

End of Life Issues in Demented LTC Residents

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Hydration and weight loss are common problems at end of life in demented residents. What factors are important to consider?

- often natural consequences of loss of thirst and hunger mechanisms
- complicated by oromotor apraxia
- look for treatable issues
 - o mouth hygiene, dental problems
 - o nausea, constipation, ulcers, other GI concerns
 - o medications
 - o depression
 - o delirium
 - o pain
 - o co-morbid disease (CHF, COPD)

It can be difficult to tell the difference dementia and delirium at end of life. How can you tell the difference?

- delirium fluctuates: attention deficit, condition change, hypo/hyperactive
- delirium provoked by medical condition or medication
- need to differentiate depends on Adv Dir, surrogate wishes, medical futility

Are pressure ulcers more common at end of life in demented residents?

- relative increase frequency 2^o wt loss, malnutrition,
- co-morbid disease may contribute (eg DM control)
- positioning often difficult
- assess & reassess
- purposeful observation, conversations, and risk/benefit consideration a must
- same considerations apply to falls (thoughtful individualized)

Pain can be difficult to assess in demented residents at end of life. What should we look for?

- atypical manifestations
 - o physical - facial, grimacing, clenched hands, lack of movement, rubbing, rocking, other repetitious movement
 - o verbal - yelling, aimless vocalization, moaning or repetitious sounds
 - o social - indifference, avoidance, easily agitated
- focused exam
 - o ROM, palpitation
 - o consistency response
- medication trial
 - o acetaminophen, NSAID, low dose opioid
 - o neuropathic pain – select antidepressant / AED
 - o heat / cold; splints
- reassess