

Introduction

Every patient/client/resident deserves an individualized plan of care that incorporates their unique values and beliefs. Individualized care that considers the effect of aging is more than a checklist of differences but rather a set of skills that includes self-awareness, active listening, empathy, knowledge of power imbalances and negotiation. It recognizes that there are differences not only between groups but within them. It also takes into consideration the wide range of functional and health status in the older adult population. This guideline is intended to identify specific approaches that should be explored and considered when developing a heart failure plan of care for older adults. It should not be considered a fact file but a guide to enhance your understanding of the older adult clients' personal values and beliefs and the influence of aging on planning their care.

Practice Tips

General Tips

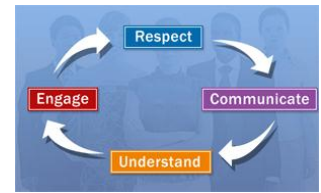
In order to provide individualized care to older adults with heart failure, it is imperative to understand the wide variation in functional and cognitive capacity and health status of adults as they age.

There is also a wide range of variation in the older adult population regarding values and beliefs about health care and these should be explored and incorporated in to the care plan.

While guideline-based care is generally recommended in all adults with heart failure, the development of frailty heralds a turning point at which integration of all dynamics of health becomes imperative in care planning. In addition to assessment of functional and cognitive capacity, assessment of frailty is necessary in order to prevent unacceptable side effects and complications of therapies.

Age & Stage Specific Care Planning Tips

- Prevention efforts are generally low in the older adult population but efforts should be made to reduce risk for initial and recurrent events and the development of heart failure.
- Care plans must be created in the context of the older adults' functional capacity and goals of care.
- Older adults with and without heart failure struggle with similar issues related to loss of independence and multiple losses associated with a complex series of transitions.
- Advance care planning discussions and documentation are vital to ensure a person-centered approach to care in this stage of life.
- There is a desire to be seen, heard and understood as a unique individual; adequate time with provider is valuable in helping older adults feel valued and respected.
- Supportive interventions are varied and have included religious-oriented activities, exercise, volunteering and anticipatory grieving.
- Evaluation and prevention of falls should be incorporated into all heart failure care plans for older adults.
- Assessment of coping with current housing situation should be part of routine assessment and referrals made to home supports that enhance ability to live independently.
- Barriers to adherence that may exist include:
 - Underlying cognitive impairment and depression
 - Not understanding information and instructions due to hearing loss
 - Social and behavioural factors such as economic factors, social support and motivation
 - Need for assistance with shopping and meal preparation and eating alone



- Difficulty with transportation for tests and appointments

- Caregivers of older adults with advanced heart failure should be evaluated for coping and degree of caregiver burden.

It may be more difficult to predict morbidity and mortality in older patients with multiple comorbidities such as diabetes, dementia and renal disease; some of these individuals will die suddenly from cardiovascular causes.

Age & Stage Specific Care Management Considerations

- Older adult clients benefit from cardiovascular prevention strategies, particularly those related to lifestyle such as smoking cessation, physical activity and diet (Mediterranean diet).
- Cognitive impairment may be accentuated in older adults with heart failure and it can be difficult to determine the degree of impairment without formal testing. Recommend use of a Mini Mental State Examination (MMSE) or Montreal Cognitive Assessment tool (MoCA) to assist with measurement and monitoring of cognitive impairment.
- Medication management strategies such as blister packing or pill counting should be employed if there is recognized cognitive impairment.
- Related to application of guidelines:
 - There is limited research relative to outcomes of medical therapy in the elderly. However there is general consensus that heart failure therapies should be similar to therapy used in younger patients. Application of evidence-based guidelines requires careful monitoring and consideration of their comorbidities and functional status (frailty).
 - Frail elderly are more susceptible to side effects of medications including postural hypotension and volume depletion. This makes them vulnerable to falls and negative outcomes. Close monitoring a modified dosing is required to maintain blood pressure in the normal range.
 - Frail elderly do not respond to preventative strategies in the same way as robust older adults; aggressive preventative strategies should be reconsidered with a view to improving quality and life.
 - Frail elderly heart failure patients may benefit from referral to a geriatrician or seniors program for comprehensive geriatric assessment
 - Elderly heart failure patients who are frail and have a high co-morbid disease burden should be followed in a disease management setting that involves their primary care provider.
- Although older adults may have lower exercise capacity, they have a similar response in terms of improvement in clinical and autonomic outcomes; exercise may be particularly beneficial given the changes that occur to vascular and skeletal muscle with age.
- Older adults benefit from cardiac rehabilitation programs that incorporate their individual goals and may focus on preservation of mobility, self-sufficiency and mental functioning.
- Tai chi or other low intensity options for cardiac rehab may be a useful exercise option for older adults.
- Rates of depression are higher in the older adult population; there is some evidence that addressing stress and depression early in the disease process through non-pharmacologic measures may be provide some benefit.