INTRODUCTION

• Statistics
  • 29% Americans living alone
  • 20-35% of people with dementia live alone

• Characteristics
  • Possible dementia vs probable dementia
  • Older females living in poverty
  • Women – non-Hispanic white and African American
  • African American men


RISK

• Definition
  • An exposure or situation that subjects someone or something to a possible harm, danger, or loss
RISK

- Factors Influencing Risk
  - Impairment in individual insight and judgement
  - Resistance to change, assistance, and services
  - Positivity bias
  - Health literacy/numeracy
  - Availability of formal/informal support network

(Thoma-Lurken, T., Bleijlevens, M. H. C., Lexis, M. A. S., de Witte, J. P., & Hamers, J. P. H., 2017; Centers for Disease Control & Prevention, 2016)

TYPES OF RISK

- Self-neglect
  - Personal, nutritional, health
- Social isolation and loneliness
  - Support, supervision
- Safety
  - Medication
  - Driving
  - Falls
  - Financial
  - Wandering

(Dong, X. Q., 2017; Papaioannou, Raiha, & Kivela, 2012)

WEB OF CAUSATION MODEL
SAFETY RISKS

- Medication
  - Non-adherence
  - 50% of older adults managing 5 or more medications
  - 19% of Emergency Department visits due to non-adherence

- Driving
  - Higher fatal crash rates per miles driven other than 16-30 age group
  - 18% of people killed age 65 and older (IIHS, 2015)

(Bergen et al., 2017; Insurance Information Institute, 2017; Lee & Malam, 2017; Reusch et al., 2017; Thiruchselvam et al., 2017; Fick & Lee, 2017; U.S. Department of Health & Human Services, 2014; CDC, 2012)

SAFETY RISKS

- Falls
  - 30% of community dwelling adults age 65 & older fall
  - 31 billion dollars in direct medical costs (CDC, 2017)

- Financial
  - Older adult financial loss estimated to be 2.9 billion (MetLife Inc, 2011)
  - Financial loss creates significant psychological distress & loss of independence

(CDC, 2017; Stubbs, Brefka, & Denkinger, 2015; James et al., 2014; Soliman & Beaman, 2014; MetLife Inc, 2011)

MODELS OF RISK

- Acceptable and unacceptable risk model (Cott & Tierney, 2013)
  - Acceptable risk
  - Red Flags
  - Unacceptable risk
  - Risk balancing strategies
COTT & TIERNEY MODEL OF RISK

• Acceptable risks

Living Alone

Risk Balancing Strategies

• Unacceptable risks
• Red Flags

• Modifications
• Acceptable risks

Continued Living Alone

ASSESSING RISK & UNMET NEEDS

• Cognitive and mental health

• Self-care Capabilities

• Home Safety

• Ability to respond to emergencies/disasters
COGNITIVE AND MENTAL HEALTH

- Risks and unmet needs
  - Cognitive impairment
  - Depression/anxiety
  - Social Isolation

- Services
  - Assessment and diagnosis
  - Treatment
  - Identification of social networks
  - Development and support of social networks
  - Socialization

SELF-CARE CAPABILITIES

- Risks and unmet needs
  - Cognitive impairment
  - Physical limitations
  - Financial resources

- Services
  - In home community based services – personal, chore
  - Adaptive devices – walkers, glasses, hearing aids
  - Therapy – physical, occupational
  - Meal programs
  - Transportation
  - Medication reminders and monitoring

HOME SAFETY

- Risks and unmet needs
  - Cognitive impairment
  - Falls
  - Wandering
  - Physical and/or financial inability to maintain home

- Services
  - Home safety checks
  - Fall risk assessments
  - Exercise programs
  - Alarms and smart home devices
  - Community repair services
RESPONSE TO EMERGENCIES DISASTERS

- Risks and unmet needs
  - Cognitive impairment

- Services
  - Establishing emergency plan
  - Access to communication devices or emergency response devices
  - Safety calls or visits

ASSESSMENT TOOLS

- Cognition
  - Mini Mental State Exam (MMSE)
  - Mini-Cog™
  - Montreal Cognitive Assessment (MoCA)

- Depression/Alcohol screens
  - Patient Health Questionnaire (PHQ9)
  - Geriatric Depression Scale – Short Form (GDS-SF)
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Cut down, Annoyed, Guilty, Eye opener (CAGE)

- Decisional Capacity
  - Options Outcomes Values Likelihoods (OOVL)
  - Assessment for the capacity for everyday decision making (ACED)

- Activities of Daily Living
  - Katz Index of Independence in Activities of Daily Living
  - Lawton Instrumental Activities of Daily Living

- Fall risk
  - Fall Risk Assessment Tool (FRAT-up)
  - Timed Up and Go test (TUG)

- Home safety
  - Occupational therapy home safety evaluation
ASSESSMENT TOOLS

• Can a person with Alzheimer’s live alone?
  • Questionnaire – answers preferred to be based on direct observation

• People with dementia living alone risk assessment.
  • Assessment tool
  • University of Iowa (2004)

SUPPORTING AUTONOMY & SAFETY

• Balancing autonomy and safety
  • Careful assessment of decisional capacity
    • Communication
    • Understanding – risks, benefits
    • Appreciation – personal consequences
    • Reasoning – rationally manipulate information to reach decision
  • Recognition that decisional capacity dynamic, fluctuates
  • Decisional capacity issue specific

SUPPORTING AUTONOMY & SAFETY

• Person-Centered Service
  • Authentic collaboration with the individual
    • Respect for the individual
    • Responsive to individual’s values, preferences, needs
  • Builds on individual’s existing strengths
  • Shared decision making
  • Relationship - honesty, integrity, TRUST
SUPPORTING AUTONOMY & SAFETY

• Identify stakeholders
  • Individual with dementia – ALWAYS PRIMARY!!!
  • Family
  • Friends, cultural & religious community
  • Health care professionals
  • Service providers
• Communicate/coordinate with stakeholders

SUPPORTING AUTONOMY & SAFETY

• Recognize red flags
  • Declining cognition
  • Social isolation
  • Weight loss
  • Little food or spoiled food in the home
  • Frequent hospitalizations, medical office appointments
  • Too frequent or rare medication refills

SUPPORTING AUTONOMY & SAFETY

• Recognize red flags
  • Becoming lost while driving
  • Unexplained bruises or injuries that may indicate fall
  • Utility shut off warnings
  • Paying excessive amounts for necessary or unnecessary home repairs
SUPPORTING AUTONOMY & SAFETY

• Discuss red flag concerns with the individual
• Assist the individual in developing a plan of care
  • Prioritize
  • Options
  • Assistance in arranging services
  • Monitoring
  • Reassessment

CARE NAVIGATION PROGRAMS

• Alzheimer’s Association
• Hospitals
  • Groups at high risk of readmission – diabetics, heart failure

REFERRALS TO PROFESSIONALS

• Health care providers for assessment and support
  • SIU School of Medicine Memory and Aging Clinic
  • SIU Memory and Aging Network
  • Ancillary health care providers
    • Therapists – PT, OT
    • Dieticians
  • Private Geriatric Care Managers
INNOVATIVE COMMUNITY PROGRAMS

• Friendly visitors
  - Volunteer or paid companions i.e. socialization, hobbies, shopping, minor garden & home repairs, meals (Alzheimer’s Society UK, Catholic Community Services, AU)

• Gatekeepers
  - Utility meter readers, clergy, pharmacists, mail carriers, rural nurses, bankers, housing managers

(Gould et al., 2015)

INNOVATIVE COMMUNITY PROGRAMS

• Home care services
  - Homemaker, personal care services

• Law enforcement
  - Training, Senior Watch program, liaison relationships with other community services

• Technology
  - Global Positioning Systems tracking
  - Video surveillance in the home
  - Smart home sensors – motion or presence sensors, activity monitors, sensors for refrigerator door, toilet flush, water consumption, bed, pressure mats, smoke detectors, temperature, door security etc.

(Gould et al., 2015)

CONCLUSIONS

• Significant older adults with dementia live alone
• Face unique risks
• Have unique unmet care needs
• Can continue to safely live alone if receive patient-centered support and services
REFERENCES


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