



AGEING

Multidisciplinary Panel:

Leonie Mudge (Social worker), Ian d'Young (Physiotherapist),
Stephen Mathews (Nurse)

CASE STUDY

65 YEAR OLD MALE DIAGNOSED WITH TYPE 2M VWD FROM DELAYED BLEEDING POST SINUS SURGERY LIVING IN REGIONAL NSW

- HYPERTENSION
- HYPERCHOLESTROLAEMIA
- ISCHAEMIC HEART DISEASE
- MILD ASTHMA

SURGICAL HISTORY POST DIAGNOSIS

- SINUS SURGERY
- RIGHT INGINUAL HERNIA REPAIR

▪ AT AGE 70 DEVELOPED UNSTABLE ANGINA AND COMMENCED CLOPIDOGREL 5 TIMES PER WEEK

▪ ANGIOGRAM PERFORMED SHOWING 2 OCCLUDED VESSELS WHICH HAD STENTS INSERTED

Medication on Discharge:

MEDICATION	DOSE	FREQUENCY	ROUTE	MEDICATION STATUS	PHARMACY SUPPLY	COMENTS
Asprin	100mg	X3/week	Oral	Medication continued - Dose unchanged	Own supply	
Clopidogrel	75mg	daily	Oral	New Medication	5 day hospital supply	for min 6/12 see pt advice above
Indapamide	2.5mg	daily	Oral	Medication continued - Dose unchanged	Own supply	
nasonex	50mcg	bd	Intra nasal	Medication continued - Dose unchanged	Own supply	
plendil	10mg	daily	Oral	Medication continued - Dose unchanged	Own supply	
pravachol	40mg	nocte	Oral	Medication continued - Dose unchanged	Own supply	
sinequam	25mg	nocte	Oral	Medication continued - Dose unchanged	Own supply	
metoprolol	25mg	bd	Oral	Medication continued - Dose unchanged	Own supply	
ventolin	2 puffs	prn	Inhalation	Medication continued -	Own supply	

- 8 MONTHS LATER NEEDED CORONARY ARTERY BYPASS GRAFT OF 5 VESSELS

Medication on Discharge:

MEDICATION	DOSE	FREQUENCY	ROUTE	MEDICATION STATUS	PHARMACY SUPPLY	COMENTS
Aspirin	100mg	daily	Oral	Medication continued - Dose unchanged	Own supply	
Seretide MDI	250/25	bd	Inhalation	Medication continued - Dose unchanged	Own supply	
Salbutamol	2puffs	prn	Inhalation	Medication continued - Dose unchanged	Own supply	
Pravachol	40mg	daily	Oral	Medication continued - Dose unchanged	Own supply	
Amiodarone	200mg	bd	Oral	New Medication	5 day hospital supply	bd for 1 week then daily dosing, to be reviewed by GP
Fruzemide	40mg	bd	Oral	New Medication	5 day hospital supply	
Slow K	2tabs	bd	Oral	New Medication	5 day hospital supply	
Panadeine forte	2tabs	prn/qid	Oral	New Medication	5 day hospital supply	
Coloxyl w/ senna	2tabs	bd	Oral	New Medication	5 day hospital supply	
Isoptin SR	240mg	daily	Oral	Medication ceased	Own supply	to be reviewed when BP increases
Clindamycin	450mg	tds	Oral	New Medication	5 day hospital supply	
Magmin	2tabs	bd	Oral	New Medication	5 day hospital supply	

- "IN THE FIRST 30 TO 40 YEARS MOST OF MY PROBLEMS WERE HAEMOPHILIA RELATED, BUT AFTER THAT PROBLEMS WERE LESS HAEMOPHILIA RELATED AND I REALISED I NEEDED TO GET GP."

Severe haemophilia A with inhibitor, 48 yrs, unemployed, minimal family support

- Lives close to HTC/physiotherapy
- 2xdaily MST for perceived arthritic pain
- On-demand bypassing agent, minimal MSK bleeding
- Bilateral knee, elbow haemophilic arthropathies
- Hip, knee, elbow fixed flexion deformities, bilateral equinus deformities
- Requires 2 x elbow crutches to mobilise, short distances only
- Inactive, smoker, chronic HCV

Issues: what can physiotherapy offer?

- Pain management
- Quality of life
- Mobility issues
- Exercise tolerance
- Co-morbidities

So what did we do?

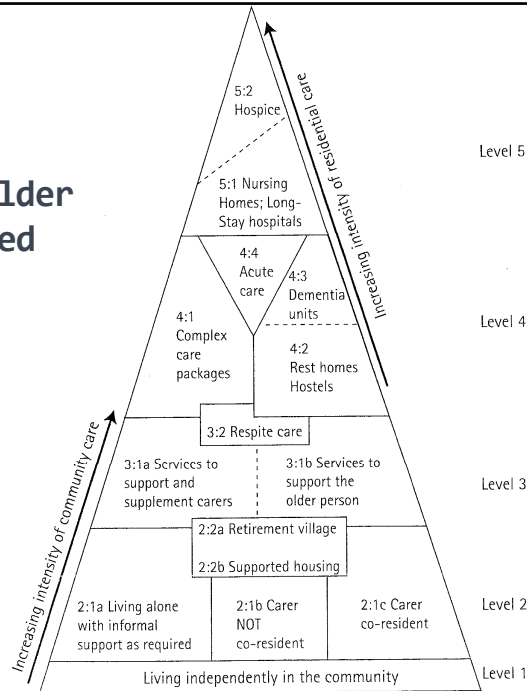
- Multidisciplinary input: physiotherapy, social work, haematological and nursing management, community outreach
- Physiotherapy: low impact, low resistance program individually tailored to patient, supervised; Large proprioceptive, aerobic capacity components

Severe Haemophilia A, HCV, Severe arthropathy (elbows, knee replacements, ankle fusions)

- 52 yrs, single male, living 200 kms from capital city
- Reduced mobility & pain led to him ceasing work (school teaching) in his 30s
- Adjusted to:
 - much reduced income,
 - isolation,
 - lack of stimulation,
 - ongoing pain,
 - dependence,
 - poor mobility

How housing for older people is organised

Source: Howe, A (1996) Changing the balance of care: Australia and New Zealand. In Caring for frail elderly people: policies in evolution? Social Policy Studies 19. Paris: OECD



Interaction enables independence, security, choice

Health & Community Services

- Medical
- Home care
- Residential care
- Spiritual care
- Voluntary service
- Community facilities
- Support from neighbours
- Companionship
- Social & hobby clubs
- Educational facilities
- Recreational opportunities

Family & Friends

- Love & nurture
- Assistance
- Encouragement
- Concern
- Sense of belonging
- Personal history
- Continuity
- Understanding
- Acceptance
- Intimacy
- Friendship



Measure Up - The link between chronic disease and lifestyle - Windows Internet Explorer

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Measure Up

Australian Government

Home

Why measure up?
 Danger of intra-abdominal fat
 The link between chronic disease and lifestyle
 Health risks

How to measure yourself
 Healthy eating
 Getting active
 Become a Swapper
 Tools & videos
 Resources
 Frequently asked questions
 More information
 Contact us

The link between chronic disease and lifestyle

The relationship between lifestyle risk factors and some specific chronic diseases and conditions is highlighted in the following table:

Chronic diseases/condition	Behavioural risk factors				Biomedical risk factors		
	Poor diet	Physical inactivity	Tobacco smoking	Excess alcohol use	Excess weight	High blood pressure	High blood cholesterol
Coronary Heart disease	X	X	X	X	X	X	X
Cardiovascular disease	X	X	X	X	X	X	X
Colorectal cancer	X	X	X	X	X		
Type 2 diabetes	X	X	X	X	X		
Chronic kidney disease	X	X	X	X	X	X	
Osteoarthritis	X	X	X	X	X		
Osteoporosis	X	X	X	X			

Source: Australian Institute of Health and Welfare 2008. Indicators for chronic diseases and their determinants 2008. Canberra: AIHW

There are many other health problems and consequences if you are overweight, including:

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Resources



- Seniors Home Help:
<http://www.seniors.gov.au/internet/seniors/publishing.nsf/Content/Home+help>
- Independent Living Centre factsheets:
<http://www.ilcaustralia.org/home/default.asp>
- Program of Appliances for Disabled People
<http://www.enable.health.nsw.gov.au/>
- Centrelink/ Financial Planning
<http://www.centrelink.gov.au/>

*@*a glance

Falls Prevention





Want to prevent falls?
Here are some things you can do...


Non-slip flooring for wet areas
Installing slip resistant tiles, adding non-slip adhesive strips or applying a slip resistant treatment to your floor is safer than using shower/bath mats.

Good lighting
Balance good lighting with the right intensity to minimise glare. Light switch surrounds make it easier to find light switches at night. Light sensors turn on the light when movement is detected illuminating the area.

Walking aids
Walking frames and walking sticks may provide support for those with poor balance. Walking frames with a seat have the advantage of giving the user an easily accessible seat when tired.

Footwear
Enclosed footwear with good support improves stability. Make sure the heel and sides of the shoe are made from strong materials and fit appropriately.

 Independent Living Centre NSW
ABN: 44 503 681 572

Resources

- Seniors Home Help:
<http://www.seniors.gov.au/internet/seniors/publishing.nsf/Content/Home+help>
- Independent Living Centre factsheets:
<http://www.ilcaustralia.org/home/default.asp>
- Program of Appliances for Disabled People
<http://www.enable.health.nsw.gov.au/>
- Centrelink/ Financial Planning
<http://www.centrelink.gov.au/>

