

**SPU**

**Medical Faculty**

**Communication Skills**

**Communicating  
With Older Adults**

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**The older population in the United States comprising individuals 65 years of age or older numbered 40.4 million in 2010**

**The older population is projected to increase to 55 million by 2020 and to 72.1 million by 2030.**

## Facts

Studies on Aging indicate that only 40% of non institutionalized ( **ضمن دور المسنين** ) older adults reported their health as excellent or very good during the period from 2000 to 2009.

Compared with 64.7% of adults 18 to 64 years of age.

Communication between older adults and health care professionals is further hindered by the normal aging process, owing to specific age-related problems (e.g., sensory loss, decline in memory, slower processing of information) or psychosocial adjustments to aging (e.g., loss of identity, power of lessening , influence over one's life, retirement from work, separation from family and friends).

There is some evidence that health care professionals are more condescending (تساهل) and have less patience when interacting with older adults. They also spend less time with older patients.

Conversely, older patients may withhold information about symptoms or conditions that they perceive to be “normal” for their age, for example, pain that could be diagnostically important.

# Recommendations for Communicating With Older Adults

## Improving Interactions With Older Adults .

1. Recognize the tendency to stereotype older adults, then conduct your own assessment.
2. Avoid speech that might be seen as patronizing to an older person .

# Improving Face-to-Face Communication With Older Adults

- Monitor and control your nonverbal behavior.
- Minimize background noise.
- Face older adults when you speak with them.
- Make your lips at the same level as theirs.



# Continue

- Pay close attention to sentence structure when conveying critical information.
- Use visual aids such as pictures and diagrams to help clarify and reinforce comprehension of key points.
- Ask open-ended questions and genuinely listen.

# Optimizing Interactions Between Doctors and Older Patients

- Express understanding and compassion to help older patients manage fear and uncertainty related to the aging process and chronic diseases.
- Ask questions about an older adult's living situation and social contacts.
- Include older adults in the conversation even if their companion is in the room.

# Continue

- seek information about older adults' cultural beliefs and values pertaining to illness and death.
- Engage in shared decision making.
- Strike an appropriate balance between respecting patients' autonomy and stimulating their active participation in health care.

# Continue

- Avoid ageist assumptions when providing information and recommendations about preventive care.
- Providing information to patients is important, but how you give information to patients may be even more important.
- Use direct, concrete, actionable language when talking to older adults.

# Continue

- Verify listener comprehension during a conversation.
- Set specific goals for listener comprehension.
- Incorporate both technical knowledge and emotional appeal when discussing treatment regimens with older patients.
- To provide quality health care, focus on enhancing patient satisfaction.

# Continue

- Use humor and a direct communication style with caution.
- Help Internet-savvy ( **خبرة أو معرفة** ) older adults with chronic diseases find reputable sources of online support.
- If computers are used during face-to-face visits with older adults, consider switching to models that facilitate collaborative use.

# Communicating With Older Adults With Dementia

- Maintain a positive communicative tone when speaking with an older adult with dementia.
- Avoid speaking slowly to older adults with dementia.
- Pose ( **إطرح** ) different types of questions to patients with dementia according to conversational goals.

# Continue

- When communicating with older adults with dementia, simplify sentences by using right-branching sentences.
- Use verbatim ( كلمات سهلة ) repetition or paraphrase sentences to facilitate comprehension in older adults with dementia.



## **Test :**

You are talking with an older woman who you think may have a hearing impairment. You talk louder, but she still seems to have some problems hearing and understanding you. She also seems to have problems complying with instructions for taking medication and often returns to the office with the same problem.

## **Resolution:**

Hearing problems in older adults usually are not helped by talking louder. Indeed, louder talk can actually be more difficult to understand because it is usually at a higher pitch. Instead, focus on

- (1) Always facing the patient directly at her level,
- (2) Talking more clearly and only slightly louder, and
- (3) Supplementing verbal recommendations with clear written instructions.

As you talk with an older man about his diabetes, you get the feeling that he doesn't really understand you, despite ensuring you that he does when you ask him. When you explain why and how to take the metformin that has just been prescribed

The patient appears to be listening, smiles, and nods his head "yes" in response to questions. Nonetheless, you sense that he will not be able to take the medication correctly when he returns home.

## **Resolution:**

After you provide information, ask the patient open-ended questions to elicit comprehension of the information. In this case, you might ask the patient to explain when and how he will take metformin. This “teach-back” strategy may be especially helpful if you set specific communication goals for the interaction (teach to goal).

You are in the middle of a patient visit that seems to be productive and progressing in a positive manner. All of a sudden, you begin to sense the patient has become quiet and withdrawn. Even direct questions , for example, “Is everything okay?” and “Is anything the matter?” are met with sullen denials. You know you did something to contribute to this change in the patient’s demeanor, but you just can’t figure out what.

## **Resolution:**

One possible explanation is that in your effort to gather clinical information efficiently, you interrupted the patient on more than one occasion, and you often focused on the patient's chart or your laptop rather than looking directly at the patient. If you exhibited these behaviors on a repeated basis, you may have been communicating to the patient that you either were not interested in or were not concerned about what he or she was saying. By monitoring and controlling your nonverbal behavior, you can avoid unintentionally sending messages to patients that create barriers to open and effective exchanges of messages and have the potential to significantly reduce patient satisfaction.

*Thank You*