



Continuing Education



Long-term care: Patient issues

Learning Objectives

Explain the concept of long-term care.

Describe caregiver issues and identify long-term care funding sources.

Identify categories of long-term care patients.

Describe special prescribing considerations related to the long-term care setting.

Describe medication treatment safeguards used in the long-term care setting.

This first article in a three-part series provides an introduction to long-term care. An in-depth definition of the concept is followed by a discussion of caregiver issues, funding sources, categories of long-term care patients, special prescribing considerations and medication treatment safeguards used in the long-term care setting.

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“Long-term care” refers to a range of services provided to those who are unable to care for themselves independently due to chronic disease or mental or physical disability. These services can include medical care, personal care, social services and housekeeping services. Services can range from minimal assistance with basic household chores to complete medical care, including tube feeding and ventilator support. Depending upon their medical conditions, patients of all ages may require long-term care. For example, individuals with congenital disabilities require long-term care throughout the course of their lives, while in other cases, long-term care begins in old age and may be required with increasing intensity over the remainder of the individual’s life.

Long-term care can be provided in a number of settings, ranging from nursing homes and institutions that care for the mentally challenged to adult day care, group homes, assisted living and patients’ homes (with the help of home health agencies).

The ideal long-term care system provides a continuum of comprehensive and integrated healthcare that includes medical care, mental healthcare and social support over an extended period of time. The goal of these services is to allow individuals to maximize their functional independence. Opti-

mally, long-term care patients will either maintain or improve their physical, mental and social function. Many patients receiving long-term care have conditions or diseases that are not considered curable, such as neurological disorders and diseases, congestive heart failure, diabetes, or advanced cancer. Thus, progress in long-term care is measured not necessarily by a cure, but often by small improvements or slowed decline in the physical, mental and social function of the patient.

A number of factors are contributing to an increased demand for long-term care, including:

- An increasing elderly population, with the percentage of Americans aged 65 and over expected to reach 16.3% by 2020.
- An increase in individuals with chronic disease, which affects approximately 80% of those over 65.
- Changing trends in healthcare cost containment – for example, discharging patients from hospitals as soon as possible to cut costs.
- Changes in family structures that make it more difficult for long-term care to be provided by family members.

Taking responsibility

As elderly individuals and those with chronic diseases live longer, the emotional, physical and

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financial responsibility placed on family caregivers is increasing dramatically. Most of these caregivers are women between the ages of 40 and 59 years. The term “sandwich generation” is often used to describe this group, because many are sandwiched between caring for an older generation that requires long-term care and caring for their own young children. It is increasingly common for these individuals to work full- or part-time as well. The stress on these individuals is acknowledged to be great. Caregivers routinely experience depression, anxiety, guilt, frustration and feelings of inadequacy about the decisions they make regarding care. As caregivers experience increased stress, more are looking for outside assistance in providing care for family members.

The responsibility of providing long-term care also includes finding ways to finance it. Options include government-sponsored health insurance, private long-term care insurance and private payment arrangements.

As caregivers experience increased stress, more are looking for outside assistance.

Government programs. The Medicare and Medicaid programs, administered through the Centers for Medicare & Medicaid Services, are the major sources of government health insurance. Medicare is a health insurance program for those 65 and older and those entitled to federal disability benefits. Medicare does not pay for custodial care but for medically necessary treatment provided in a skilled nursing facility or home healthcare. Medicaid is a state and federal government program. It pays for long-term care for people with limited assets. Eligibility varies from state to state and is most often based on income and personal resources.

Private programs. Private long-term care insurance is a relatively new option. Since the 1980s, the availability of this insurance has increased substantially. Services offered under private policies vary greatly, and each policy has its own eligibility requirements, restrictions, costs and benefits. Generally, policies cover three to six years of care, and premiums for this care are often more than \$2,000 per year. In addition, while the majority of those needing long-term care are Medicare patients, managed care organizations are also providing options for their subscribers through arrangements made with long-term care facilities and home healthcare providers.

Other payment arrangements. Because paying for long-term care is complex, individuals have sought numerous other means to pay for this care. Some individuals use the equity in their home to

pay for care, and others draw on personal savings. In addition, some life insurance policies will pay a percentage of their death benefits for end-of-life care.

Patient population

The increase in the percentage of the population over 85 years of age is expected to contribute significantly to an increased need for long-term care. A study conducted by Spillman et al. assessed individuals' need for medical care from age 65 to death. This study indicated that total medical expenditures increase significantly the longer an individual lives and that this is attributable to steep increases in the costs of nursing home care for very elderly individuals. The largest percentage of the cost of care is incurred in the last six months of life, and much of this cost is usually incurred in an acute care setting.

While elderly patients comprise the majority of those requiring long-term care, other categories of patients may need this type of care off and on throughout their lives, such as:

Patients with disabilities.

A disability results in difficulty performing certain functions (like seeing, hearing, walking or lifting). Dis-

ability can also result in difficulty with certain social roles (such as work, school or household tasks). A severe disability results in the inability to perform one or more activities or necessitates the use of an assistive device to get around or assistance from another person to perform basic activities.

Patients with rehabilitative needs. Individuals who are slowly recovering from a serious injury, surgery or disease use rehabilitation services. Therapy may be offered at a rehabilitation hospital or unit, or patients may be transferred to a nursing facility to regain their strength before being transferred to a rehabilitation hospital.

Patients with terminal illnesses. Patients with terminal illnesses are those with a life expectancy of six months or less. Aggressive medical care often is inappropriate for these patients, and the goal of medical care is palliative care – aimed at relieving the symptoms of disease and maximizing the comfort of the patient. Care offered to the terminally ill patient not only focuses on relief of symptoms, but also aims to provide emotional support and enhance the patient's quality of life and independence for as long as possible. Care for patients with terminal illnesses may be provided in patients' homes, in an inpatient hospice, or in a nursing home or other institution.

Pharmacotherapy

Special considerations are involved when physicians prescribe medications in the long-term care



VARYING TREATMENT GOALS OF LONG-TERM CARE

- » **Independent living at home.** The goal for some individuals is to live independently as long as possible despite a chronic disease or condition with the assistance of home healthcare; in some cases, this may require just minimal assistance with activities of daily living.
- » **Rehabilitation.** Patients recovering from a serious illness or injury, such as a stroke, car accident or hip replacement, require a period of therapy, medical care and assistance with daily activities before resuming normal activities.
- » **Supervised long-term care.** Patients with dementia due to Alzheimer's disease or other conditions, mentally challenged patients and patients with physical disorders all require supervision as well as some medical care – often in a residential setting.
- » **Intensive long-term medical care.** Patients discharged from acute care and those with a serious chronic condition may require ongoing, high-technology care with parenteral feeding, intensive monitoring, kidney dialysis, ventilator care or other significant medical interventions, either in an institution or through expert home healthcare.
- » **Assisted living.** This combines the atmosphere of at-home living with some of the care of a nursing facility; staff members assist residents with daily activities that have become difficult due to the loss of some physical or mental capabilities.

setting, including:

Polypharmacy and the potential for inappropriate medication. The term “polypharmacy” refers to the use of multiple medications. Because a large number of elderly individuals have chronic diseases, it is common for this population to take more than one medication. In addition, it is likely that a patient will receive prescriptions for medication from multiple specialists. Polypharmacy may contribute to the use of inappropriate medications; some medications used by older people are considered inappropriate, either because the chosen drug exposes them to unacceptable risk or because the dose is too high, again exposing them to adverse events.

Pharmacokinetic and pharmacodynamic changes. As individuals age, it is common to experience a gradual, progressive decline in the function of major organs. These changes can alter the pharmacokinetic properties of drugs, as older patients become less capable of absorbing, metabolizing and excreting medications. Pharmacodynamics may also change in some elderly patients, leading some drugs to become less efficient and other drugs to produce more intense effects.

Adverse events. Elderly patients are far more likely to experience adverse events from drug therapy than are younger patients. Some studies report that adverse drug events account for up to 17% of hospital admissions in older patients. In addition, 25% of all transfers from a nursing facility to a hospital are due to drug-related complications.

Compliance. Compliance is poor in elderly patients, and this can be an important healthcare issue for long-term care patients, especially those in community settings. Lack of compliance among older patients has been found to be both intentional and unintentional. Intentional noncompliance occurs when patients decide on their own not to take a medication. Unintentional noncompliance is likely to occur due to cognitive difficulties that impair patients’ memories or prevent them from understanding dosage regimens.

Society’s age bias. According to the Washington-based Alliance for Aging Research, ageism exists in the healthcare system. This age bias manifests itself in a variety of ways, including: insufficient clinician training in geriatric care issues, inadequate preventive care and health screenings for elderly patients, and inappropriate or incomplete treatment for older patients. Also, older patients may be embarrassed to report issues such as memory problems or incontinence to their physicians, which can lead to undertreatment.

Proper use of medications

Several safeguards can be put in place to ensure that long-term care patients receive safe and effective treatment with medication, including:

Reviewing drug regimens. As patients are admitted for long-term care, it is important to first take a thorough drug history for each patient – including over-the-counter medications and nutritional and herbal supplements that can interact with any prescription drugs a patient may be taking. Physicians should also periodically review the complete drug regimens of all their long-term care patients to ensure that all the drugs patients are taking are appropriate for their current medical conditions and to minimize the possibility of drug interactions.

Applying pharmacokinetic principles. Healthcare professionals should always take into account the fact that patients may have physiological changes that can affect the pharmacokinetic and pharmacodynamic properties of drugs. To account for these changes, it is important to begin patients on low doses of drugs and monitor clinical responses and plasma drug levels (when appropriate) to provide a rational basis for dosage adjustment.

Monitoring for adverse events and patient outcomes. Patients should be carefully and regularly monitored for signs of therapeutic response to drugs, adverse events and drug-drug interactions. If a patient is not achieving the expected outcome, it is important to determine whether therapeutic failure is due to poor compliance, incorrect diagnosis, low dosage or some other factor. Monitoring for adverse reactions and drug interactions must be done carefully, as adverse events in the elderly may present with nonspecific symptoms such as dizziness or cognitive impairment.

Ensuring compliance. Within the institutional setting, communicating the patient’s entire drug regimen to all caregivers is important. Pharmacists can assist in determining where drug interactions and adverse events may be likely to occur. Nurses can help in assessing patient outcomes and ensuring that patients adhere to an appropriate schedule for taking medication. When prescribing medications in the community setting, physicians can help with compliance by keeping drug regimens as simple as possible. In addition, all medications should be clearly labeled and packaged in easy-to-open containers for patients with impaired dexterity. As drugs are prescribed, their use should be clearly and thoroughly explained to patients and caregivers, using both verbal and written instructions.

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The next article will focus on long-term care providers and settings.

Article Summary

- “Long-term care” refers to a range of services provided to those who are unable to care for themselves independently due to chronic disease or mental or physical disability.
- As elderly individuals and those with chronic diseases live longer, the emotional, physical and financial responsibility placed on family caregivers is increasing dramatically.
 - Options for financing long-term care include government-sponsored health insurance, private long-term care insurance and private payment arrangements.
- While elderly patients comprise the majority of those requiring long-term care, other categories of patients may need this type of care off and on throughout their lives.
- Physicians must consider specific factors when prescribing medications in the long-term care setting.
- Several safeguards can be put in place to ensure that long-term care patients receive safe and effective treatment with medication.