

# RCPE symposium: Towards a Safer Journey in Older Age

O Davies<sup>1</sup>

The Towards a Safer Journey in Older Age symposium was held on 15 March 2017 at the Royal College of Physicians of Edinburgh

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In the era of an ageing population, new challenges are brought to the NHS. Healthcare must do ever more to ensure our older members of the community are well supported and cared for. The secret to success involves navigating more complex care needs in an ageing population, looking to individualised care of older patients for whom a 'one-size-fits-all' approach is rarely the solution.

This year's symposium followed an 82-year-old patient, Mrs Stewart, through a challenging period in her life. While fictional, Mrs Stewart's story was easily recognisable as a journey our patients undergo as they meet the challenges of older age.

## Session 1 – 'Maintaining health'

Mrs Stewart's story begins in her home, she is managing well although experiencing some sensory impairment. An interesting talk by Dr Michael Gavin (Glasgow) opened the symposium. Common visual problems of older age were discussed, before concentrating on age-related macular degeneration. Pathophysiology, symptoms and treatments ranging from historic to present day were discussed. The aids and adaptations offered to patients with visual impairment highlighted the variety of care our health service provides.

Ms Varna Hood (Aberdeen) offered an insight into hearing loss – the most common sensory deficit in the elderly worldwide. The emerging link being found between hearing loss and cognitive impairment was demonstrated,<sup>1</sup> followed by practical advice about communication with hearing-impaired patients.

Professor Angus Walls (Edinburgh) then challenged the session with some fascinating data on the links between dental disease and inadequate diabetic control, pneumonia

(particularly in care home residents), poor nutrition and the inflammatory burden. His advice regarding dentures and own teeth was very relevant to both community and inpatient settings.

## Session 2 – 'Getting it right when things go wrong'

Mrs Stewart sadly falls, sustaining a hip fracture – an all too common episode in our ageing population. This part of the journey may be where healthcare professionals meet Mrs Stewart in a very different context – frail, vulnerable, maybe on a hospital trolley or in a corridor in the Emergency Department.

This session commenced with Dr Roger Jay (Newcastle), who challenged our knowledge of NICE and SIGN guidance on secondary prevention in osteoporotic fractures. Helpful updates on management of common pre- and postoperative issues encountered in orthogeriatrics covered the management of anaemia,<sup>2</sup> INR reversal and nerve blocks.

Dr Irwin Foo (Edinburgh) brought about a fascinating discussion on anaesthesia in the older adult. His talk highlighted anaesthetic techniques used to reduce the risk of postoperative delirium, from the role of prehabilitation to the use of intraoperative EEG monitoring allowing lower anaesthetic dosing.<sup>3</sup>

Our patient, Mrs Stewart, suffers an intra-operative stroke. Professor Tom Robinson (Leicester) updated the symposium on stroke medicine. He highlighted trial results confirming the importance of blood pressure control, positioning, mobilising and place of care post-stroke.<sup>4</sup> Developments in intracerebral haemorrhage management and thrombectomy brought the morning to a close.

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## Session 3 – ‘Recovery from illness’

Mrs Stewart, now rehabilitating postoperatively, is keen to enhance her recovery – a key part of the patient journey.

Dr Graeme Hoyle (NHS Grampian) opened with a compelling talk on the challenges of intravenous fluid prescription. His pragmatic take on prescribing, recognising trends in patient condition and investigations, rather than single values provided a useful insight into rehydration.

Sarcopenia and frailty was discussed by Dr Helen Roberts (Southampton). Poor nutrition is a notable issue in our hospitals, causing increasing length of stay, poor wound healing and increased mortality. The challenge of providing quality care at mealtimes is felt throughout the NHS. Positive results are being garnered from a quality improvement project improving intake and nutrition through the use of trained volunteers.

The Dr Archibald Pitcairne lecture was delivered by Dr Adam Gordon (Nottingham). This talk challenged the symposium to rethink views on rehabilitation – questioning whether we allow sufficient time for rehabilitation, and suggesting clinicians need to be involved in preparing the patient for adaptive, not restorative recovery. In particular, he drew attention to several studies, recognising rehabilitation giving positive outcomes to patients. Interestingly, attempts to compare location of that rehabilitation have yet to draw significant conclusions[5] – suggesting further study may be required.

## Session 4 – ‘Keeping safe’

The overriding theme of the symposium – patient safety – was reflected in the final session, where three trainees presented quality improvement projects. Mrs Stewart, happily, is now home and recovering from her fall, operation and subsequent stroke.

An audit on acute management of hip fracture patients was presented by Dr Conor Bowbeer (Caithness). NHS Scotland focus on the ‘Big Six’ in acute hip fracture care (analgesia, delirium screening, early warning score documentation, blood tests, pressure area inspection and fluid management). This audit looked at care in the Emergency Department and orthopaedic admission wards, prioritising staff education with poster prompts, ensuring early care of hip fracture patients meets the national standard.

Dr Marie-Clare Grounds (Edinburgh) gave a fascinating description of a different patient journey – an elderly gentleman with Parkinson’s dementia, reviewed by the Edinburgh hospital at home team. This talk was inspirational to clinicians looking towards acute management of unwell patients in the community. She highlighted challenges faced in the management of late/end-stage Parkinson’s at home, particularly emergency drug management and swallowing difficulties.

A quality improvement project undertaken on the local stroke unit was discussed by Dr Roisin Healy (Derry). Several adverse incidents relating to anticoagulant prescription led to the development of this quality improvement project. Following local multidisciplinary education, the addition of a dedicated anticoagulant/antiplatelet section in local prescription charts is now being regularly audited, before being implemented throughout the hospital.

## Take home message

Following Mrs Stewart’s journey, from managing well in the community, through a difficult hospital admission, rehabilitation and back home, highlighted the challenges older adults face in the modern NHS. This symposium offered an excellent insight into how the medical profession can support our older patients, making patient-centred care more of a reality every day.

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