
Choosing wisely:

Ten recommendations for working with older adults

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Ten recommendations for working with older adults from the Faculty of Old Age Psychiatry

- 1 In order to establish an accurate diagnosis of dementia, it is recommended to obtain a full history, collateral information from key family members and a cognitive assessment. (Cognitive testing alone does not diagnose dementia.)
- 2 Aim to use non-drug treatments for the management of behavioural and psychological symptoms of dementia.
- 3 Do not forget that pain is a common cause of agitation in patients with dementia.
- 4 Antipsychotics can cause serious side effects in patients with Lewy body dementia. They should only be used under expert guidance.
- 5 Careful consideration of the risks to patients, including the use of an anticholinergic burden scale, should be undertaken prior to initiation of anticholinergic medication.
- 6 Do not refuse patients access to a service, investigation or treatment solely based on their age. Decisions should be based on need.
- 7 Management of older adults with mental health issues should be guided by old age specialists, who are able to manage the complex needs of this population.
- 8 The care of frail older adults with complex needs who need an in-patient admission is best managed in an older person's specialist ward environment.
- 9 Do not use physical restraints in older adults in hospital settings with delirium, except as a last resort.
- 10 If benzodiazepine or antipsychotic drugs have been initiated during an acute care hospital admission, make sure there is a clear plan to review their use, ideally tapering and discontinuing prior to discharge.