Connection and Communication: The Key to Treating Seniors

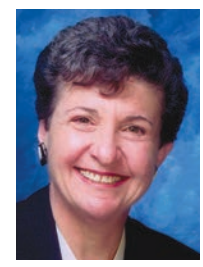
Older patients require special attention.

BY JEN MCCAFFERY

As patients age, maintaining good foot health is essential. In addition to common conditions such as arthritis, bunions, ingrown toenails and fungal infections, mobility is essential for older patients to avoid falls and maintain their mobility and independence.

Treating senior patients effectively is also important as the older population grows and requires additional healthcare. In 2020, people who are 65 years and older made up 17 percent of the population. By 2040, that number is expected to grow to 22 percent, according to the U.S. Department of Health and Human Services. And while patients may chalk some conditions up to aging, it's key that podiatrists establish connections with seniors and consider the whole patient when providing care.

"Many times people—even the active people—would say, 'oh, I'm old,'" says Arlene Hoffman, DPM, PhD. "Just because you're old doesn't mean you have to have pain." We spoke with Hoffman and two other podiatrists with long-term experience treating seniors to get their advice on caring for this population.



Dr. Hoffman

"Just because you're old doesn't mean you have to have pain."—Hoffman

A Wide-Ranging Demographic

Kenneth Rehm, DPM, who has been practicing since 1977, served as medical director of a branch of clinics in the San Diego area and gave up his clinical practice about a year and a half ago to do research. While he was practicing, he said about 95 percent of his patients were seniors. The most common ailments he saw were toenail problems, followed by hammertoes, bunions, and painful heels and arches.

Dr. Hoffman opened her practice in San Francisco in 1978 and continues to see patients. She said about 80 percent of her patients ranged from the ages of 35 to 98 years old. Many were athletes, and some of those "jocks" were over 65 and still were playing pickleball. Along with athletic injuries, Hoffman treated dermatological, vascular, neurological and orthopedic problems that frequently occur in older people.

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Caroline Tiglio, DPM, practices at Open Door Clinic in Port Chester, N.Y. She has been practicing since 2002 and estimates that between 40 percent of her patients are seniors. She most commonly sees skin conditions, such as fungal infections, dry skin and calluses, as well as heel pain and gait abnormality.


Dr. Rehm

Setting Up Your Space

The sign above the door in Rehm's clinics featured his motto: world-class care. His clinics were outfitted with tamps, wide doors, and stools to help patients. "I had my office assistant physically help people get onto the chair, get off the chair," Rehm says. "We always help people with their shoes and walk them out front. We were very, very particular as it came to that." In addition, Rehm said some patients get anxious when they have to wait too long, or if their feet are hanging down when they're swollen. He also had discussions with his staff to make sure if senior patients had to go to the bathroom, they were escorted.

"We always help people with their shoes and walk them out front."—Rehm

"There are all these considerations that seem miniscule," he says. "But these are very important considerations for patient satisfaction and health. You can't have a guy who has prostate problems hold his urine for an hour while waiting in the office."

Hoffman and Tiglio say their practices are also set up to hospital standards, and they are ADA-compliant and accessible for patients, with ramps, handrails, and wide doorways.

Establishing a Connection

Establishing a personal connection with senior patients is important right from when they walk into the door. "When we said, 'how are you?' to the patient, we really meant it," Rehm says. "We didn't just say, 'How are you? You taking your meds?' We said, 'How are you, Mrs. Jones?'"

That care continued through the visit. Patients have a lot of control if they're given the proper information, the proper motivation, and the proper insight into their condition, Rehm says. So if a senior knows that a high curb is a fall risk, they're open to talking about shoes that might be safer to wear. While some women are reluctant to give up their heels, men are generally happy to wear sneakers. "In other words, the understanding can help fertilize the

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beautiful relationship that we have with patients on an ongoing basis for years," Rehm says.

But in the current healthcare system, seniors are often transferred from group to group. The doctors don't know them, and the patients don't have time to explain. "They don't know who to trust, they don't know who to go to," Rehm says. "One day you see one doctor, the next day you see the other doctor. There's no ongoing type of situation." He often had patients with diabetes and would want to check out their blood sugar test, only to find out that the test wasn't covered by insurance.

"I have a saying: "The foot is attached to the rest of the body.' You don't treat a foot problem, you treat a person," Rehm says. "It's hard to make that transition into the bureaucratic medical system as it is today." But it's essential, especially for seniors, who may have multiple health conditions.


Dr. Tiglio

"They're noticing their body deteriorating," Rehm says. "People are dying and getting sick around them. They can't walk or play pickle ball or tennis like they used to. It's a frustrating thing, and they need the doctor-patient relationship more than ever."

"As seniors, they are at risk for falls. So, we do fall risk prevention and try to get them into physical therapy if they need it."—Tiglio

Making It Safe

When Rehm was still seeing patients, he made sure to counsel seniors about fall prevention. But he was careful not to preach. "I would say, 'Well, sedentary is bad, and it's bad for many reasons. It's bad for the psychology, and it's bad for the physiology.'"

According to the U.S. Centers for Disease Control and Prevention (CDC), about one in four adults 65 and older report falling at least once each year. About 37 percent require medical attention or limit mobility. They are the leading cause of injury among older adults, but they can be prevented.

When seniors aren't active, their muscles can weaken and they risk falling, especially after injuries. And if they get hip or knee replacements, most patients receive care through HMOs and they may only be allowed a limited number of visits with a physical therapist.

"They leave them without a roadmap for the future," Rehm says. "You have a knee or a hip replacement, and you have to exercise those muscles for the rest of your life."

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Tiglio also counsels her senior patients about the dangers of taking a tumble. "As seniors, they are at risk for falls," she says. "So, we do fall risk prevention and try to get them into physical therapy if they need it."

It's important that when podiatrists hear hoof beats, they don't just think of horses, they should also think of the zebras, Rehm says. In other words, don't just take heel pain as heel pain. It could be arthritis, or it could be a metabolic issue. That's where clinical judgment comes in.

Tiglio says she also examines patients as a whole and not just their feet, trying to help them so they can walk and function as they need to. "And we have empathy for our patients, too," Tiglio says.

Hoffman echoes that podiatrists shouldn't just look at medical concerns through a microscope, but take more of a holistic approach to care. "You can see collectivity," she says. "I've picked up some cancers. I've picked up a lot of vascular problems, and a lot of neurological problems when patients came to see me for another reason."

Hoffman's expertise as the first podiatrist who also earned a Ph.D. also informed her approach to patient care. She specialized in blood flow evaluation, treating wounds, neuropathy, diabetic ulcers, and fungus. "A lot of times MDs would send me patients to evaluate whether they had enough blood flow or needed bypass surgery," she says.

The number of medications senior patients may be taking is also an important consideration, Tiglio says. According to a CDC report, about a third of Americans in their 60s and 70s use five prescription medications for conditions such as high blood pressure, diabetes, coronary heart disease, arthritis, insomnia, depression, and asthma. "You can't just give oral antifungals," she says. "You have to do the blood work, check the liver, and make sure they're able to take it to help treat the fungus."

Risk v. Benefits

With senior patients, it's also important to weigh the potential benefits and risks of undertaking a surgery, Rehm says. If an older patient doesn't like her bunion, for example, and you perform surgery, and there's the possibility of infection, you have to consider whether the risks outweigh the benefits."Now if a patient's whole life is golf and he's depressed, that may be a positive towards the benefits as opposed to the risks," Rehm says.

Podiatrists can also choose a less invasive procedure, with a minimum incision as opposed to an open incision to cause the patient less trauma. Or you could avoid surgical treatments altogether if that's an option. Hoffman says she treated ailments non-surgically, whenever possible. "Unless somebody had a broken bone or a cosmetic thing, they don't need surgery, in my opinion, 90 percent of the time," Hoffman says.

Dealing with Compliance

Compliance can vary, depending on a patient's health status and motivation. Hoffman says that since her patients were willing to pay up front after she stopped accepting Medicare, they were generally compliant with her recommendations. But that's not always the case. Getting senior patients the right referrals may be the key to getting them back to exercising or watching their diets, which is very important for seniors, Rehm says.

Another element of compliance is that it's important for podiatrists to keep an eye out for symptoms of depression, which is common in older populations. According to the CDC, from one to five percent of older adults in the community have depression, while 13.5 percent of older adults who require home healthcare do. Risk factors for the mental health condition include having other chronic conditions, decreased mobility, lack of physical activity, elder abuse, and loneliness.

"That should be among your referrals," Rehm says. "Your toolkit is to understand that a lot of illnesses and perception of illnesses are exacerbated by emotional and depressive situations and anxiety."

Tiglio agrees that providing seniors with access to additional care and services they may need is an important part of caring for the whole person. "We have advocates who help people with mental health," she says. "Sometimes you don't know with geriatric patients. They may have family, but they may or may not visit them. So, then we have people if they want to talk or just don't know how to make an appointment for an x-ray or ultrasound or any kind of diagnostic imaging, we have people that can help and assist them, which is really nice."

By building that trust over time, podiatrists can educate seniors about ways they can take better care of themselves.

Socioeconomic factors and living conditions may also come into play, Tiglio says. For some patients, practitioners don't know at the outset who the patient may live with or be in contact with, who may be able to check whether there are rugs, which can potentially be a fall risk.

By building that trust over time, podiatrists can educate seniors about ways they can take better care of themselves. For example, there are assistive devices to help seniors put on their shoes and socks that they may not know about that could improve their quality of life. "If you have a good connection and rapport with the patient, they may be more compliant," Tiglio says. **PM**

Jen McCaffery is a veteran health journalist who has worked for *Popular Science, Prevention,* and *Reader's Digest* and has contributed to *The New York Times.*