

CONVINCING THE ELDERLY

They Need Help

It is a sad fact of life that the elderly population, as a whole, tends to deteriorate. They deteriorate physically, becoming more frail or becoming limited by arthritis or other illness. They can also begin to suffer from mental decline—beginning with simple forgetfulness and progressing to personality changes and difficulty caring for themselves that make life as an independent person very difficult, if not impossible. It becomes the responsibility of the family and other loved ones to convince the person they need help. This is a difficult task as this is a population who loves the status quo and doesn't like the specter of change.

There are several situations in which family members need to take action and consider that a change in the elderly person's living situation needs to change. These are:

- When a spouse has died. The death of a spouse is traumatic and changes the entire living structure of the individual. When the elderly person has received cares from the spouse, the situation is more vital and the need for change is more obvious.
- When there has been a significant mental decline. Some Alzheimer's patients do very well in the beginning stages of their disease, as long as their routine becomes uninterrupted. At some point or another, however, they develop a difficulty caring for themselves and become a danger at home. They may have developed paranoid personality changes or have become a wanderer, lost in their own neighborhood or driving when it is too dangerous for them to drive.
- When they have become physically frail. This is when they cannot walk around their house without being a fall risk or when they cannot make their own meals due to frailty. Such a person is usually mentally sound or has mild forgetfulness but are just too

thin with bones that are too thin to take the risk of a fall.

- When they become unable to care for their hygiene or other cares. Whether due to dementia, frailty or a combination of both, the individual doesn't have the ability to bathe themselves or take care of dressing and brushing their teeth. They need help with these things and it comes to the family to either help them or find ways for them to get the kind of care they need, either in the home or elsewhere.
- When there is mental illness. Some elderly develop profound depression or paranoia such that they are a danger to themselves or others. They may otherwise be dementia-free but their mental illness makes living independently very difficult for them to handle. In such situations, it falls to family members to make tough decisions as to what to do with the elderly person and how to convince them that help is needed. The following are ways to tackle this difficult issue and to help an elderly person get the kind of care they need.

OBTAIN OUTSIDE HELP

On the whole, the elderly respect their doctors very much and the family can easily work with the doctor to get the doctor to recommend home health services or even a nursing home placement. Talk to the doctor and tell them of the individual's current level of care and level of functioning. Take the elderly person to the doctor and have the doctor "prescribe" a course of treatment for the elderly person.



The response is reluctant at times but they rarely cross the path of a doctor's decision.

USE A STEPWISE APPROACH

This is the most logical approach to consider when the individual is very reluctant to leave their home but really needs to. A stepwise approach involves gradually introducing cares until they reach an appropriate level of care. A stepwise approach may provide the elderly person with an adequate care level that is somewhere between living independently and living in a nursing home. The following are the gradations of care you could consider:

- **Installing a Lifeline®.** This involves installing a device the wearer wears around their neck in order to push the button on the device when he or she needs medical care due to things like a fall or chest pain. It gives the wearer some measure of comfort that someone would be there if they had a health condition while they were alone.

- **Providing “Meals on Wheels”.**

Most communities offer some version of delivered meals to the homebound patient. Generally, one meal per day is provided but it is generally a generous meal that provides the frail elderly person with most of the nutrition they need in just the one meal.

- **Offering the services of a home health aide.**

This is when a person trained in healthcare comes into the home and helps the elderly person with bathing, cleaning, or other hygiene issues. The home health aide can do a lot to help the elderly person to remain in their home and yet receive care that will help them continue to function.

- **Adult day care.** There are many places available that offer “adult day care” which provides a respite for family members caring for their elderly family member. Such places can keep an elderly person in a home living setting while giving them something to do while the family member works. Activities include movies, crafts, discussion groups and singing or listening to music.

- **Assisted living.** It is not always easy to convince an elderly person that they need to be living in a different environment than their own home but many will acquiesce when it with nursing services and

observation with a degree of privacy that is much greater than a skilled nursing facility.



- **Skilled nursing facility.** This is the most difficult transition for an elderly person to make and even if they need it, it is a tough pill to swallow and is reserved as a last resort. It affords the highest level of cares and nursing services but offers the least in privacy and dignity.

TELL A WHITE LIE

When a patient has relatively advanced dementia but still refuses to leave their home, sometimes you just need to make the arrangements for a nursing care facility and tell the loved one you are taking them on a “ride”. Drop them off at the skilled nursing facility and tell them it's a hospital (a much more acceptable place to be going, according to the elderly person) and wait to get them admitted. Then leave and let what will be, be. Bring their clothing the next day and see how they're doing. Most elderly people with moderate to severe dementia will have forgiven (or forgotten) the events of the previous day and will simply be confused by their surroundings. Some may be angry but will eventually adjust to their circumstances, asking to go home only rarely after awhile. This technique tends to work only in those who are suffering from some form of dementia and are easily led toward whatever path you set them on.

USE THE COURT SYSTEM

In some cases, there are no close family members and the elderly individual is clearly fading with dementia or extreme frailty. Perhaps the person is having trouble with paranoia and is distrusting of authority, other members of their circle of acquaintances and their doctor. In such cases, you need to file a report identifying the patient as a vulnerable adult and, if it is found that they are vulnerable at home, they can be adjudicated to a nursing facility where there are locked doors or other means of preventing escape by the elderly individual. They will be picked up by the

law and dropped off, after arrangements have been made, to a suitable skilled nursing facility.

CASE STUDIES

Case Study 1

Marge was an elderly individual who was of sound mind but was very frail with arthritis and high blood pressure. Her husband died a few weeks ago. She is adamant that she want to live at home and is refusing any change in her location. She currently has no services and her husband gave her most of her cares. The family wants to do something to help improve her level of services but she thinks she can handle it alone.

The family needs to employ the stepwise approach with her as she is of sound mind and body (although talking to her doctor to “prescribe a treatment plan” may also work. They need to convince her of the need for a Lifeline so she has help if she has a health problem or sustains a fall. They also need to remind her that her husband provided her with all of her cares, including meals and sign her up for “Meals on Wheels”. If she is agreeable to that, consider having a visit from a home health aide to see how she does with that and how much care she can actually agree to. This may be all that is necessary for the time being. Later, if depression and loneliness become an issue, the family can consider convincing her to go to adult daycare for the companionship.

Sending her to the nursing home immediately is probably inappropriate and she won't likely agree to it. She is of sound mind and cannot be held in a nursing facility without her express wishes.

Case Study 2

Wilbur is living in a rundown trailer and is very paranoid. He doesn't trust anyone and is showing signs of dementia with a disheveled appearance, paranoid delusions and lack of ability to prepare meals. There are no family members but there are neighbors who have noticed the significant decline in his weight and appearance.

In such cases, the person may need to be adjudicated as a vulnerable adult and a report to the county's vulnerable adult division will need to be made. Anyone can make such a report and the county will investigate. If he is declared to be a vulnerable adult in need of skilled nursing care, the courts will decide that and he will enter a skilled nursing facility against his will.

Because of his paranoia, he will not likely be amenable to anyone suggesting that he enter a skilled nursing facility or even that he will agree to home health care or other services. He needs the help of the county to man-

age his care and will receive an adult custodian who will assess his ongoing condition.

Case Study 3

Anna Marie is an 84 year-old female who is very frail but is of sound mind and body. She is receiving home health services but is becoming increasingly depressed and isolated. Her family can't be around her all the time and she cannot live with anyone else. She has seen her doctor for almost thirty years and worships him. She has an upcoming appointment for high blood pressure.

The family can use this close relationship she has with her doctor and talk with the doctor beforehand. Perhaps he can decide that adult daycare is appropriate for her or perhaps she is too depressed and needs skilled nursing. Either way, he can decide to prescribe a course of action for her that she will likely agree to because it is coming from a position of authority. The doctor can tell her that his recommendations are just temporary, further convincing her to give it a try.

Case Study 4

Abel has been suffering from increased dementia and is living with his family members. They have decided it is too dangerous to keep him at home because he is wandering outside and they have no way of keeping him restrained indoors. He doesn't trust many people except for his family members. He is getting physically more frail as well.

The family risks breaking Abel's trust by sending him to a nursing facility but it has clearly come to that and they can't afford to have something happen to him. He won't likely agree to a voluntary stay in a nursing facility so it may come to telling him that he's going out for ice cream and then taking him to a skilled nursing facility, with whom admissions has been pre-established. He won't likely know where he is until he gets inside and won't likely be very combative unless it becomes obvious to him that no one is staying there but him. Nursing staff have the ability to deal with combative or aggressive residents and he will likely soon settle in.

It is not always easy to convince an elderly person that they need more help than they're getting at the moment. They really want to keep things the way they have always known it. As you can see, there are ways of helping the elderly person get the care they need without resorting to pleading or just giving up on them. Like children, they do not always know what is that is best for them.

