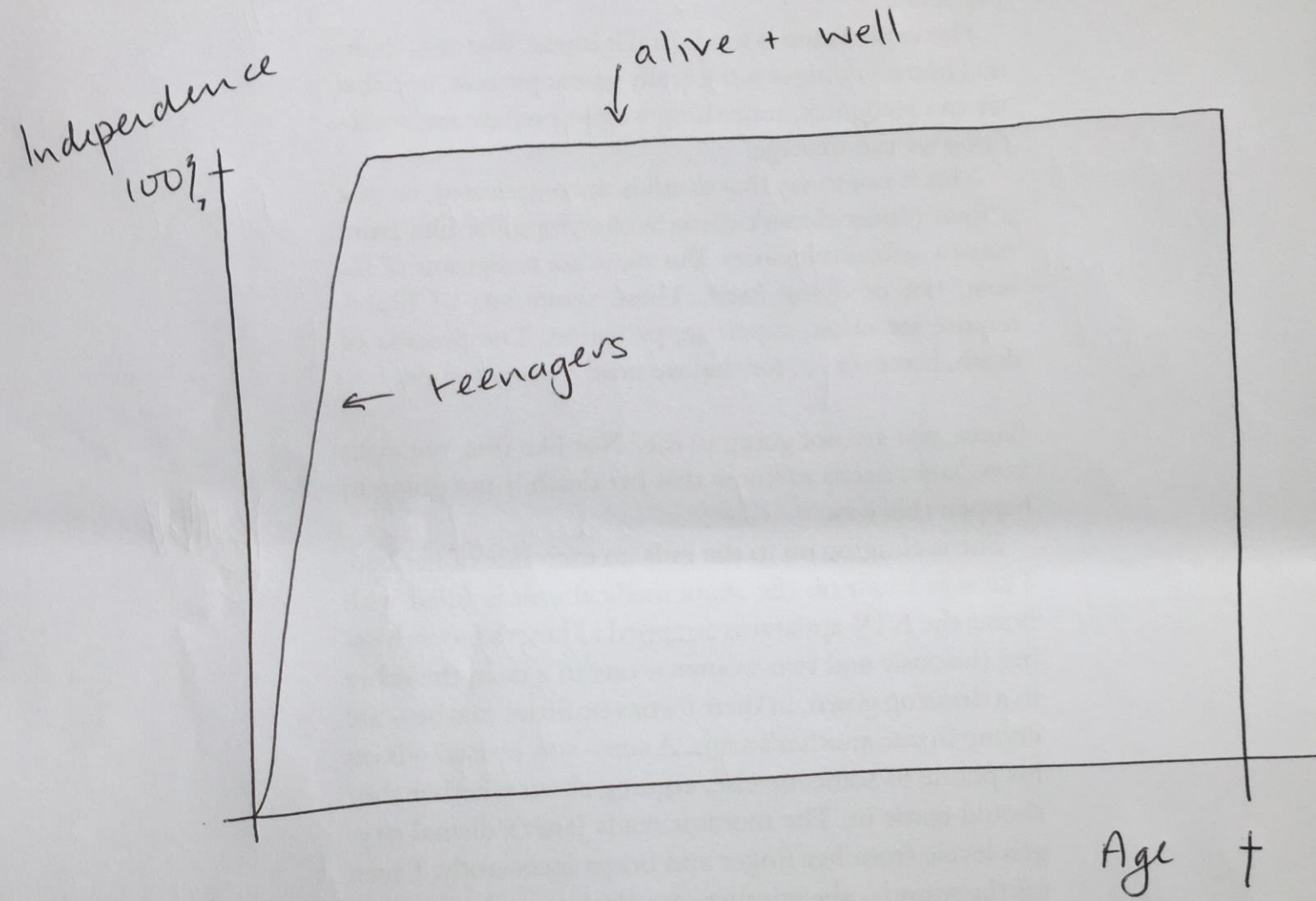


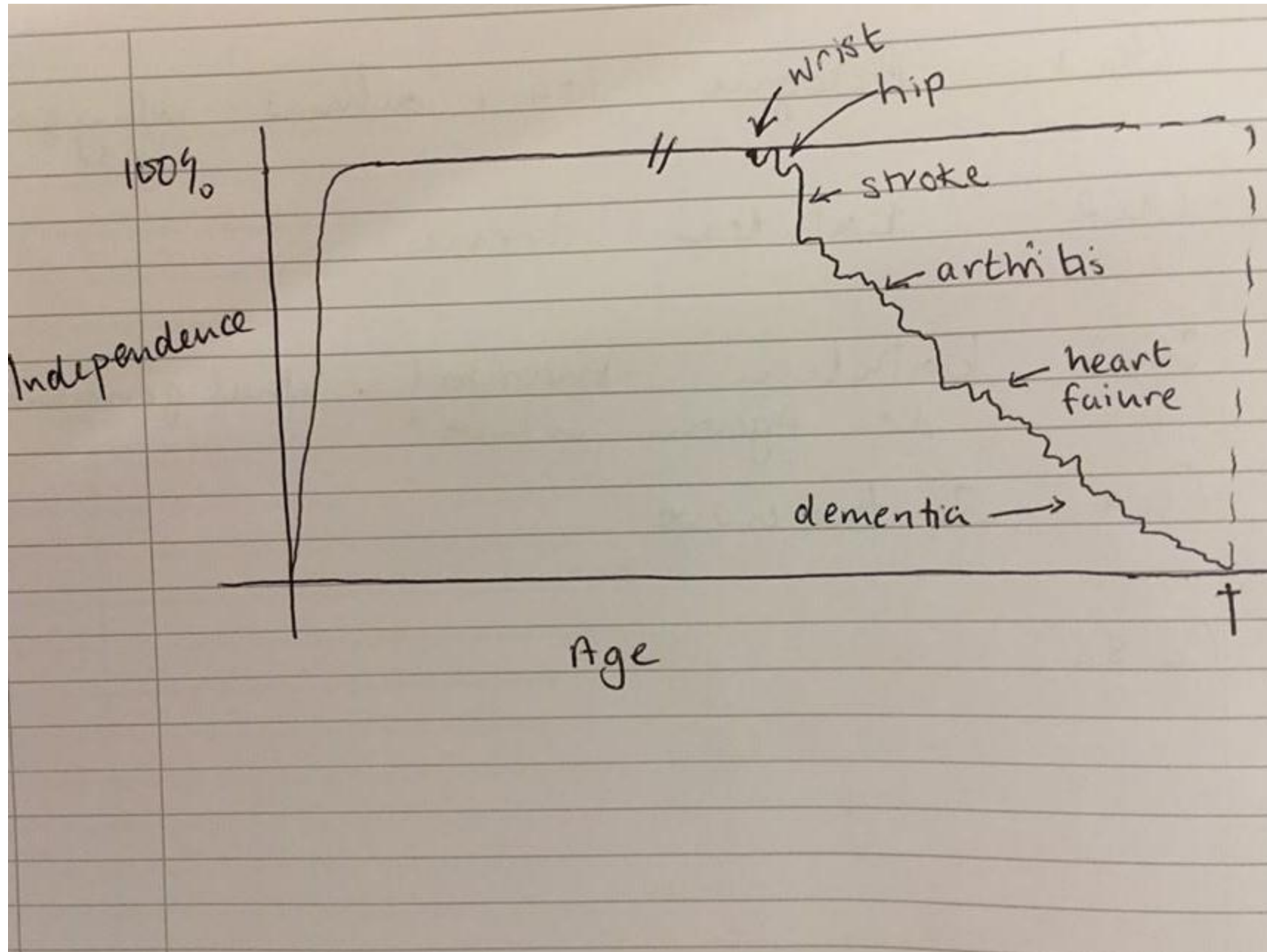




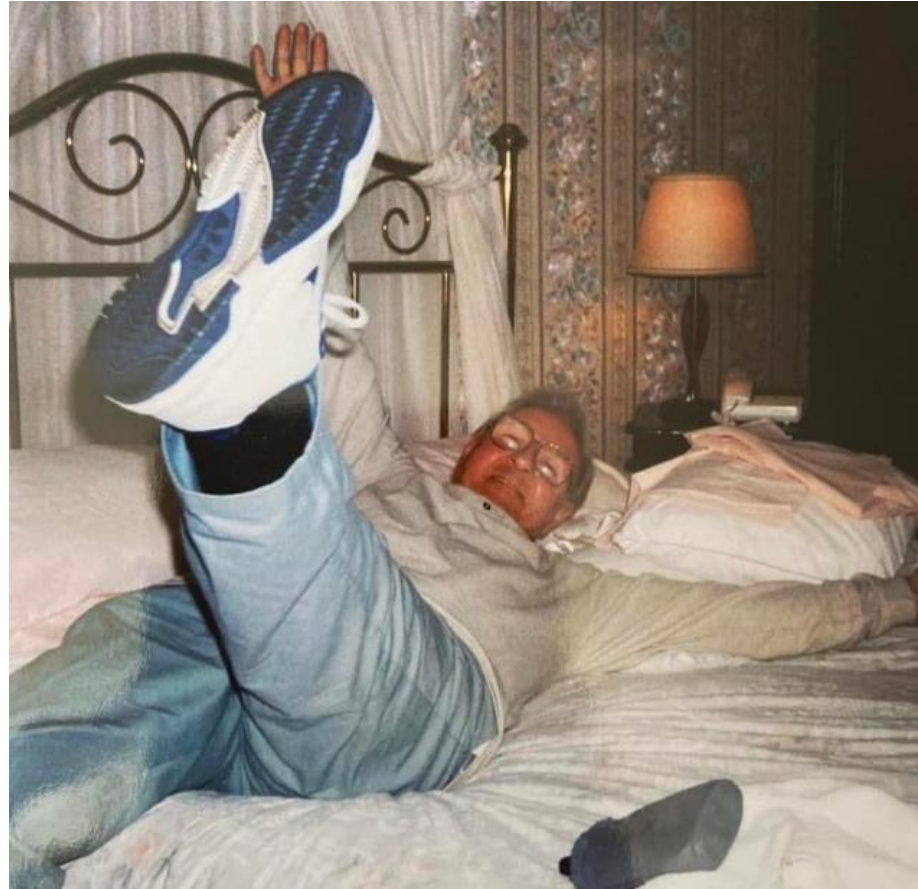








Rating their health as good, very good or excellent compared to others of the same age (Newcastle 85+)

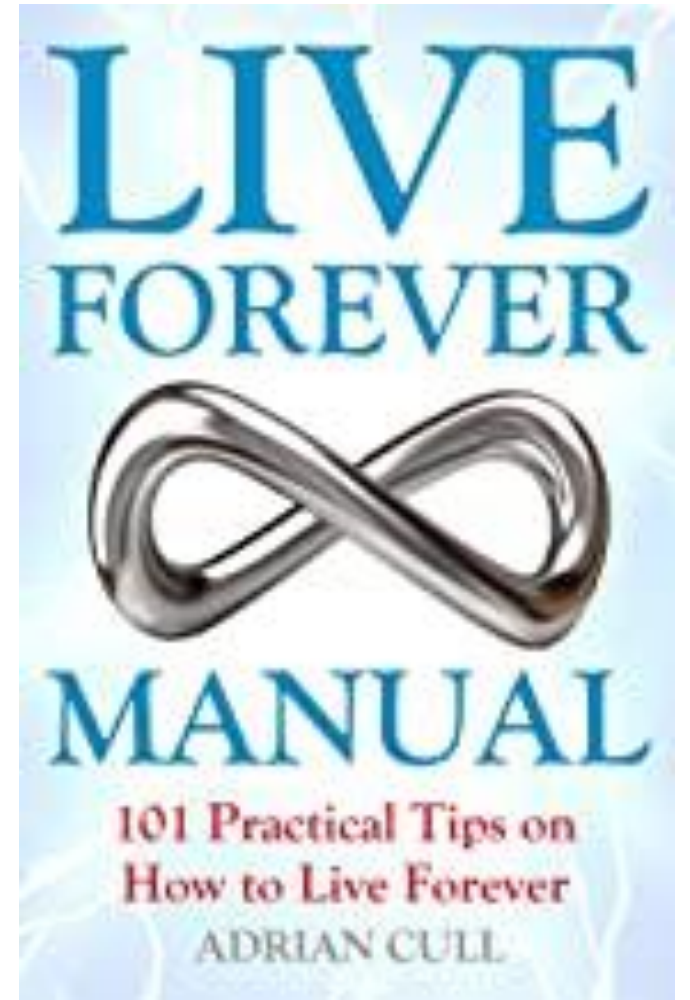
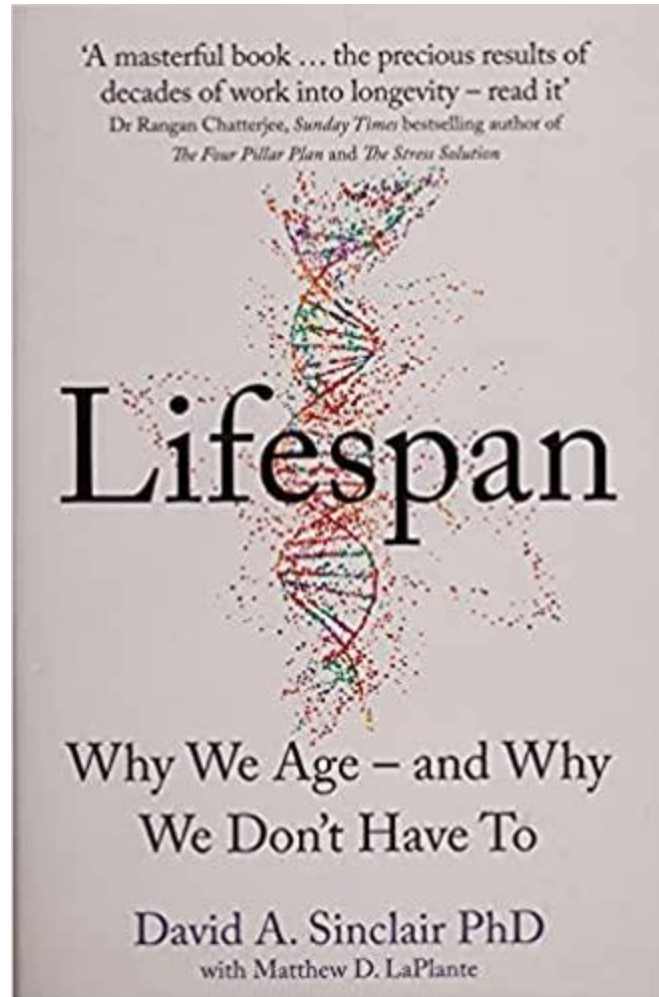
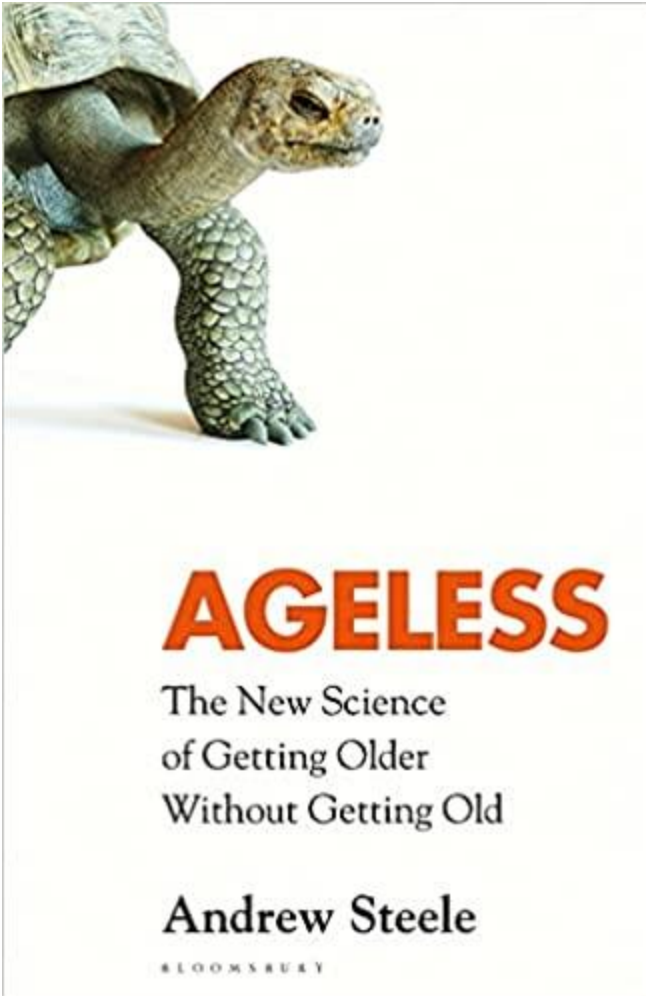


78% ...Tom Kirkwood

“ A delightful statistical impossibility that overturns the general view that life in advanced old age is made miserable by poor health”



Two plans



Plan A

- Don't get old!
- EVIDENCE BASED advice for living well

Living well

- Smoking
- Alcohol
- Eat food, not too much, mostly plants (Michael Pollan)
- Blood pressure, cholesterol and sugar control IN MIDLIFE
- Anything else?

Men in Sidney age 70+

- Lots of measurements – BP, weight, cholesterol, muscle mass etc
 - Walking speed
 - Looked again in 5 years – some had died

- Stanaway F F, Gnjjidic D, Blyth F M, Couteur D G L, Naganathan V, Waite L et al. *BMJ* 2011

- No men died, who had been walking at speeds of 1.36 m/s (3 miles (about 5 km) per hour) or above
- ‘This supports our hypothesis that faster speeds are protective against mortality because fast walkers can maintain a safe distance from the Grim Reaper.’



Plan B

- Talk about it
- ‘Knowledge is power. Knowledge shared is power multiplied’

The most important book about the second half of your
life you'll ever read. I wish everyone in the UK could be under
Dr Lucy's care, but this is the next best thing.
Sandi Toksvig

The Book About Getting Older

(For people who
want to talk
about it)

Contentious

Embarrassing

Frightening

Socially unacceptable



versus 'common but
NOT normal'

- eg falls, dementia,
continence problems

When to make a fuss




FANFARE — STATE TRUMPETERS
Musical Selection — BANDS OF THE GUARDS DIVISION
ROYAL FANFARE — THE STATE TRUMPETERS
THE NATIONAL ANTHEM
GOD save our gracious Queen,
Long live our noble Queen,
God save the Queen!
Send her victorious,
Happy and glorious,
Long to reign over us,
God save the Queen.

Her choicest gifts in store,
On her be pleased to pour,
Long may she reign,
May she defend our laws,
And ever give us cause,
To sing with heart and voice,
God save the Queen.

MADE IN
G.T. BRITAIN
KENT
HAND MADE 4T



 Crescent Pharma Private Limited

IBUPROFEN
Tablets *200mg*

84
Tablets

Each tablet contains:
Ibuprofen 200mg
Also includes sucrose





Language of guidelines – easy vs difficult

Explore

Offer


Start

Discuss

Be aware

Think carefully

NICE multimorbidity

- 1.1.2 **Be aware** that the management of risk factors for future disease can be a major treatment burden for people with multimorbidity and should be carefully considered when optimising care.
- 1.1.3 **Be aware** that the evidence for recommendations in NICE guidance on single health conditions is regularly drawn from people without multimorbidity and taking fewer prescribed regular [medicines](#).
- I  NICE

- **Think carefully** about the risks and benefits, for people with multimorbidity, of individual treatments recommended in guidance for single health conditions.
- **Discuss this** with the patient alongside their preferences for care and treatment.

(I  NICE)

Reviewing medicines and other treatments *(in multimorbidity)*

- 1.6.9 When reviewing medicines and other treatments, use the [database of treatment effects](#) to find information on:
 - the effectiveness of treatments
 - the duration of treatment trials
 - the populations included in treatment trials.

Tools to help you put the guidance into practice.

Implementation support

➤ [NICEimpact falls and fragility fractures report](#)

➤ [Measuring the use of NICE guidance](#)

Do not do

➤ [Do not do information](#)

Audit and service improvement

⬇️ [Baseline assessment tool](#)
Excel 493 KB
21 September 2016

Shared learning

➤ [Shared learning information](#)

Guidance into practice

➤ [About the Intro](#)

Education

⬇️ [Database of treatment effects](#)
Excel 564 KB
21 September 2016

⬇️ [Database of treatment effects user guide](#)
PDF 345 KB
21 September 2016

Research recommendations

➤ [Research recommendations information](#)

Microsoft Excel ribbon with Font, Alignment, Number, Styles, Cells, Editing, and Analysis tabs.

SECURITY RISK Microsoft has blocked macros from running because the source of this file is untrusted. Learn More

B2 Introduction

Excel spreadsheet content with columns A, B, C and rows 1-6. Row 2 is the header 'Introduction'. Rows 3-6 contain descriptive text about the spreadsheet's purpose and limitations.

Handwritten red text 'ang' with arrows pointing to the text in rows 4 and 5.

Two good resources

- <https://www.polypharmacy.scot.nhs.uk/>
- <https://gpevidence.org/>

- **Clinicians' Expectations of the Benefits and Harms of Treatments, Screening, and Tests**
- [Tammy C. Hoffmann, PhD¹; Chris Del Mar, MD, FRACGP¹](#)
- *JAMA Intern Med. 2017*
- *Systematic review of 43 studies*

- Clinicians rarely had accurate expectations of benefits or harms.
- ...more often underestimated harms and overestimated benefits.

Hypertension

- HYVET - over 80s- good results, tight entry criteria
- Systeur - elderly - good impact on CVS mortality, 26% - but NO impact on all-cause mortality
- NNT overall estimated at 333 over 2 years

- [Arch Intern Med.](#) 2012 Aug 13;172(15):1162-8. doi: 10.1001/archinternmed.2012.2555.
- **Rethinking the association of high blood pressure with mortality in elderly adults: the impact of frailty.**
- Walking speed was measured over a 20-ft (6 m) walk and classified as faster (≥ 0.8 m/s [n = 1307]), slower (n = 790), or incomplete (n = 243).

- In participants who could not complete the walk test, elevated BP was strongly and independently associated with a **lower** risk of death:
 - HR, 0.38; 95% CI, 0.23-0.62 (systolic);
 - HR, 0.10; 95% CI, 0.01-0.81 (diastolic).

Masoli et al Age and Ageing 2020, 416,000 patients

- In representative primary-care patients aged ≥ 75 , BP $< 130/80$ was associated with excess mortality.
- Hypertension was not associated with increased mortality at ages above 85 or at ages 75–84 with moderate/severe frailty..
- The priority given to aggressive BP reduction in frail older people requires further evaluation.

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- The priority given to aggressive BP reduction in frail older people requires further evaluation.

Starting antihypertensives

- NB the decline in BP that precedes and accompanies dementia – cause or effect? Watch for falling BP in the demented and stop meds
- Relax in the truly frail
- Remember OH and don't underestimate side effects



FOR ANIMAL TREATMENT ONLY

Loxicom
1.5 mg/ml

Oral Suspension
for Dogs
Meloxicam

MEDREICH

2 mg
Loperamide Hydrochloride
Capsules
30 Capsules

ZENTIVA

Gliclazide
Tablets 80 mg

Furosemide
Tablets 2.5 mg

bd









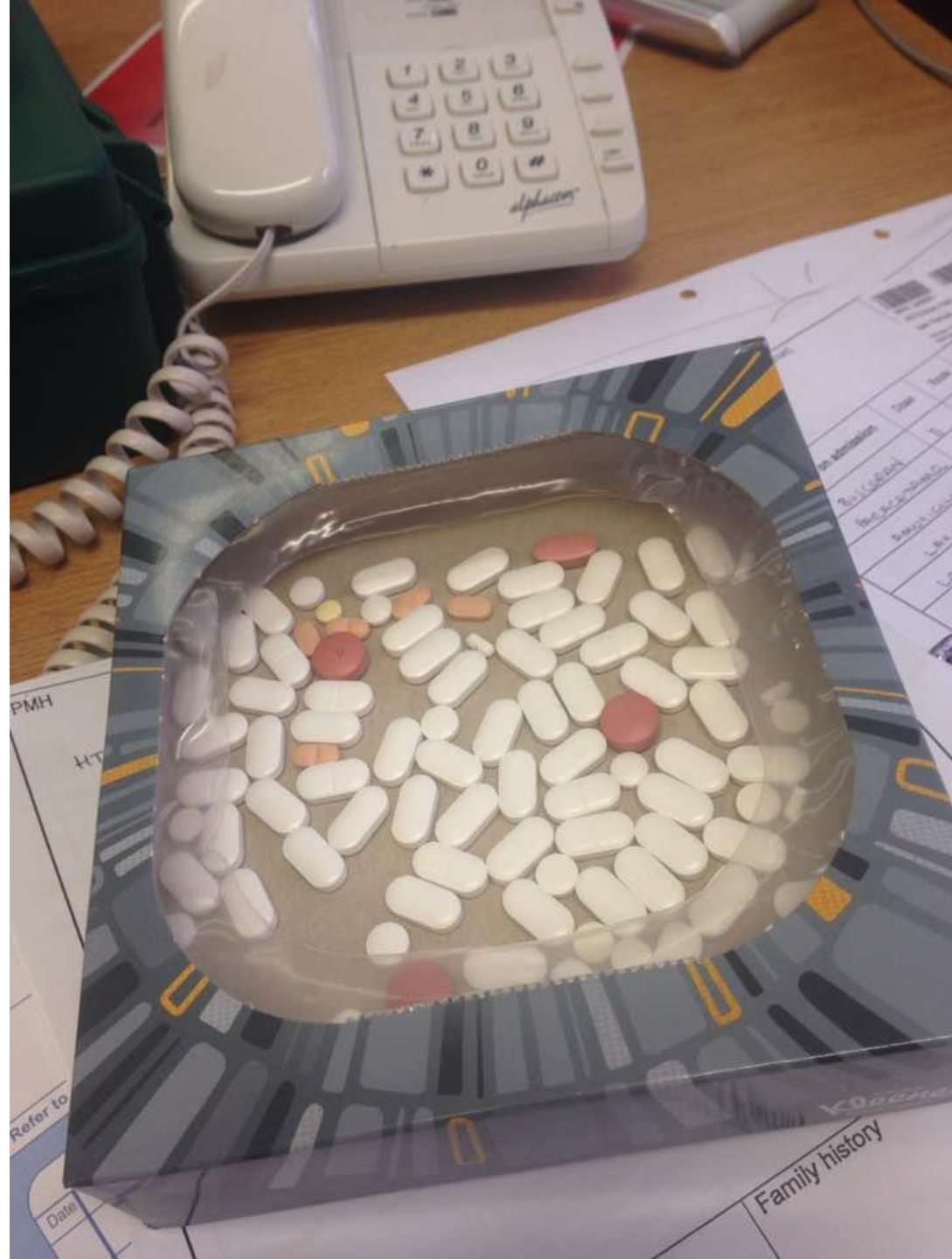




Medications

- What am I trying to achieve?
- BRAN is good for you





PMH

HT

Refer to

Date

Family history

In Admission

Ref. U/L/Doc

Ref. U/L/Doc

Ref. U/L/Doc

Ref. U/L/Doc

Ref. U/L/Doc

Ref. U/L/Doc

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DO NOT STORE IN THIS LOCKER:

- * UNLABELLED MEDICINES
- * UNPRESCRIBED MEDICINES
- * PATIENT'S VALUABLES / MONEY
- * CONTROLLED DRUGS



Mary Tinetti's 5 Ms

- Mind
- Mobility
- Medication
- Multicomplexity

- What Matters Most



We are guests in our patients' lives

Don Berwick



(love) Letter to the NHS 2013

- Place the quality and safety of patient care above all other aims...
(This, by the way, is your safest and best route to lower cost.)
- Engage, empower, and hear patients and carers throughout the entire system, and at all times

Institute for Healthcare Improvement

Ask not

‘What is the matter with you?’

Instead

‘What matters to you?’



Atul Gawande

- Understanding
- Hopes and fears
- Trade-offs
- Best course of action



Andy Levy

- Find out what your patient did for a living...
- ...and who still loves them

Shelagh O'Riordan

Top tip number 1

- Find out what your patient wants

People in hospital tonight

90yo Gerald B

- Fall, confused, cough
- Looks frail and thin
- Low blood pressure, low oxygen

NICE guidance sepsis

- **1.5 Managing suspected sepsis outside acute hospital settings**
- 1.5.1 Refer all people with suspected sepsis outside acute hospital settings for emergency medical care by the most appropriate means of transport (usually 999 ambulance)

- Chest Xray shows pneumonia, bloods consistent with this and kidney failure

- Plan: iv antibiotics, iv fluids, admit

Phone his wife Iris

- He's called Harry not Gerald
- He wrote books about medieval history
- He's had dementia for several years
- He had a respite admission to a care home but was miserable there
- He has had problems swallowing for several months and has had antibiotics for chest infections
- He walks with a frame but has fallen often
- He speaks very little
- He likes watching the birds and sleeps a lot
- **How do we do the right thing by Harry?**



‘He would not want to live this way’

He has told her: ‘if I could, I would walk into the hills and not ever be found’

- A different plan



Iris says

- 'Just keep him comfortable'
- ...so we make a new plan...

- 'I know this conversation is just between you and me, no one else needs to know'

GMC treatment and care towards the End of Life

‘... Start with a presumption in favour of prolonging life. This presumption will normally require you to take all reasonable steps to prolong a patient’s life.’

‘However...

...there is no absolute obligation to prolong life irrespective of the consequences for the patient, and irrespective of the patient's views, if they are known or can be found out.'

Advance care planning should be a right not a punishment

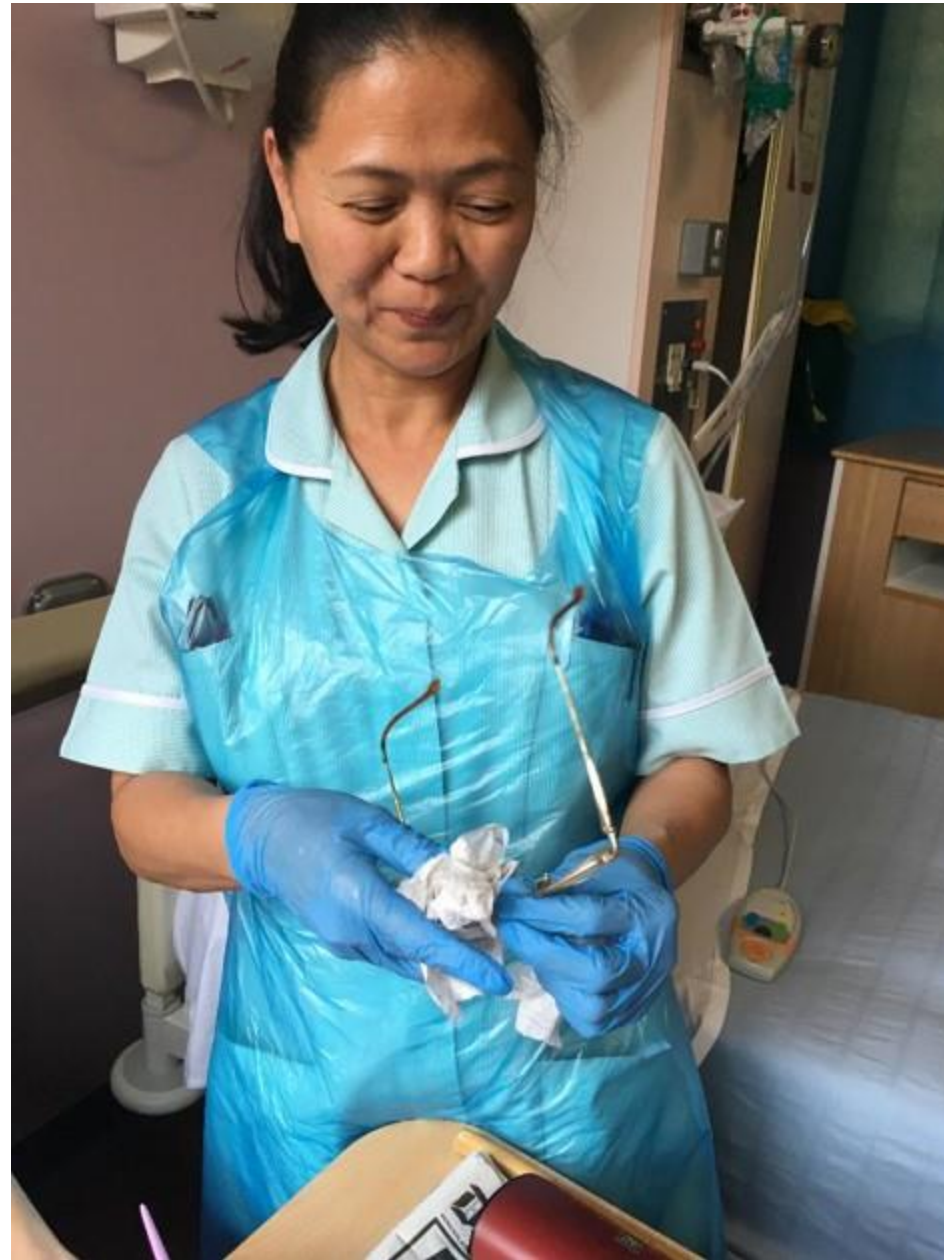
It captures What Matters Most

Advance care plans are not about assisted dying/ euthanasia

- They are about LIFE

and unassisted dying

Everyone deserves a good ACP











Ray's
BOTTLE





What we need (and can achieve)

- 'Age attuned' training for EVERYONE
- A huge shift of power
- Escalation plans - valid, workable and universal
- Time
- Courage
- Honesty

Things that make life better for older people

Things that make life better for older people

- Housing
- Transport
- Healthcare
- Libraries, activities, interests
- Green spaces
- **Young people**



Things that make life better for young people

Housing

Transport

Healthcare

Libraries, activities, interests

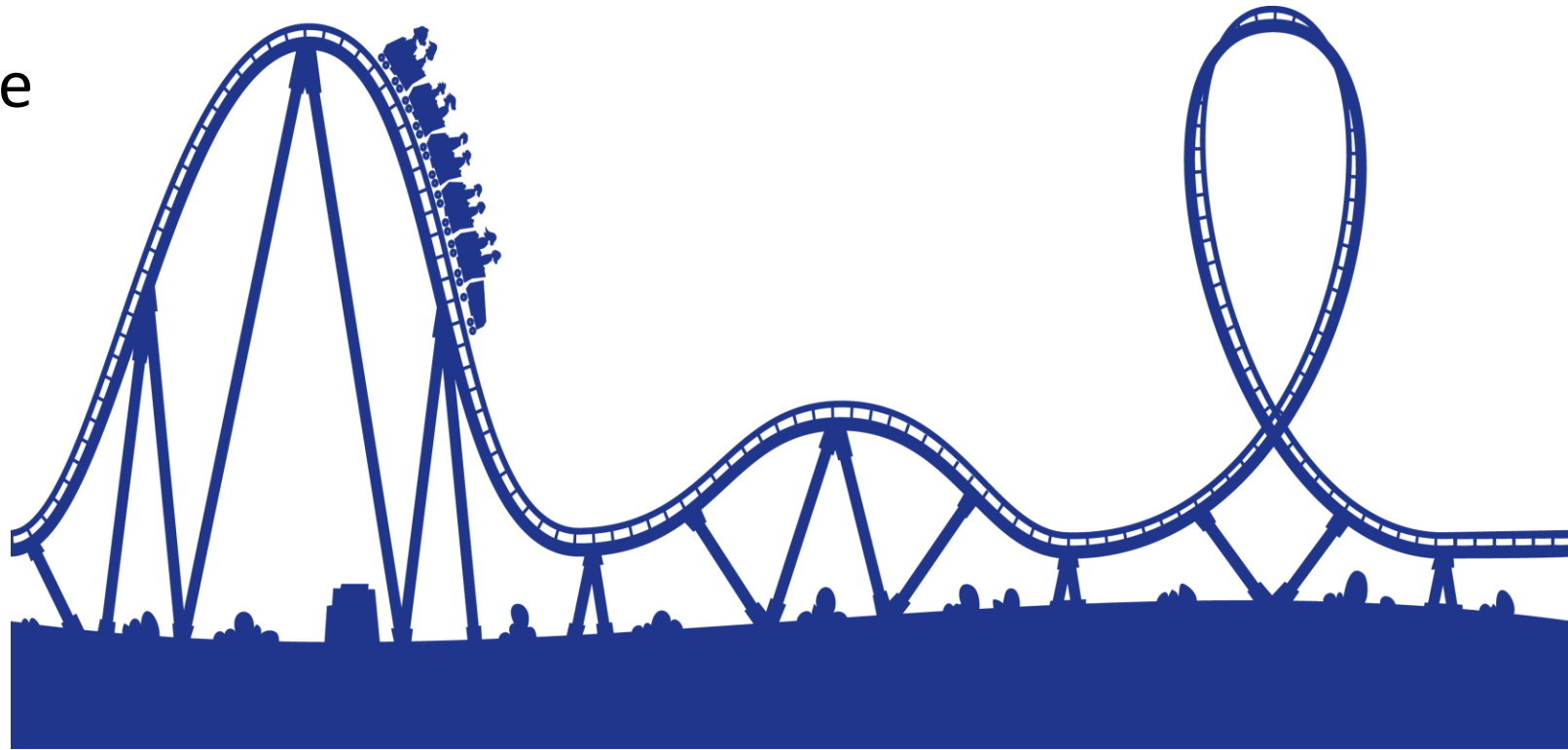
Green spaces

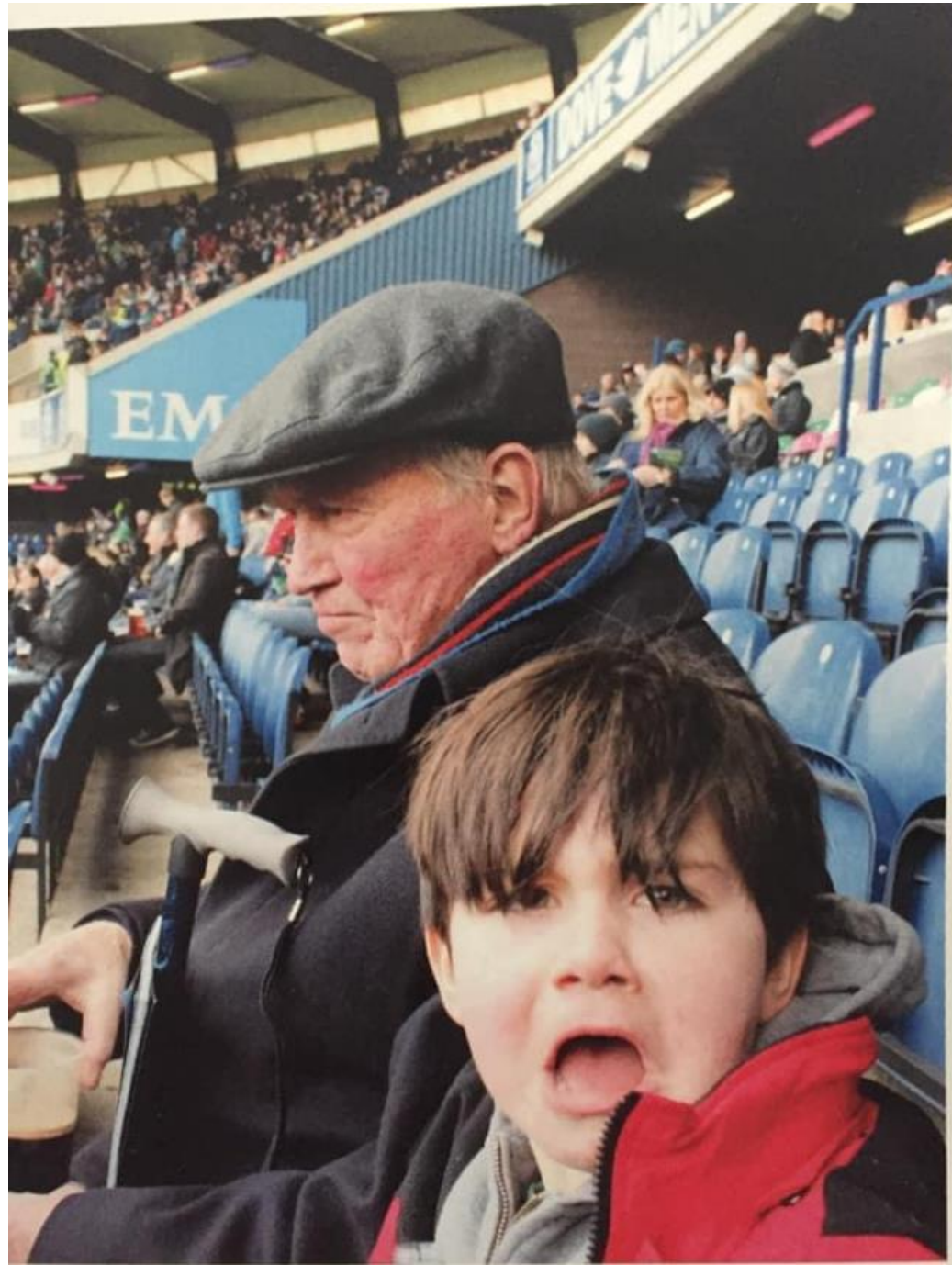
Old people





- The Oscillating Narrative
- Marshall Duke, Seattle

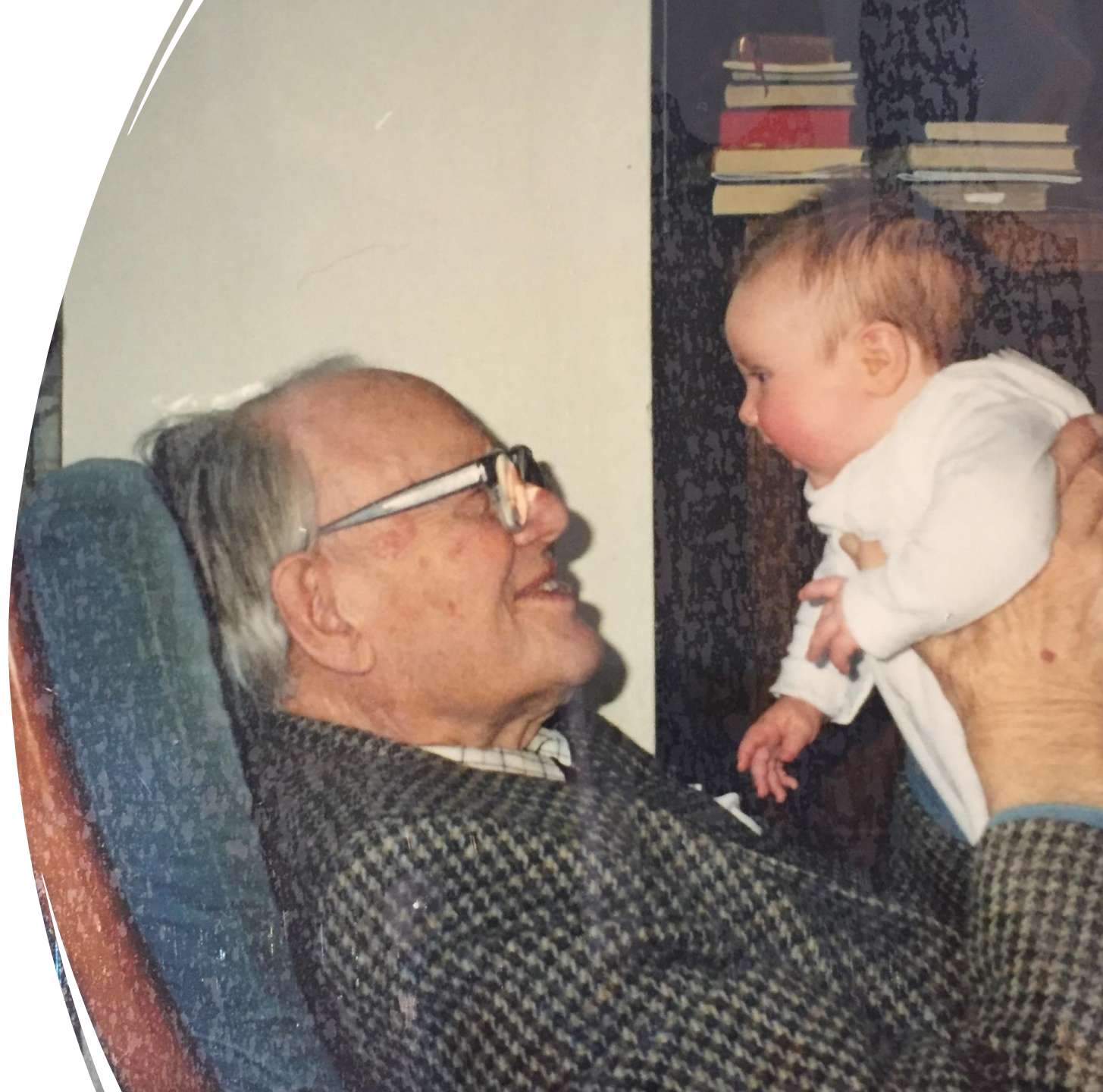


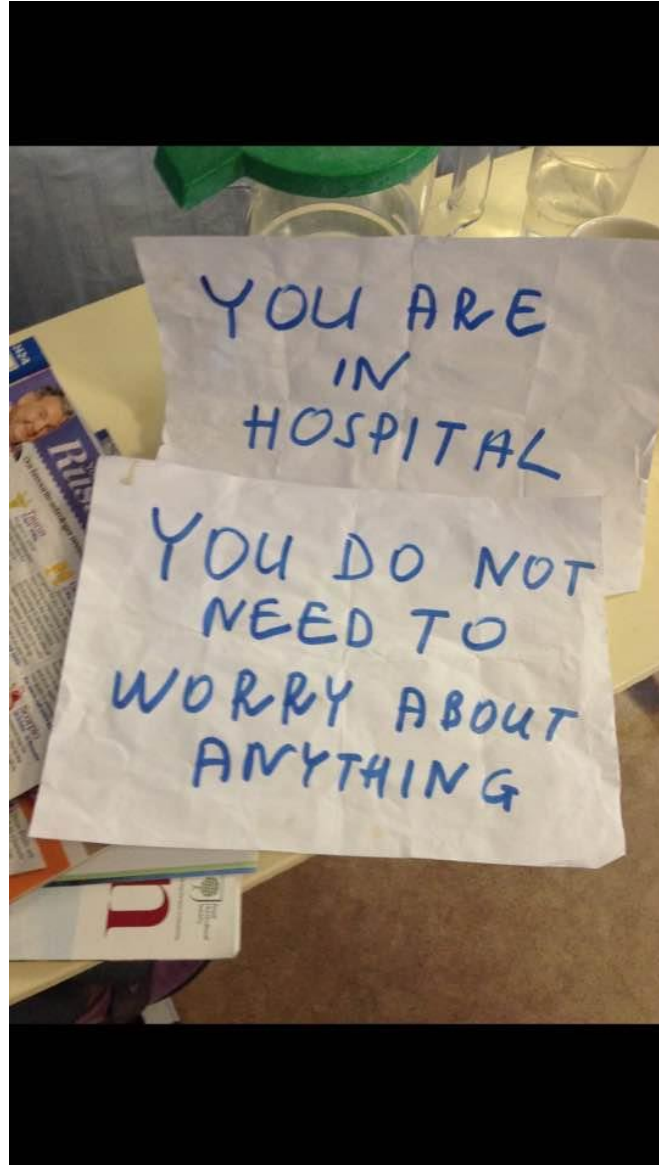


We are all apprentice older people

We can treat older people now as we
ourselves would wish to be treated.

We can listen and we can
change the picture





YOU ARE
IN
HOSPITAL

YOU DO NOT
NEED TO
WORRY ABOUT
ANYTHING

