



North East Specialized
Geriatric Centre
Centre gériatrique
spécialisé du Nord-Est

Date: April 17, 2019

PLEASE NOTE that Project ECHO® Care of the Elderly case recommendations do not create or otherwise establish a provider-patient relationship between any ECHO Care of the Elderly Hub team member/presenters and any patient whose case is being presented in a Project ECHO® setting.

All resources are posted in the COP website, under "April 17 – Frailty". You must be logged in to view the resources.

Case Synopsis:

Female in her 80s, living with her husband was referred for pain, weight loss, and difficulty ambulating. At initial assessment, she was losing her independence and would be around a 6 or "Moderately Frail", but her baseline seemed to be more of a 3 "Managing well" or 4 or "Vulnerable". Her increased frailty seems to be due to: sleep being disrupted by pain, therefore lack of energy during the day; pain interfering with her day to day activities; decreasing strength because of lack of activity, slightly low mood/irritability; fear of falling, (no falls); weight loss of 10lbs due to low appetite.

1. How long to continue with duloxetine?
2. Any other ideas for others who are not as lucky as me to have a physiotherapist on my team and access to a group session?

Summary of Recommendations:

Non-Pharmacological interventions:

- Too Fit to Fall/Fracture Osteoporosis Canada exercise videos; chair exercises, LHIN PT, recruiting the help of caregivers/PSWs for added support and motivation to continue exercises after initial PT visit
- Utilize strategies to increase nutritional bulk in the diet such as avoiding restrictive diets, incorporating finger foods, liberalizing full fat in smaller portions, use of hemp seed/heart as an additive to many foods
- Limiting the number of prescribers as a deprescribing strategy to minimize potentially inappropriate medications

Pharmacological interventions:

- Consider potentially continuing duloxetine despite low creatinine if patient has positive effect. Monitor for adverse effects and consider discontinuing if creatinine is below 20's.
- Another alternative is to discontinue duloxetine with the view that the culmination of factors (e.g. supportive counselling, meditation etc) have improved her fragility rather than one single intervention and working with the patient/family to refocus their attention on a comprehensive approach to her symptoms may be effective

Resources

- To Fit to Fall/Fracture Osteoporosis Canada program <https://osteoporosis.ca/health-care-professionals/clinical-practice-guidelines/exercise-recommendations/>
- Research literature on use of protein power in the elderly will be posted on the ECHO website