

Addressing Health Literacy in Geriatric Patients

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Overview / Objectives

- 1. Appreciate the range of factors that can affect the ability of older adults to obtain, process, and understand health information; and**
- 2. Identify factors that commonly impede the ability of older adults to follow instructions for treatment**

Beyond the Obvious

For older adults, many problems with communication and ability to act on health information are unrelated to educational attainment or general literacy.

The scope of health literacy must be considered more widely.

It is important to recognize relevant factors commonly encountered in older adults.

Factors that Impede Communications with Older Adults in Clinical Settings

- **Sensory impairment**
 - Vision
 - Hearing
- **Mood disturbance**
 - Anxiety
 - Apathy / Depression
- **Embarrassment**
 - Avoidance
 - Acquiescence
 - Deferring to caregiver
 - Cover-up

Factors that Impede Communications with Older Adults in Clinical Settings

- **Impaired attention**
 - **Delirium / Encephalopathy**
(consciousness fluctuates)
 - **Sleep deprivation / Excessive somnolence**
(wakefulness fluctuates)
- **Cognitive disorders**
 - **Mental retardation**
 - **Developmental disabilities**
 - **Dementia**

Dementia: Profile of Cognitive Deficits

- Syndrome of memory loss (**amnesia**)
- Decline in other cognitive functions
 - Use of language (**aphasia**)
 - Visual-spatial function
 - Recognition (**agnosia**)
 - Performing motor activities (**apraxia**)
 - Initiating/executing sequential tasks (**abulia, executive dysfunction**)

Cognitive Deficits that Interfere with Communication

- **Memory**
- **Language comprehension**
 - **Auditory**
 - **Written**
- **Speech**
 - **Dysphasia**
 - **Diminished spontaneity**
- **Visual-spatial dysfunction**
 - **Visual scanning**
 - **Screening out extraneous stimuli**
 - **Focusing on relevant stimuli**
 - **Misperceptions or illusions**

Cognitive Deficits that Interfere with Ability to Follow Treatment Instructions

- **Memory, language, and visual impairment, plus...**
- **Agnosia**
- **Apraxia (oral, manual)**
- **Abulia**
- **Executive dysfunction**

Other Health Conditions

Selected cognitive deficits may be present in the absence of the full dementia syndrome, e.g. stroke, traumatic brain injury, developmental disability

Task for the Clinician

- **Recognize barriers to communication and ability to execute treatment, including specific presentations that are common in older adults**
- **Develop an approach for managing these barriers**

Questions / Comments