TRIGEN MANUAL

SALLY

Your Smart-ALLY

CONTENTS

INTRODUCTION

What is Tri-Gen?

We are a group of people that aims to bridge the gap between the younger generation and the older generation through meaningful interactions from regular home visits.

We aim to serve the medical and social needs of our elderly population by providing holistic care.
Through the service-learning approach, we will inculcate important values, educate and empower our youths and adults to be champions in promoting the health of their communities.

We aim to build an ecosystem which can gather, guide one another and grow in terms of knowledge, skills and values so that we will become a society that exhibits intrageneration support, intergeneration mentoring and intergeneration interdependency.

What does Tri-Gen entail?

To summarise, Tri-Gen provides intra-generation support through inter-generation meeting, fostering inter-generation interdependency.

As the name 'Tri-Generation' suggests, it provides Polytechnic and Junior College Students with the opportunity to link up with the elderly through the facilitation of passionate healthcare professionals.

Tri-Gen's Vision

We envision a healthy and inclusive society through intergenerational learning, caring and mentoring, a society where every generation - youth, adults, elderly - can experience the love and care of a family.

These are our goals for each group of people:

Elderly

To provide long-term holistic care and continuity of care for our elderly patients.
To empower patients to take ownership of their own health and care for their loved ones.

Youth

To facilitate character building and inculcate important values in the youth.
To train youth to be good caregivers.
To empower the youth to serve their community and their personal circles of influence.

Team leaders/ Healthcare professionals

Develop leadership and communication skills of healthcare professionals.
Increase inter-professional collaboration readiness.
Cultivating empathy.

MODULE 1: GOAL SETTING

Before the first visit, let's set some goals! Our goals should be SMART:

- **S**pecific (simple, sensible, significant).
- **M**easurable (meaningful, motivating).
- **A**chievable (agreed, attainable).
- **R**elevant (reasonable, realistic and resourced, results-based).
- **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).

What would I like to learn from this project (SMART goals)?

1.
2.
3.

What is one challenge I foresee for myself?

1.

What burning question I have in my head regarding this project?

1.

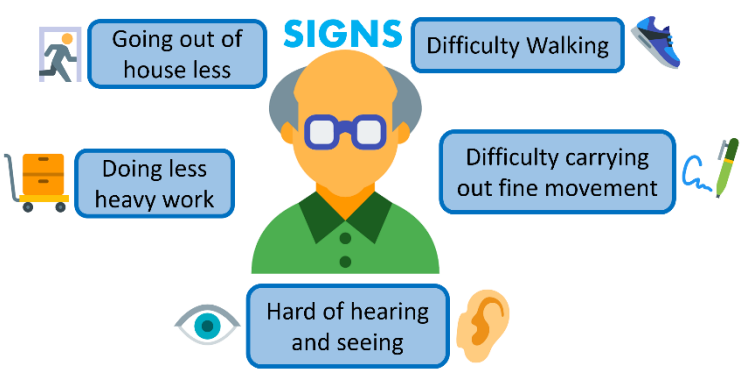
What do I hope my facilitator can help me with?

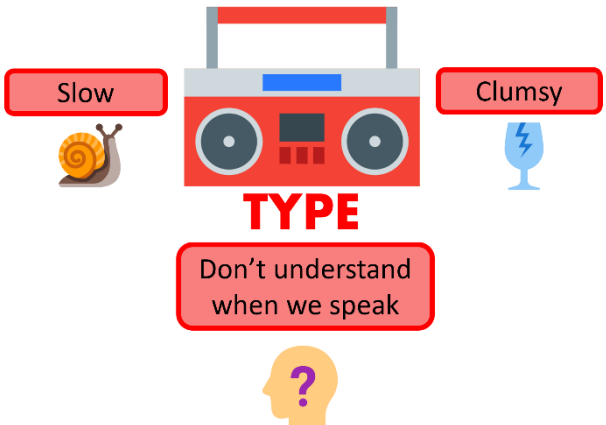
1.
2.
3.

What can I contribute to the team? (e.g. I can speak dialect, I am very good at picking out people's emotions, I am good at keeping track of things so I can help with everyone's schedule for visits)

1.
2.
3.

Physical Changes	How it Affects Daily Life	How to Assist Elderly
• Reduced mobility • Losing bone density • Losing muscle mass • Worn–out cartilage • Degeneration of nerves	• **Prone to fracture** after falling • **Frail**, less able to carry out heavy work • **Arthritis**: Pain and stiffness at the joints. Walking becomes haphazard out of fear for the pain. • **Parkinson's Disease**: Unable to control fine movements (e.g. buttoning a shirt, picking up small objects)	• Exercise • Make household safe for walking • Help elderly with more difficult tasks
• Reduced hearing	• Difficulty discerning word in conversation • Tendency to hold back on conversation out of frustration and embarrassment	• Choose a quiet place to talk • Look directly at him when speaking • Repeat yourself if necessary. Do not shout.
• Reduced vision • Dry eyes • Loss of vision • Cataracts • Difficulty seeing in dim light • Long-sightedness	• Tired and irritated eyes • Difficulty carrying out daily activities • Fear of leaving house to an unfamiliar environment	• Increase lighting in the house • Read out small writings for him





- **What** signs of aging do you see in your elderly
- **What** are some of the common stereotypes you hear about elderly people?
- **Are you** able to explain the common stereotypes with some of the signs of aging which you have observed?
- **Is there** any hobby/activity that your elderly is unable to do due to ageing? **How** can we make it easier for him/her?

- **Do you** observe people in your family facing similar difficulties in their daily life? If yes, how are they coping with them? If no, why do you think they do not face these difficulties?
- **Brainstorm on** how you would be able to help them overcome these difficulties.

- **Share** with everyone whether understanding more about ageing has inspired you to do more for the elderly community and if so, how?
- **What** are some barriers that might prevent you from taking those actions?
- **How** will you overcome the barriers?

2.2 Communicating with the Elderly

5 To-Knows

for effective communication with elderly

1

Ageing and what it brings

Being aware of the ageing process and its consequences allows us to better understand and empathise with them.

2

Communication as a two-way process: STOP

There is a big difference between talking and communicating. Knowing what communication means and what it entails opens doors for us to be an effective communicator.

3

Start conversations right: Pick Up Lines!

The first step - the most essential yet toughest step. Learn some simple ways to start your conversation with the elderly!

4

Continuing conversations: Carry On Lines!

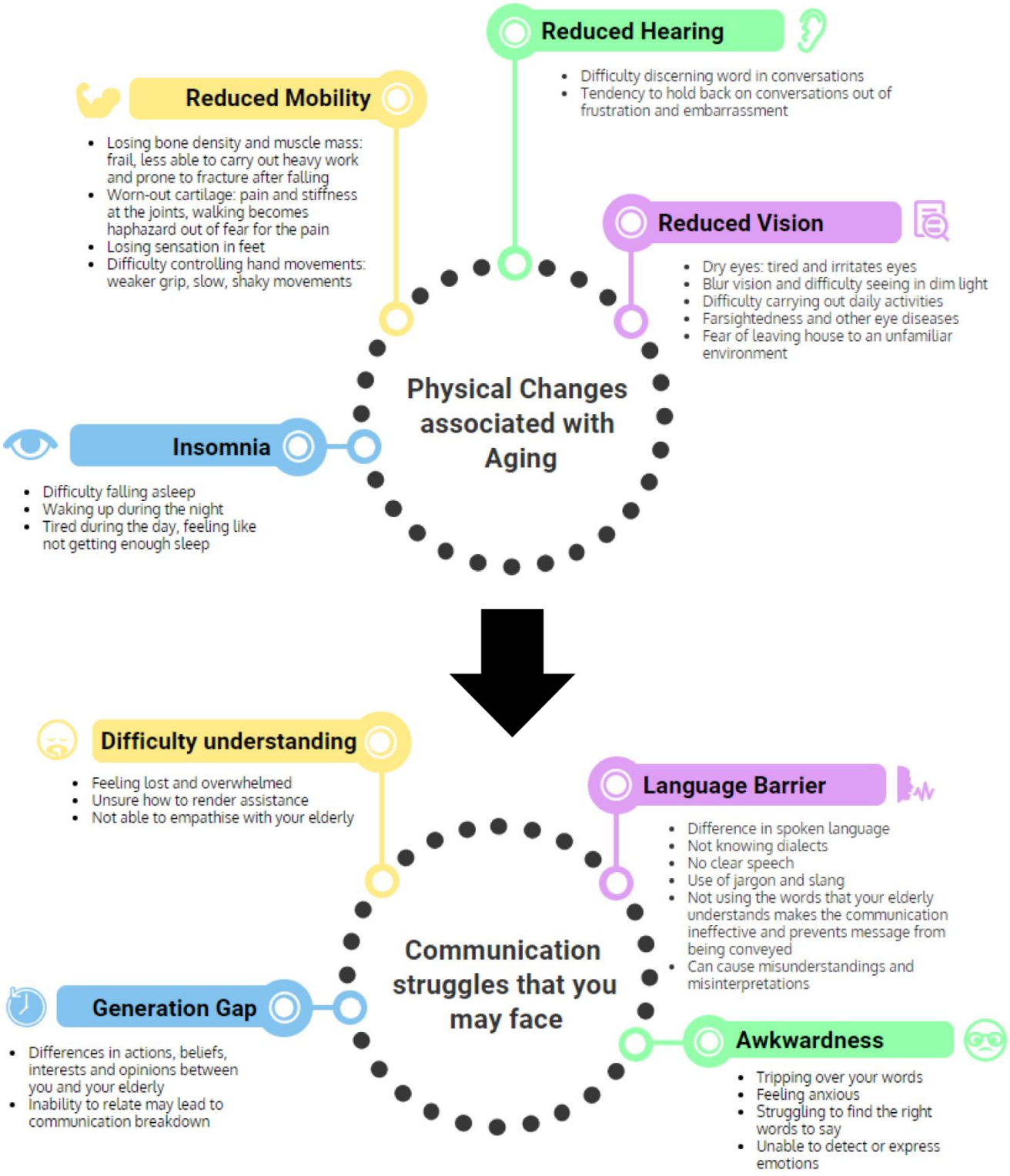
Getting stuck is common; both parties do not know what else to talk about and things become awkwardly silent. Know more about how you can maneuver through your conversations!

5

More tips: Caring for Others

Caring for others includes the self. You cannot pour from an empty cup. Rest and self-care are so important. Caring for others vs caring for yourself - how do you balance?

❶ Ageing and What It Brings



Tips!
Have a plan about what you would like to cover.
If things don't go according to plan, adapt and improvise.

Be mindful that your resident might have hearing and visual difficulties. Speak slowly and clearly.
Communication is a two-way street! Share about your life as much as you would want to find out about the resident's.
You can find out about

- Family
- Hobbies
- Social support
- Activities of daily living
- Common topics

No.	Communication skills
1	Use of **simple terms**
2	**Tone** is very calm and respectful with appropriate speed and volume
3	**Listen and look out** for any potential problems/concerns that the elderly may have
4	**Pay attention** to nonverbal cues of the elderly
5	**Ask** appropriate questions. Do not probe if the elderly is not comfortable to share.
6	**Not fixated** on the planned task but follow the elderly's pace - talk about the things he/she wants to talk about
7	**Attend** to the elderly's feelings
8	**Paraphrase** the elderly's words and name their emotions to show understanding
9	Able to maintain **composure and confidence**
10	**Positive impact on elderly** (e.g. elderly feels comforted)

❷ Communication as a two-way process: STOP

Communication is a two-way process, an exchange, a transaction. We tend to forget this important characteristic of communication. When we communicate with others, we tend to neglect the other person. It is always about us, our interests, our needs etc. We try to lead most of the talking. When we do listen, we tend to listen to reply. We do not listen to understand. We interrupt each other and we assume everyone is on the same page as us without clarifying.

❸ Start conversations right: Pick Up Lines!

Pick Up Lines refer to the ways in which we can start our conversations or what we called 'conversation starters'. It is important to start our conversations right. What are the other possible topics that we can talk about to engage the elderly?

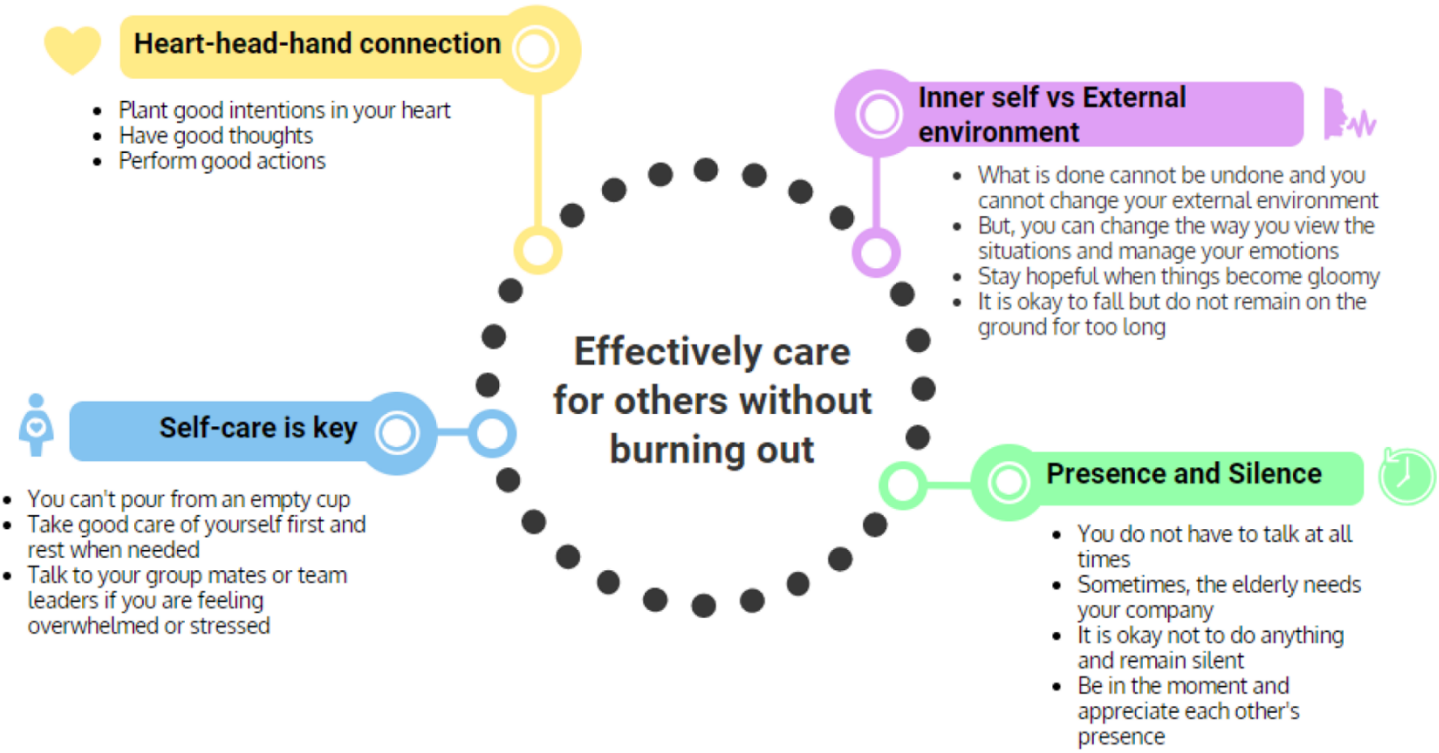
4 Continuing conversations: Carry On Lines!

Maneuver through Conversations: Getting unstuck!
Intention to carry on the conversation is not just for the sake of continuing, but the intent to understand your elderly better. Make sure you ask appropriate, open-ended questions. Remember to ensure that the conversation focuses on your elderly, not you.

5W + 1H

5 More tips: Caring for Others

Unexpected Situations
Sometimes, things do not go as planned. During the planning stage, your team may be unsuccessful in planning proper visits to your elderly's home due to circumstances such as your elderly is not contactable. During execution stage, your team may end up not actualizing your planned visits. How do you save yourself from disappointment?



What common topics of interest did you share with your resident?
What were some of the challenges you faced when communicating with your resident?
How do you think you have done in addressing these challenges?
What are your plans for the next visit to ensure that you communicate better with your elderly?

What are some of the topics that you and family talk about when communicating with your resident?
What lessons have you learnt today that you can apply to communicating with your own grandparents?

What are your strengths in communication with the elderly in your community?
What are some of the obstacles you usually face?
What did you do to overcome the obstacles?

2.3 Loving the Elderly

Barrier

Discrimination against the elderly

Bias against the elderly based on their age, not on individual merit. Society tends to associate the ageing population as mentally ill, physically weak, senile, useless, isolated, conservative etc. It is common for us, as students, to stereotype the elderly but they act as barriers for us to truly show love for the elderly.

Elderly's mannerisms, behaviors, words

Elderly can express themselves very differently from the younger generations. Their actions and words may come across as offensive and unreasonable to us, generating negative feelings in us towards the elderly.

Tips

Treat the elderly as a unique individual

Everyone is different! Interact with an open heart and willingness to understand the elderly. Just like how you would interact with a friend, treat them with sincerity. The more you understand about the elderly, the less misunderstanding you will have of them!

Admire the successes of the elderly

The elderly have experienced most of their lives so listen to their interesting stories! You will find yourselves applauding and admiring the resilience and strengths that the elderly had to overcome the challenges in their lives!

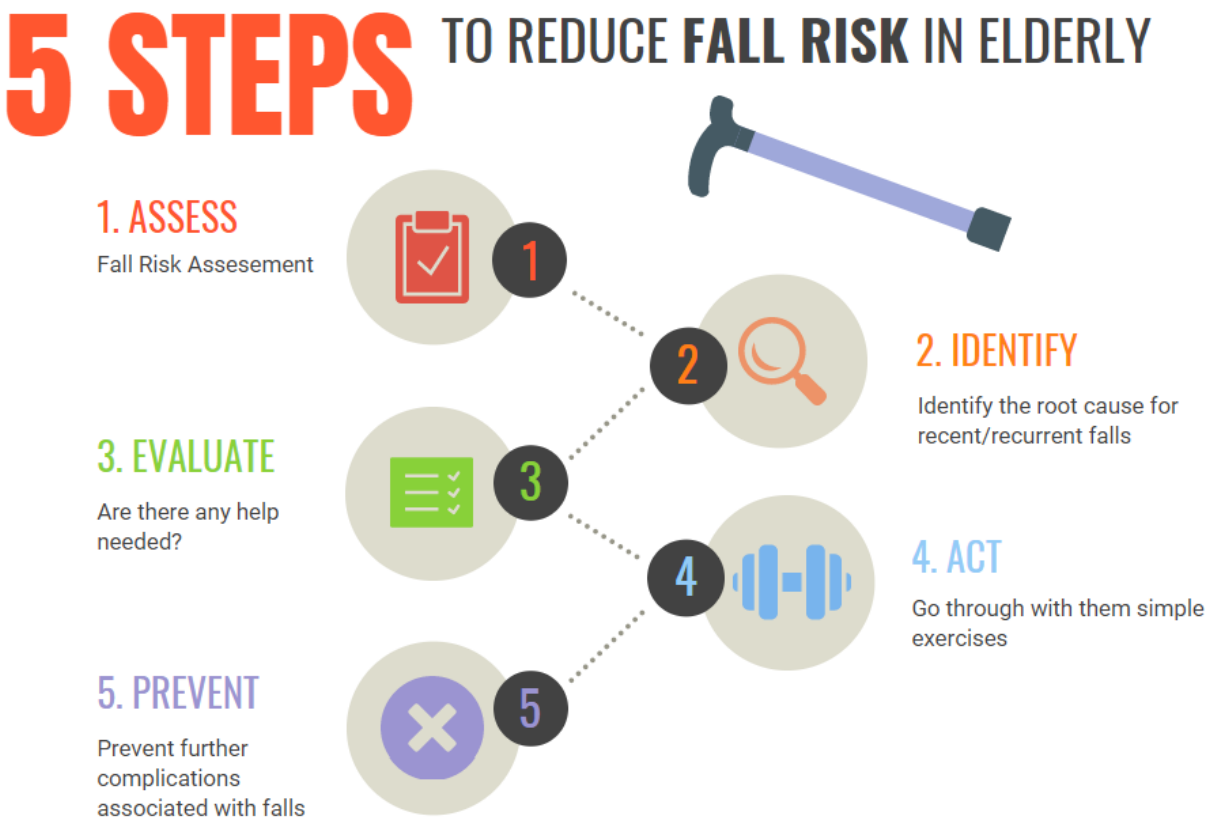
5 Love Languages	
Words of Affirmation	Seniors who crave words of love need reassurances of appreciation, kind and encouraging words. Verbal cues are important to them so negative comments or a sharp tone of voice will hurt deeply and need to be avoided.
Quality Time	An elderly who prefers this mode of receiving love wants time together or just spend time talking, with undivided and focused attention and a lack of distraction. Maintain eye contact and focus on actively listening.
Receiving Gifts	What makes them feel most loved is to receive a gift as it lets them know that you put effort into knowing their tastes and desires. This does not mean that they are materialistic, but rather they appreciate the thought behind the gift, regardless of what it is.
Acts of Services	For people to whom actions speak louder than words. Elderly who speak this language of love will understand the dedication and assistance to them as acts of love and will be especially appreciative for the help.
Physical Touch	Hugs, pats on the back, holding hands show concern, care and love. Elderly often suffer from not being touched enough and so respond gratefully to any demonstration of physical tenderness from their grown children. Gentle hands are the best for these elderly.

What are your feelings towards your elderly throughout the visits? For positive feelings (happy, warm), what makes you feel this way? For negative feelings (irritated, scared, bored), what makes your feel this way?
What are some of the barriers that you encounter when interacting with your elderly?
How do you think you can show better care and concern to your elderly?

What are some of the love languages that you observe in your family?
What are the differences between the way the elderly show love and how you or your family show love?
How do you think you can interact better and care more for family members whose love language is different from yours?

What are some of your perceptions of the elderly before joining Tri-Gen? How have your perceptions changed since then?
How can you overcome any negative feelings towards your elders?
What are some barriers that prevents you from communicating more with the elderly, and how can you overcome it?

3.1 Falls in Elderly



Causes of Falls in Elderly

Intrinsic Factors

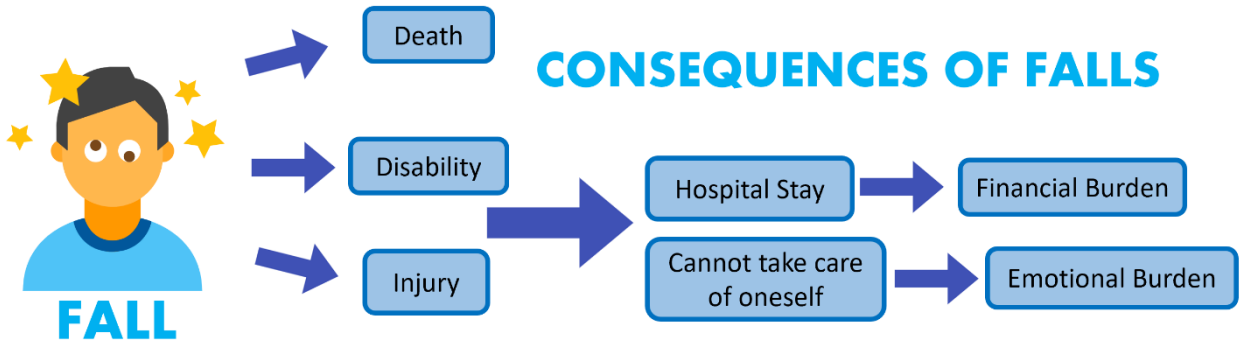
- Musculoskeletal (arthritis/muscle weakness)
- Impaired vision
- Impair hearing
- Brain dysfunction (stroke/Parkinson's disease)
- Medication effect (postural hypotension/high blood pressure/diabetic medications)

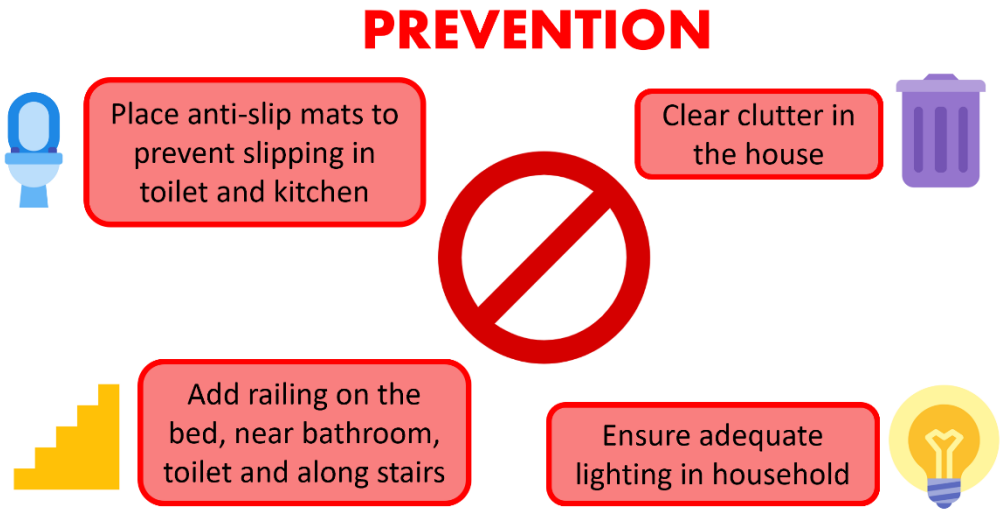
Extrinsic Factors

- Poor lighting
- Cluttered floor
- Inappropriate furniture height
- Inappropriate eye wear
- Slippery floors
- Uneven flooring

Social Factors

- Living alone
- Previous falls
- Poor safety awareness





Activity

1. **Identify intrinsic and extrinsic risk factors for fall**
2. **Address modifiable risk factors**

Fall history

Guiding Questions	Answers
Any previous falls or near falls? When?	
If so, what were the circumstances surrounding the fall? - Time of day, location, activity - Witnessed?	
Pre fall symptoms - E.g. chest pain, giddiness, shortness of breath, weakness, numbness	
Complications - E.g. head injury, loss of consciousness - Able to get up on his own after the fall?	
Other remarks	

Intrinsic

Step 1: What are some of the intrinsic risk factors for fall for my resident?
Step 2: What are some ways in which we can mitigate these risk factors?

Intrinsic Risk Factor	**Mitigating Measures**

Extrinsic

Step 1: What are some of the extrinsic risk factors for fall for my patient?
Step 2: What are some ways in which we can mitigate these risk factors?

Extrinsic Risk Factor	**Mitigating Measures**

Do you observe any risks in your resident's home that might cause your elderly to fall?
What can you do to modify these factors?

Is your home environment safe for the elderly?
If yes, **share** with you team on some good habits practised by your family.
If no, **how** would you go about making an improvement or change in your home environment?

Imagine that one of your grandparents suffered a hip fracture due to a fall caused by a cluttered home. **Share** with your team how severe do you think are the impacts following the fall?
Some improvements that can be made (installing grab bars) might be more difficult to carry out.
How would you work with people around you in carrying it out?

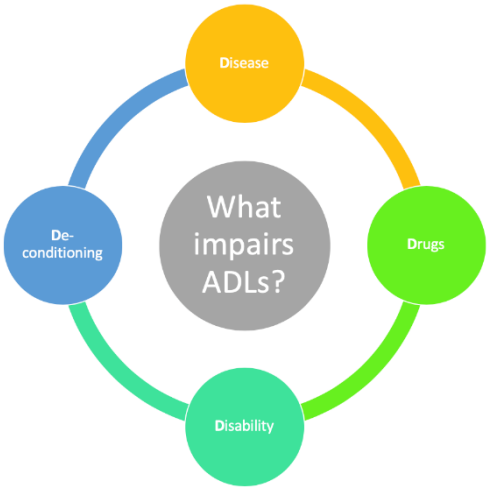
3.2 Activities of Daily Living

What are the Activities of Daily Living?

- **Basic Activities of Daily Living**
  - Assess the basic capacity of persons to care for themselves
- Mnemonic: **DEATHS**
  - D: Dressing
  - E: Eating
  - A: Ambulation / transfer
  - T: Toileting
  - H: Hygiene (bathing)
  - S: Swallowing

- **Instrumental Activities of Daily Living**
  - Assess higher functions involving the home and community level that are important for independent living.
- Mnemonic: **SHAFT**
  - S: Shopping
  - H: Housekeeping
  - A: Accounting (Managing Money)
  - F: Food Preparation (meals)
  - T: Take Medications

What affects the Activities of Daily Living?



What are the consequences of loss of ADLS?

- Loss of independence
- Reduced quality of life
- Depression
- Falls and injury
- Illness and hospitalisation
- Nursing home admission
- Death

What can Healthcare Professionals Do to Help?

Activity
Activities of Daily Living Exercise
Step 1: Assess resident's bADLs and iADLs

bADLs (DEATHS)	Can my resident do it?	iADLS (SHAFT)	Can my resident do it?
Dressing		Shopping	
Eating		Housekeeping	
Ambulation		Accounting	
Toileting		Food Preparation	
Hygiene		Take Medications	
Swallowing		Telephone	
		Transport	

Step 2: Why can't my resident do it?

What ADLs does my patient have difficulty performing?	Why can't my patient do it? (4Ds: Disease, Drug, Deconditioning, Disability)

Step 3: What can my team do about it?

ADL of Concern	Action Plan (DREAM: Drugs, Referral, Environment, Assisting Services, Medicine)

What Activities of Daily Living (ADLs) does my patient have trouble with?
How has these difficulties affected the life of my patient?
What can I do to assist the patient in view of these difficulties?

Do my grandparents face difficulties with their ADLs as well?
What risks do they face in view of these difficulties?
What can I do to mitigate these risks, and help my grandparents in view of the difficulties faced?

Share with everyone how your knowledge of ADLs has affected how you evaluate whether your grandparent/patient is fit to take care of himself/herself.
Share with everyone how your knowledge of ADLs has shaped your understanding of the ways we can help the elderly.

MODULE 4: GERIATRIC GIANTS AND SOCIAL ISOLATION

4.1 Depression

Psychiatric illness marked by persistent low mood and loss of interest in almost all activities, severely affecting an individual's functioning for at least 2 weeks.

Why is it a problem?

- Mental illness (not part of normal aging)
- Common occurrence in the elderly
- Very often under-reported, under-diagnosed, and under-treated
- Impacts quality of life and functional ability
- Significant risk of suicide and high rates of completed suicides

Cause/risk factors

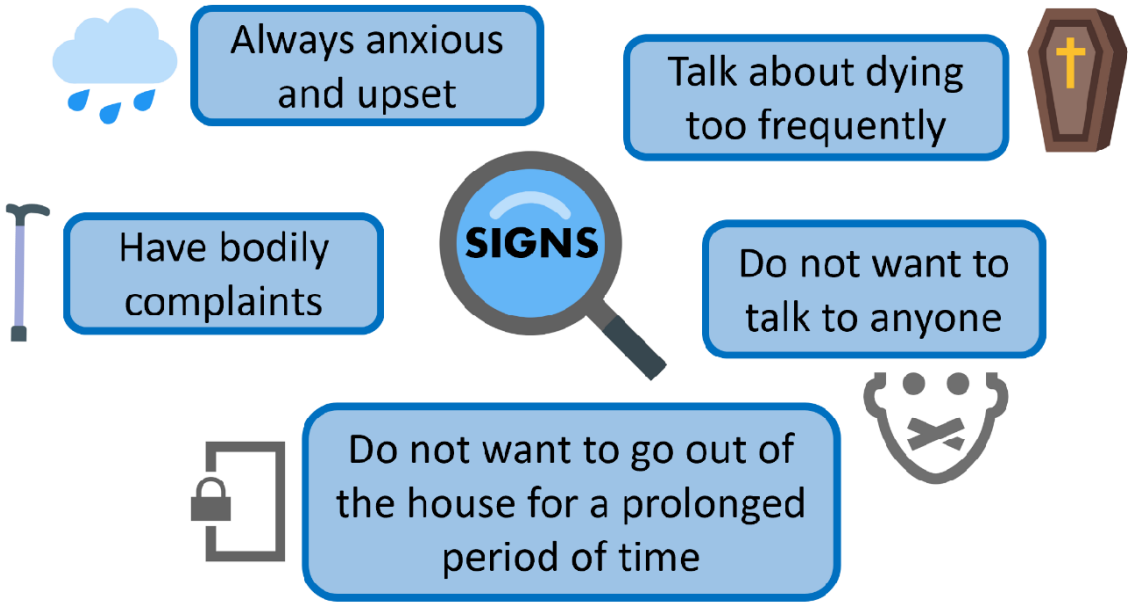
- Possibility of a triggering event
- Personal psychiatric history; any previous treatment
- Poor quality of life
- Social isolation & loneliness
- Helplessness
- Retirement; loss of roles & responsibilities

Signs of depression

- **Appearance** – poor self-care
- **Facial expression** – flattened affect (severe reduction in emotional expressiveness), furrowed brows, downturned corners of mouth, teary
- **Behavior** – Poor eye contact, looking down, hunched posture, minimal use of gestures, withdrawn
- **Mood** – depressed, anxious
- **Speech** – Soft, low pressure, slow replies and long pauses between replies.

**Sometimes elderly patients don't tell you they are feeling down. Instead they have bodily complaints such as stomachaches, headaches or joint and muscle pain.

Signs and Symptoms of Depression



Geriatric Depression Scale

- Score 1 point for each bolded answer
- A score > 5 points is suggestive of depression
- A score ≥ 10 points is almost always indicative of depression
- A score > 5 points should warrant a follow-up comprehensive assessment

No.	Questions	
1	Are you satisfied with your life?	YES / **NO**
2	Have you dropped many of your activities and interests?	**YES** / NO
3	Do you feel that your life is empty?	**YES** / NO
4	Do you often get bored?	**YES** / NO
5	Are you in good spirits most of the time?	YES / **NO**
6	Are you afraid that something bad is going to happen to you?	**YES** / NO
7	Do you feel happy most of the time?	YES / **NO**
8	Do you often feel helpless?	**YES** / NO
9	Do you prefer to stay at home, rather than going out and doing things?	**YES** / NO
10	Do you feel that you have more problems with memory than most?	**YES** / NO
11	Do you think it is wonderful to be alive now?	YES / **NO**
12	Do you feel worthless the way you are now?	**YES** / NO
13	Do you feel full of energy?	YES / **NO**
14	Do you feel that your situation is hopeless?	**YES** / NO
15	Do you think that most people are better off than you are?	**YES** / NO

WHAT CAN YOU DO?

STEPS TO COUNTER DEPRESSION IN YOUR ELDERLY

EVALUATE

Assess for signs and symptoms of depression

Assess for red flags (i.e. suicide risk)

ENCOURAGE

Show compassion and understanding

Lend a listening ear

Spend time by calling or going for home visits whenever possible

Encourage the elderly to engage in physical activities and exercises

EMPOWER

Engage caregiver and enhance family support, if possible

Come out with creative means to help them see the positive side of life

Community Resources Available

AGENCY OF INTEGRATED CARE (AIC)

Connect caregivers/seniors to services and information they need to stay health and age gracefully

1800 650 6060

Mon - Fri: 8.30am - 8.30pm
Sat: 8.30am - 4.00pm

HUA MEI CENTRE FOR SUCCESSFUL AGEING

The 'first-stop, one-stop' provider of primary health and psycho-social care for people aged 40 years and above

6593 9500

Mon to Thu: 8.30am - 6.00pm
Fri: 8.30am - 5.30pm

LION'S BEFRIENDER

Aims to provide befriending services to help seniors lead an enriching and meaningful lives.

1800 375 8600

Mon to Fri: 9.00am - 6.00pm

O'JOY CARE SERVICES

Provides counselling for any adults aged 50 and above, with the aim of preventing and providing early intervention for potential mental health issues and to aid the older adults to age healthy.

Counselling services also extends to individuals involved in caring for or have issues with an older person, such as grief and loss, caregiver or relationship stress.

6749 0190

Mon to Fri: 8.00am - 5.30pm

THE SENIORS HELPLINE

Any older person aged 50 years and above to call in or anyone who wants to enquire or talk about issues related to older persons

1800 555 5555

Mon to Fri: 9.00am - 7.00pm
Sat: 9.00am - 1.00pm

What are some of the signs you can look out for in your elderly to detect depression early? It is difficult to directly identify someone with depression.
What are some of the instances you felt that your team or any specific person managed to speak to your elderly to make him/her feel accepted and included?
How do you think you can encourage and motivate your elderly during the visit?

What is your role in spreading awareness and preventing depression among your family members? Depression does not affect just the elderly but affect people of all age groups.

Make the decision to be the happy person! **Do you** see anyone upset around you? **Give** that person a word of encouragement and make them smile!
It is sometimes not easy to approach the topic of seeking help with someone whom you might suspect to have depression.
How do you think you can go about doing this?

4.2 Dementia

An acquired decline in cognition that interferes with independence in everyday activities.

Common types of dementia

ALZHEIMER'S DISEASE

Most common cause of dementia

Clumps of protein called beta-amyloid and tau can cause damage to healthy neurons and fibers connecting them.

VASCULAR DEMENTIA

Second most common cause of dementia

Caused by reduced blood flow to the various parts of the brain, thereby depriving the brain of oxygen

LEWY BODIES

Associated with abnormal clumps of protein (lewy bodies) found in brains, which can cause damage to the brain cells over time

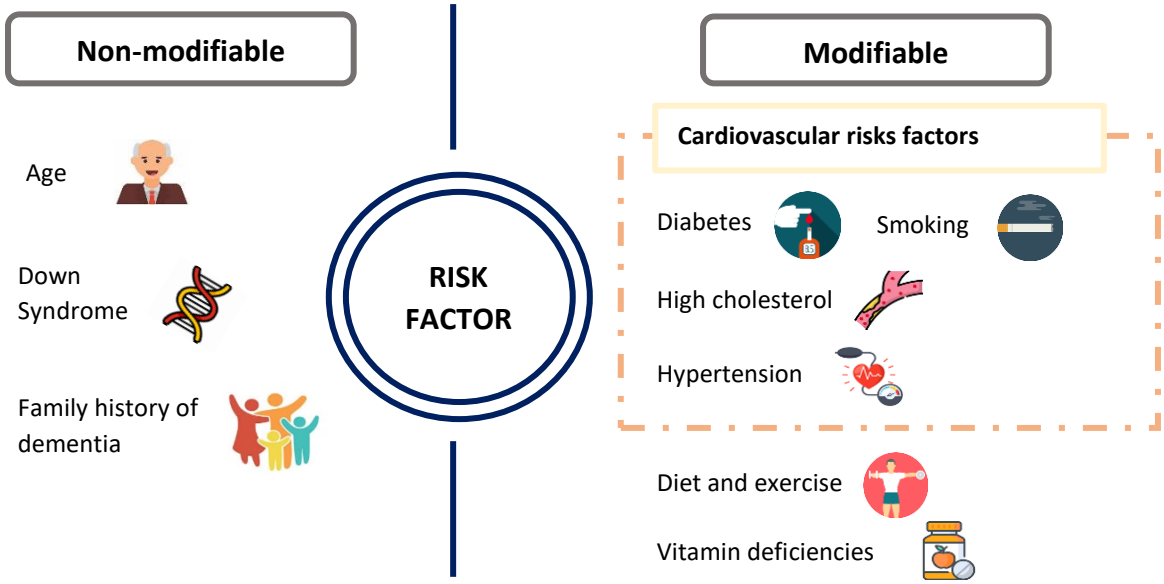
FRONTOTEMPORAL DEMENTIA

Characterised by the degeneration of neurons and connections in the frontal and temporal lobes of the brain.

MIXED DEMENTIA

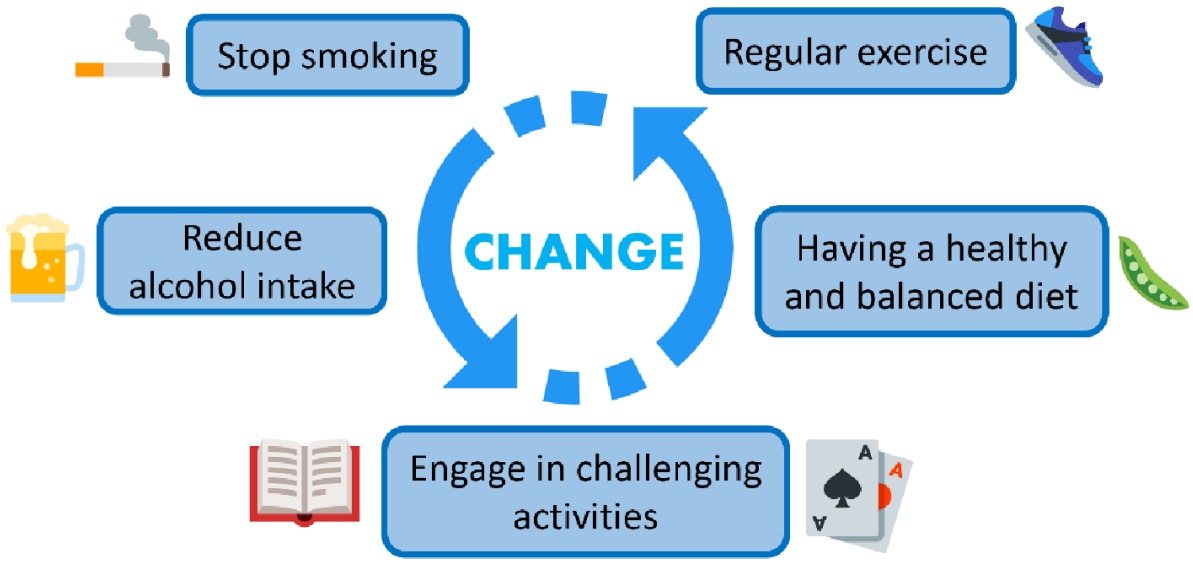
More than one type of dementia occurring in the brain

Risk Factors for Dementia



Signs and Symptoms of Dementia

Prevention of Dementia



Abbreviated Mental Test

Ask the elderly these following questions. Each correct answer will give a score of 1. A score of 6 or less is suggestive of delirium or dementia. Further tests are then necessary to confirm the diagnosis.

Items	Score	
What is the year?	1	
What is the time? (within 1 hour)	1	
What is your age?	1	
What is your date of birth?	1	
What is your home address?	1	
Where are we now?	1	
Who is our country's Prime Minister?	1	
What is his/her job? (show picture)	1	
Memory phrase "37 Bukit Timah Road"	-	
Count backwards from 20 to 1	1	
Recall memory phase	1	
Total score		

(Source: Sahadevan S et al, 2000)

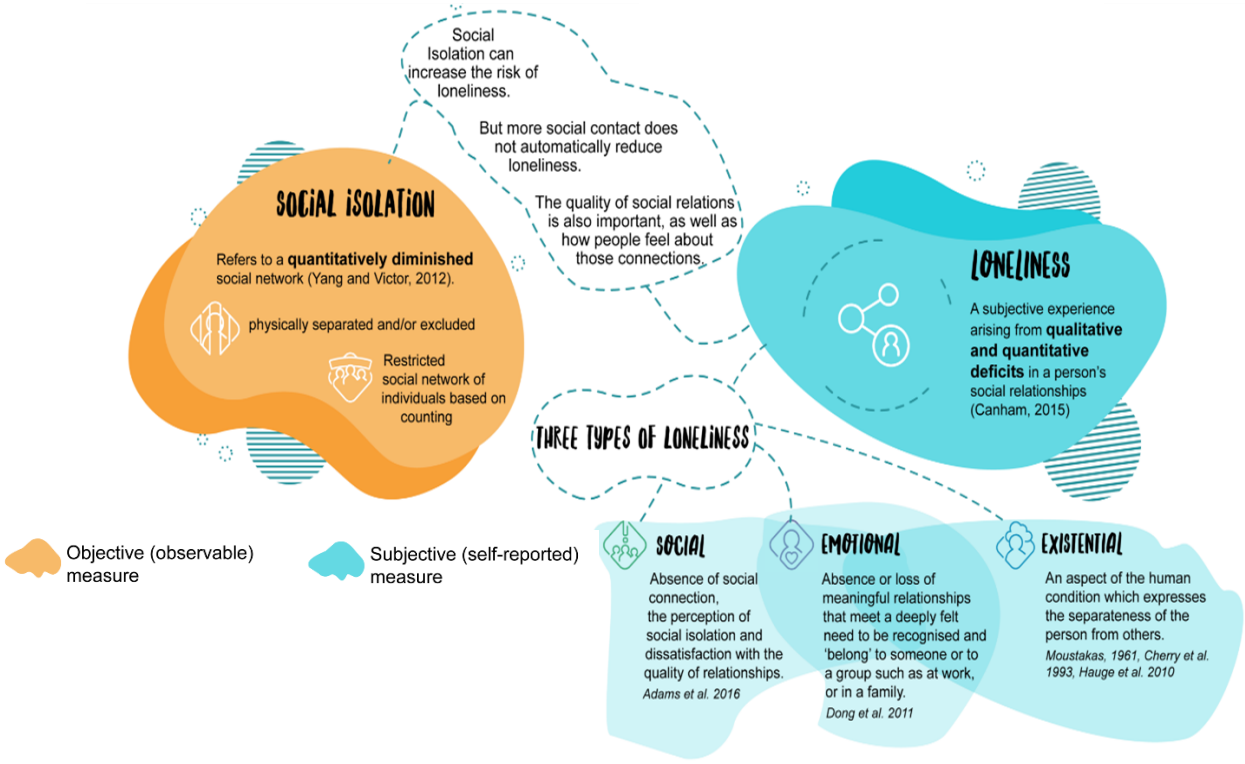
M³

Does your elderly have trouble with remembering recent events and activities of daily living?
How can you support an elderly with dementia?

How can you help your family members reduce the risk of dementia?

Imagine yourself as a caregiver of someone with dementia whom you are close to.
What are some of the difficulties you can see yourself struggling with?

4.3 Social Isolation
Social Isolation vs Loneliness



(Moratti, M., 2019)

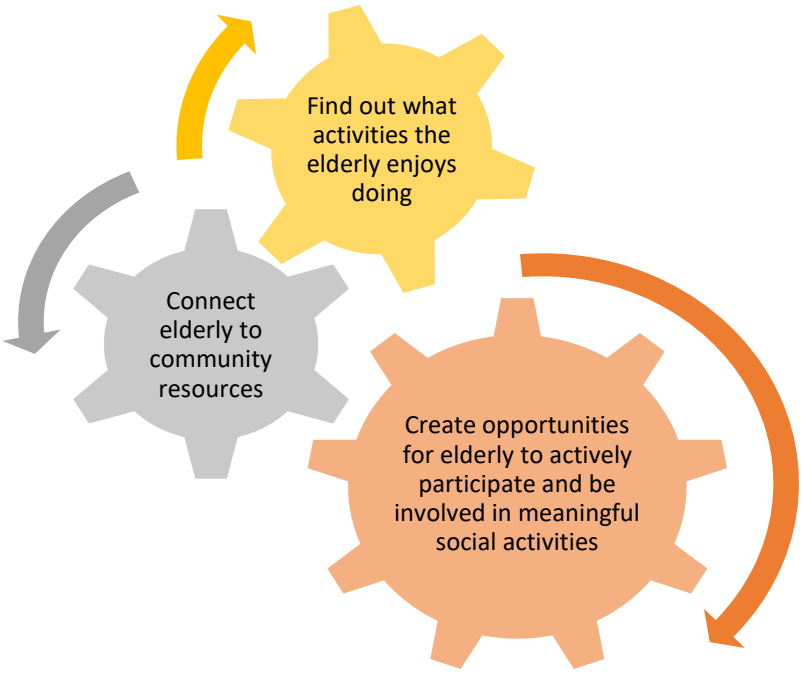
Who is at risk?

Living alone	Unemployed	Physical disabilities	Loss of a spouse
			

Impact of social isolation / loneliness

Poor sleep quality 	Poor cardiovascular function 	Cognitive decline 
Depression 	Weakened immune system 	Anxiety 

How can we meaningfully engage people who are socially isolated?



Asset-Based Community Development (ABCD)

Asset-Based Community Development (ABCD)

- Strengths and asset-based approach to community development
- Recognises that each community has its unique set of assets and resources that can be utilised for community

Categories of ABCD's assets and resources

INDIVIDUALS

RESIDENTS OF THE COMMUNITY HAVE GIFTS AND ASSETS TOO!

ASSOCIATIONS

VOLUNTEERS WITH COMMON INTEREST GATHER

INSTITUTIONS

GOVERNMENT AGENCIES, PRIVATE BUSINESSES AND SCHOOLS, ETC. HAVE RESOURCES!

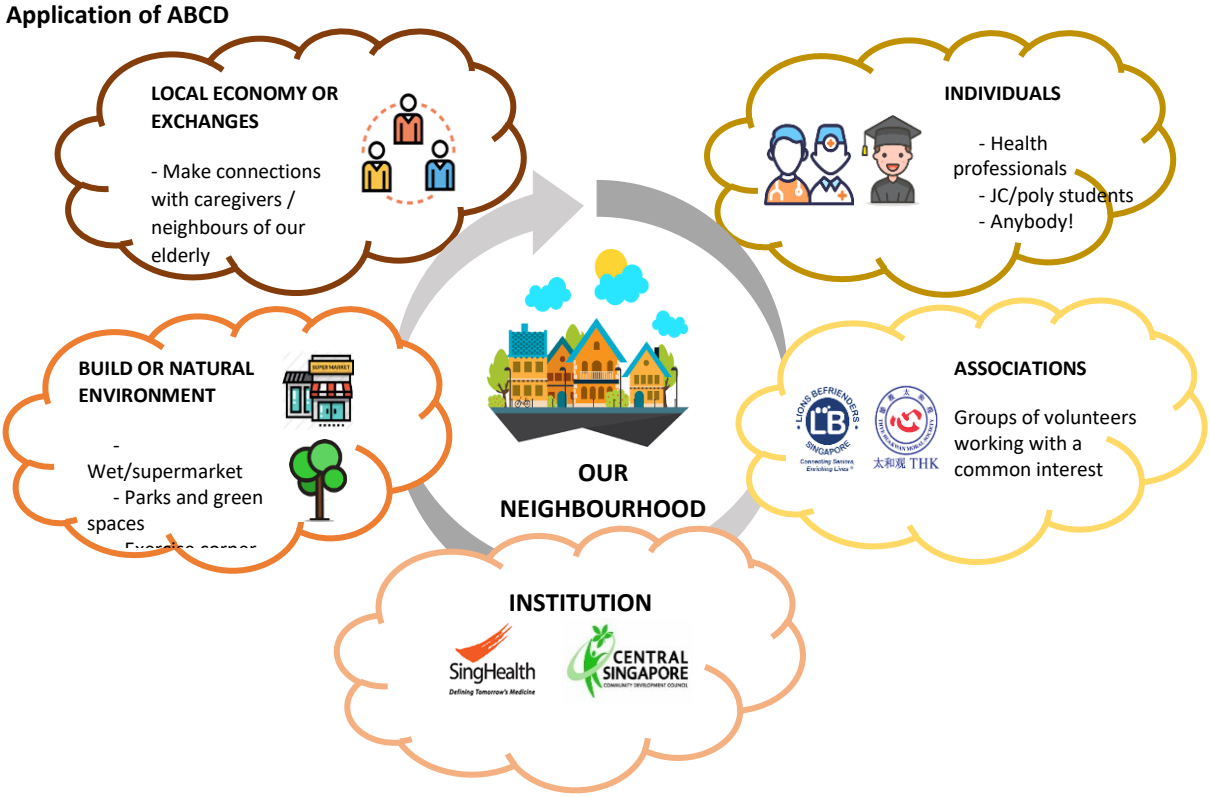
BUILT OR NATURAL ENVIRONMENTS

LAND, BUILDINGS, PUBLIC AND GREEN SPACES ARE EXAMPLES OF ASSETS FOR THE COMMUNITY.

LOCAL ECONOMY OR EXCHANGES

CONNECTIONS BETWEEN PEOPLE IN THE COMMUNITY ARE A VITAL ASSET AS WELL!

Application of ABCD



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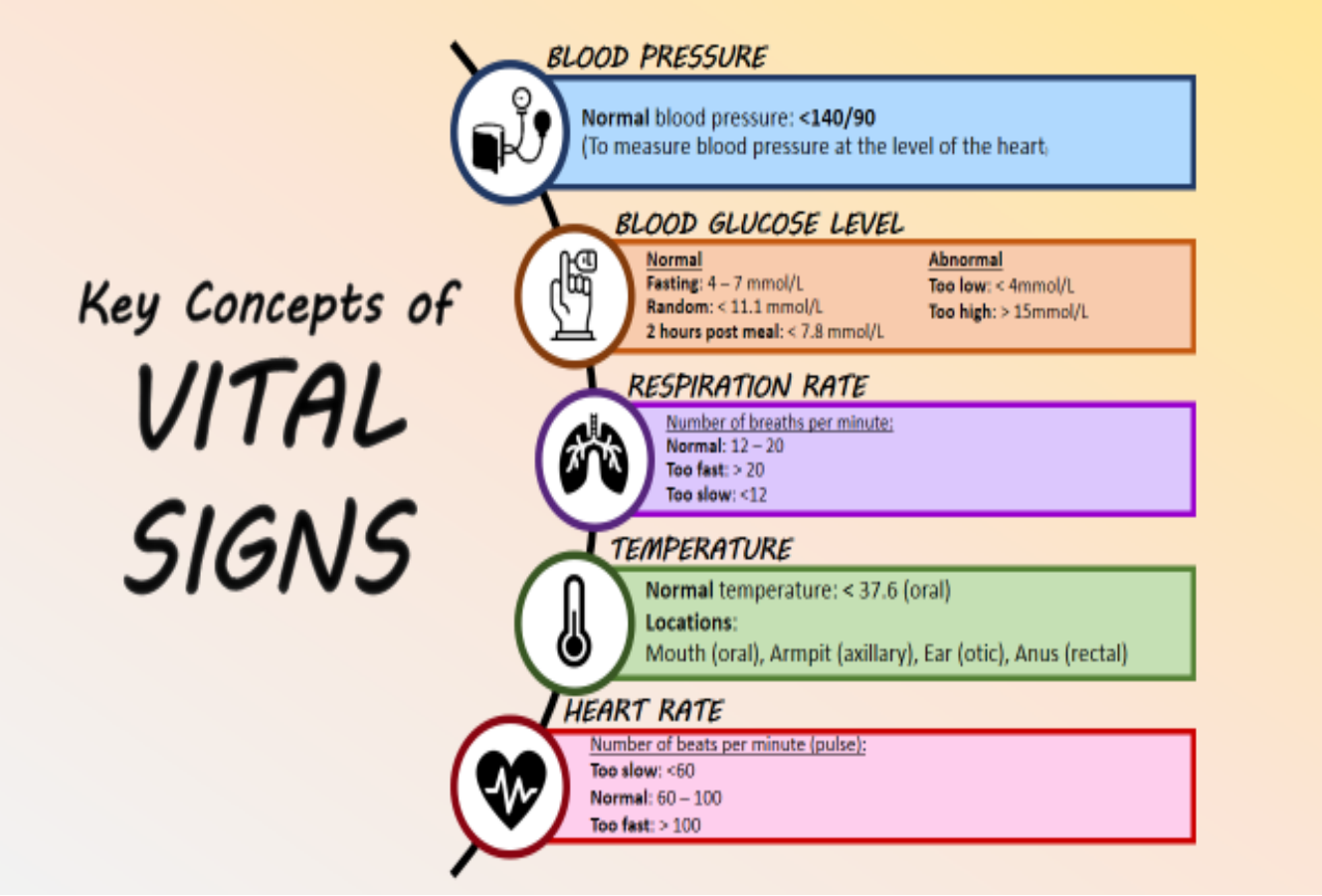
What are some ways or things you can do to connect with your elderly?
Are there any **community resources** that your elderly is known to (i.e. Lion's Befriender)? Are there **any other resources** that you can connect them (i.e. Senior Activity Center)?

Are your elderly family members **at risk** of social isolation? What are some things you can do to **connect** with them?

What is **one thing** you can do for a friend who may be socially isolated?

5.1 Vital Signs



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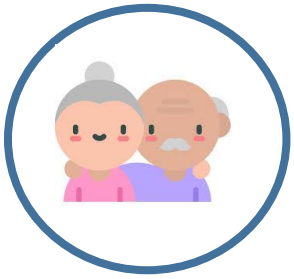
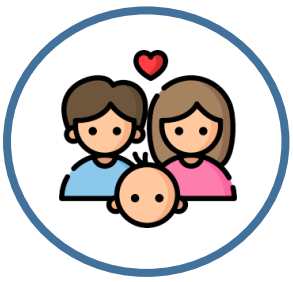


Did you enquire about the chronic health conditions your residents have and what did you find out?
What do you think are your resident's perception of his/her health?



What are some differences/similarities that you have noticed between your resident and any family with regards to managing their chronic health conditions?
If so, **why** do you think there are such differences/similarities?

What are some key concepts that you have taken away from vital signs?
How would you encourage the people amongst you to measure their vital signs?

5.2 Hypertension and Its Effects

Blood Pressure*

- **Normal/optimal BP**: <130/80 mmHg
- **Hypertension BP**: >140/90 mmHg
- **Abnormal BP**:
  - **Hypertensive Emergency** : significantly elevated BP (>180/120 mmHg) with damage to organs (e.g. headache, weakness, chest pain)
    - **Emergency** (to send to A&E)
  - **Hypertensive Urgency**: significantly elevated BP (>180/120 mmHg) without damage to organs
    - See a doctor within 2-3 days (not an emergency)
  - **Orthostatic hypotension** = *significant drop in BP upon standing*. This can cause dizziness and fainting.
    - Drop in systolic BP ≥ 20 mmHg
    - Drop in diastolic BP ≥ 10 mmHg
    - See a doctor within 2-3 days (not an emergency)

Types of hypertension:

Primary (95%)

No underlying cause found.

Possibly due to:

Genetics

- Family History
- Ethnicity

Environmental

- Obesity
- Smoking,
- Alcohol
- Lack of physical exercise
- Diet

Secondary (5%)

An underlying medical condition causing the hypertension.

Factors suggestive of secondary hypertension:

Young Person

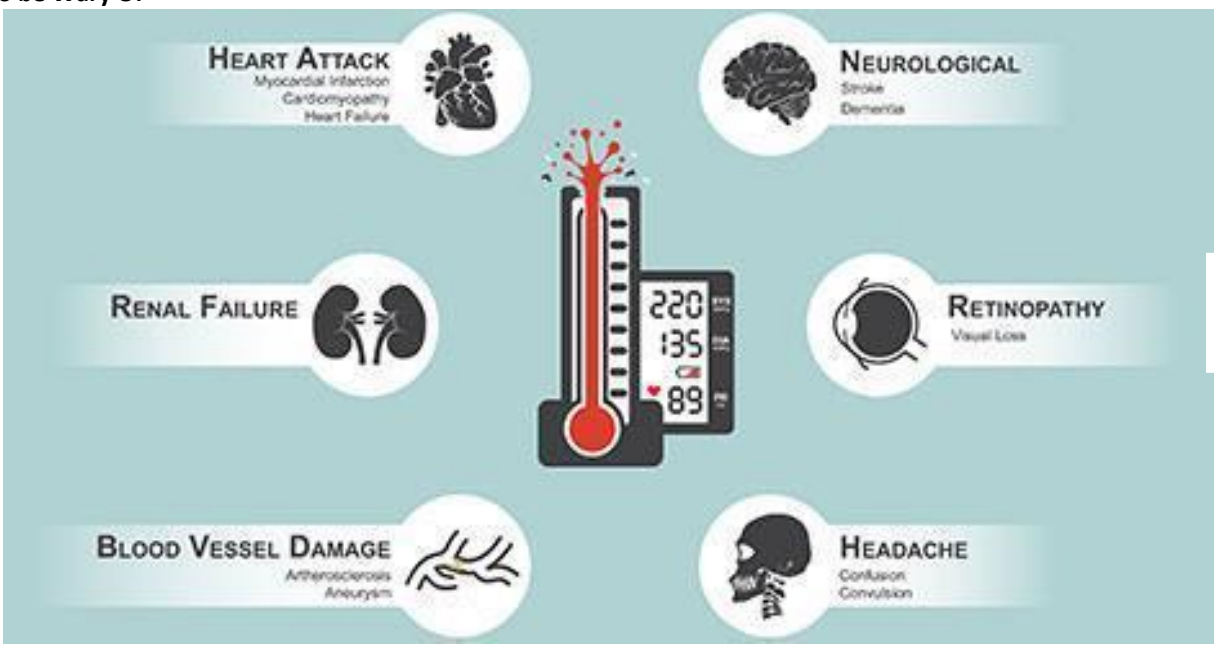
Less than 30 years old

Uncontrolled Hypertension

Despite being on 3 types of anti-hypertensive medications

Blood pressure monitoring
https://youtu.be/eVBD7TQLS-E

Things to be Wary Of



Management

Control salt intake

Ensure regular exercise

Compliance to Meds

Beware: Side Effects!

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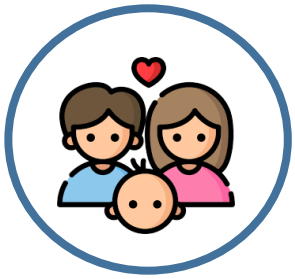
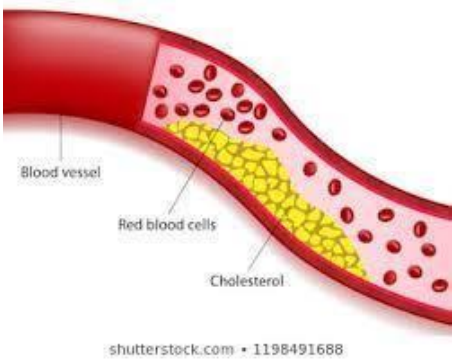
How do you think your elderly is coping with his/her hypertension?
What are some ways you can do to encourage your resident to watch manage his blood pressure better?
Has your elderly faced any complications from hypertension?



What are some differences/similarities that you have noticed between your elderly and any family member that has hypertension?
How would you encourage your family members to pick up positive habits to combat hypertension and what would that be?

What are some key concepts that you have taken away from hypertension?
Is there anything in your life that you would change now that you know more about hypertension?

5.3 Hyperlipidaemia (High Cholesterol)



Hyperlipidaemia, defined as **elevated total or low-density lipoprotein (LDL)** cholesterol levels, or **low levels of high-density lipoprotein (HDL) cholesterol**, is an important risk factor for coronary heart disease (CHD) and stroke.

Cholesterol is carried in the blood by "packages" called lipoproteins. Low-density lipoprotein (LDL) and high-density lipoprotein (HDL) are the two main types of lipoprotein which carry cholesterol in our body.

GOOD CHOLESTEROL

High Density Lipoprotein (HDL) Cholesterol

- Removes excess cholesterol and may prevent cholesterol build up in the blood vessels, lowering one's risk of heart disease

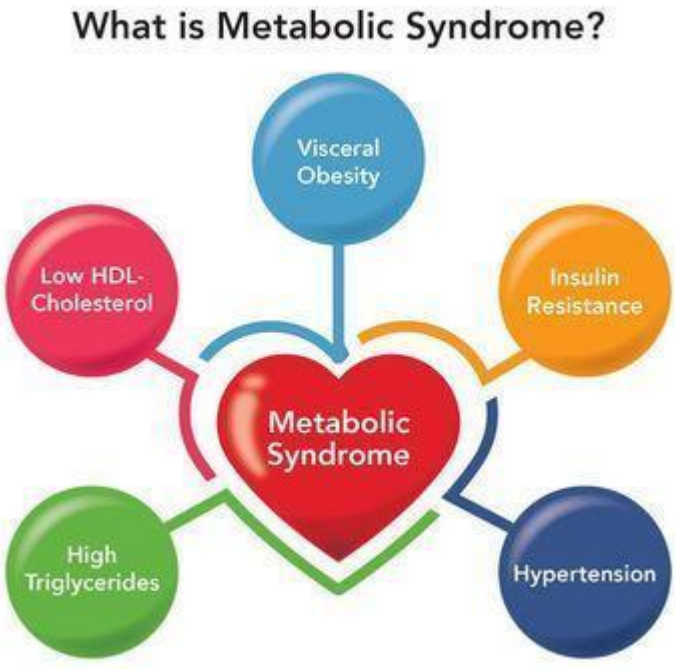
BAD CHOLESTEROL

Low Density Lipoprotein (LDL) Cholesterol

- It can build up slowly in the inner walls of the arteries contributing to the formation of cholesterol plaques
- Cholesterol plaques can block up arteries resulting in the hardening and narrowing of arteries (atherosclerosis).

 **Total Cholesterol** **< 5.2 mmol/L**	 **LDL-Cholesterol** **< 3.4 mmol/L**	 **HDL-Cholesterol** **1.0-1.5 mmol/L**	 **Triglyceride** **<2.3 mmol/L**

5.4 Metabolic Syndrome



Group of serious chronic conditions that can cause **heart disease and diabetes**
Criteria:
Waist circumference > 90 cm in men and 80 cm in women
Triglyceride level of 1.7 mmol/l or more
HDL cholesterol of 1.0 mmol/l or less in men, and 1.3 mmol/l or less in women
Blood pressure of 130/85 mmHg or more, or on treatment for high blood pressure
Fasting glucose level of 6.1 mmol/l or more, or on treatment for diabetes.

Management

1. **Maintain a healthy weight**
   - Dietary Control
   - Exercise (refer to section C: counselling)

2. **Include wholegrains, fruit and vegetables in your diet**
   - Examples of wholegrain food include brown rice, wholemeal bread and oats

3. **Use healthier unsaturated oils**
   - Use healthy vegetable oils (e.g. olive oil, canola oil and peanut oil) in place of less healthy oils when cooking.

4. **Reduce cholesterol intake**
   - Moderate intake of cholesterol by referring to the nutritional label.

5. **Limit intake of saturated fat**
   - When eating meat or poultry, get the leanest portion. Remove visible fat and poultry skin as well.
   - Select dairy products that are lower in fat – low fat milk, yogurt
   - Avoid consuming palm-based "vegetable oil". When eating out, go for dishes prepared with healthier oil and cut down on deep-fried food.

6. **Minimise trans fats**
   - Avoid consuming food containing trans-fat (refer to nutritional label for more information)
   - Choose trans-fat free food.

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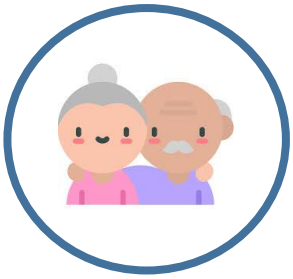
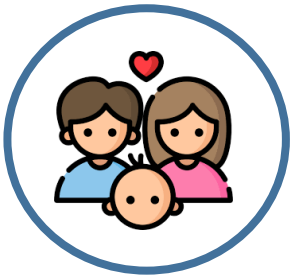


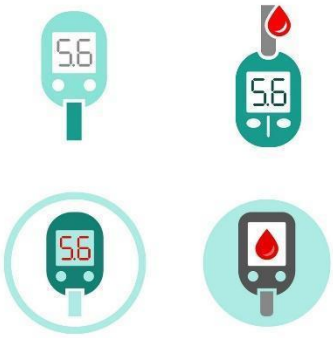
How do you think your resident is coping with his/her hyperlipidaemia?
What are some ways you can do to ensure better control of your elderly's cholesterol level?



What are some ways your family is also at risk for hyperlipidaemia?
What similarities/differences that you have noticed between your elderly and any family member that has hyperlipidaemia?
How can you help to lower the risk/control one's cholesterol level amongst your family members?

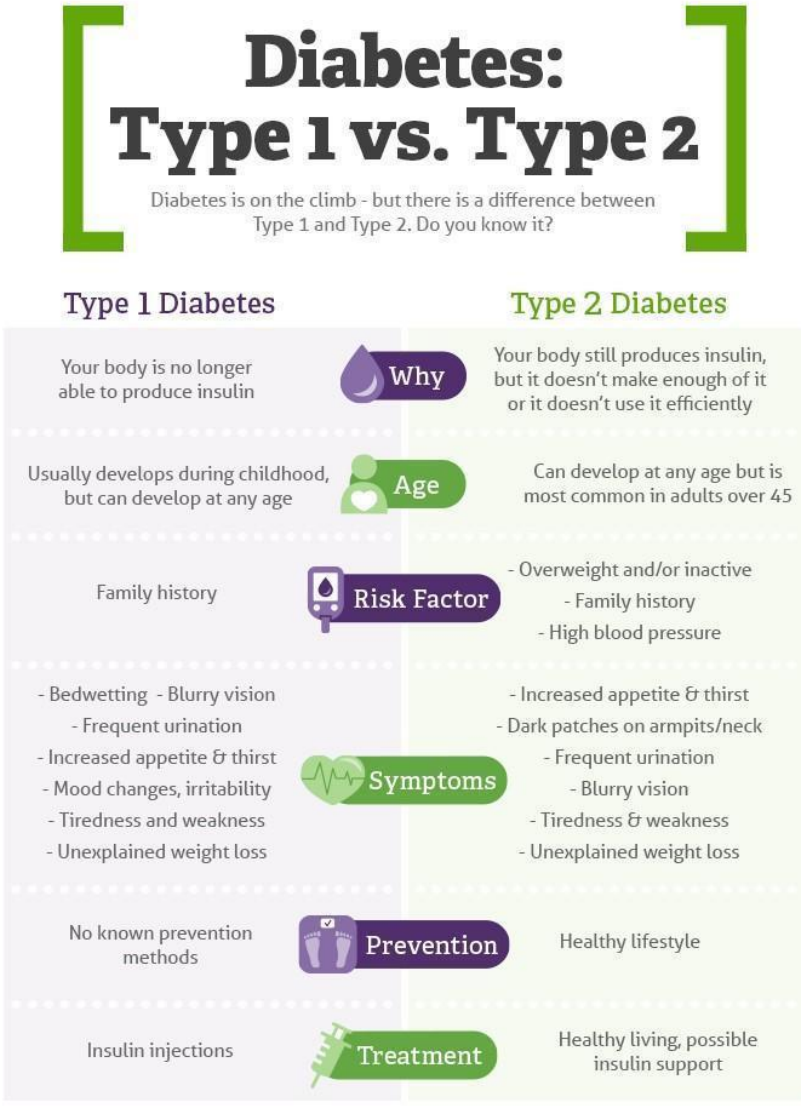
What are some key concepts that you have taken away from hyperlipidaemia?
How can you help to raise awareness regarding hyperlipidaemia amongst the people around you?
Are there any barriers or challenges you may face in doing that and **how** can you solve them?

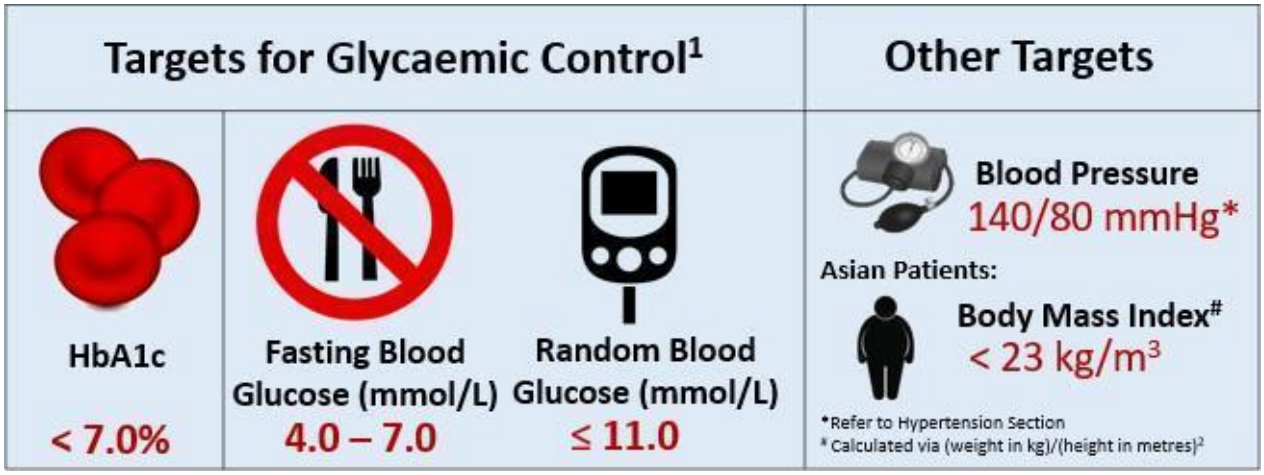
5.5 Diabetes Mellitus



Diabetes mellitus is a metabolic disorder characterized by persistent high blood sugar levels (hyperglycaemia) due to the body's lack of insulin (Type I) or insulin desensitization (Type II).

Diabetes as a disease alone is usually not life threatening but its long- term complications from damage to various organs are severe and potentially deadly

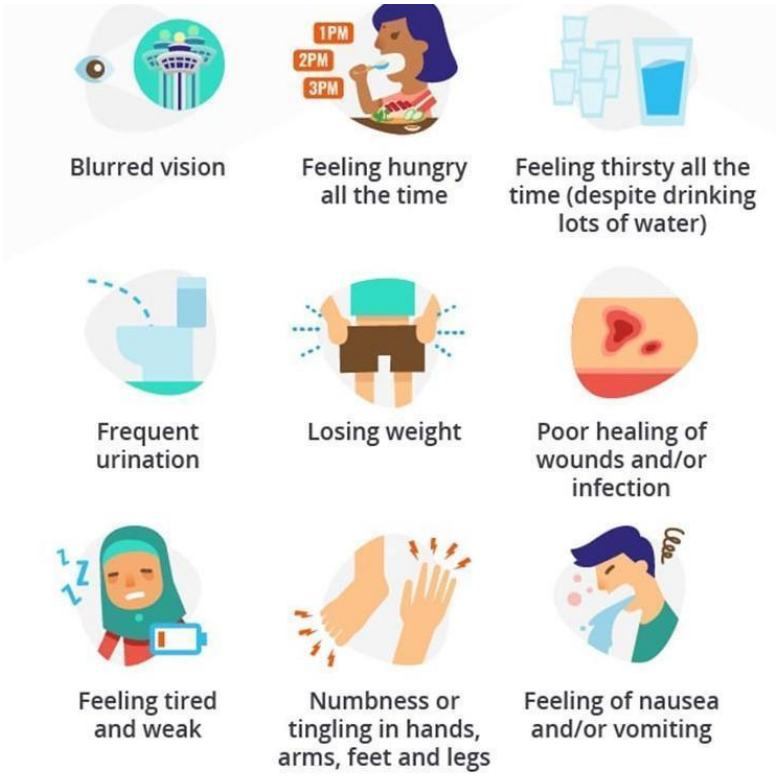




HbA1c, short for glycosylated haemoglobin, reflects the patient's glycaemic control over the past 3 months. This is a better marker of the patient's DM control as compared to plasma glucose as getting an optimal fasting plasma glucose level only reflects on the patient's current plasma glucose level.

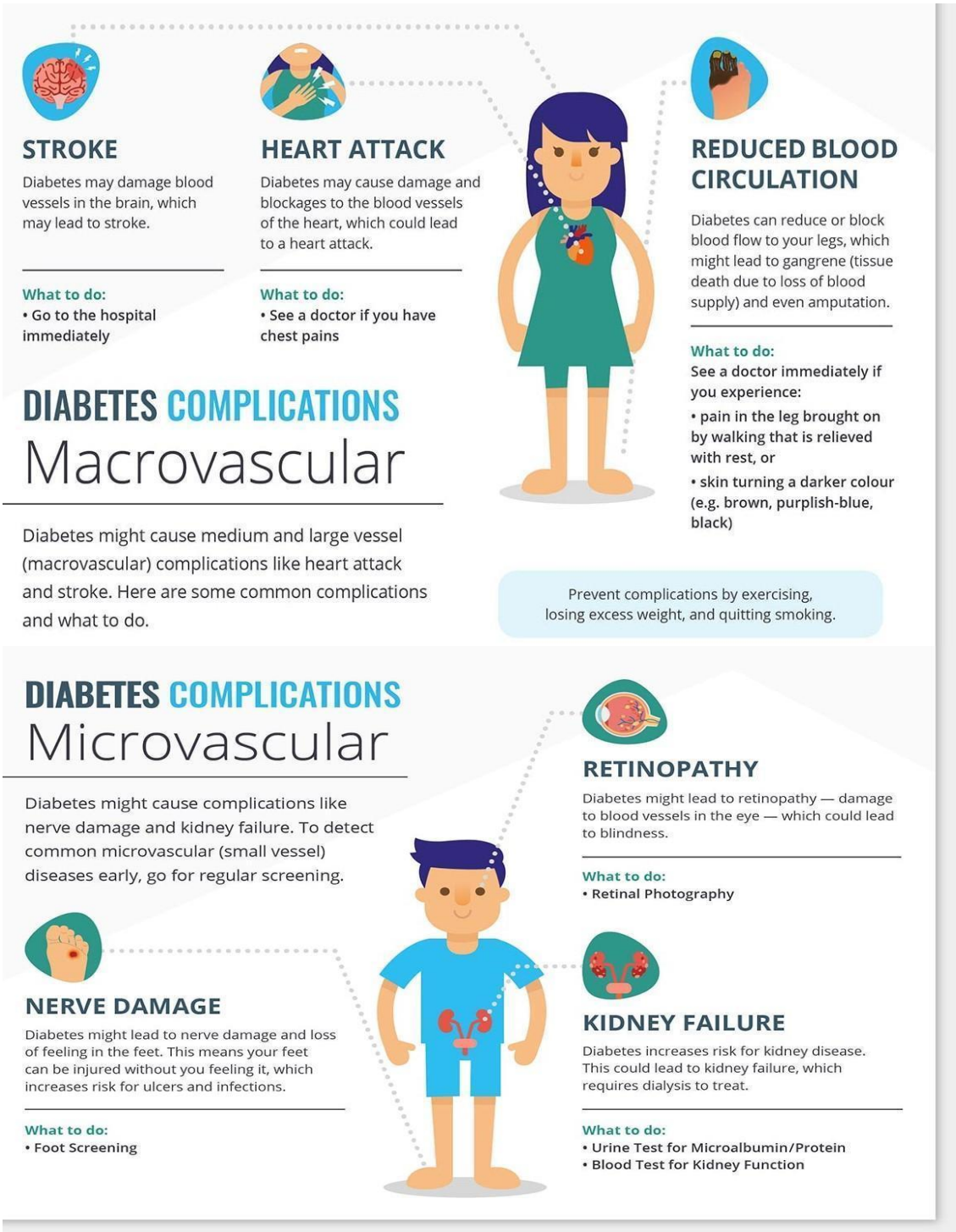
Do have a look at their glycaemic control records with their permission and encourage them to attain their target values!

Signs and Symptoms



Measuring blood glucose
https://youtu.be/dd2t6dOH1xo?list=PLwKZdOHmwfHGSl9h21oM_B3OCP-7lGqCw

Complications



DIET

- Encourage the patient to see a dietician if he has not seen one yet. If he has seen one already, ask for the dietary recommendations given to him.
- The optimum healthy choice of food for people with diabetes is the same as for the general population. The classic model used is 'The Eatwell Plate' as shown.

- Ideally, the patient should have a diet low in fat, sugar and salt with plenty of fruits and vegetables. Follow these 6 tips

1. Eat 3 meals a day and avoid skipping meals. Spread breakfast, lunch and evening meals across the day.

2. Increase fruit and vegetable intake (include beans and legumes)
   i. Aim for at least 5 portions a day
   ii. Avoid drinking fruit juices as they do not contain fibre to delay glucose absorption
   iii. Boil but do not stir fry vegetables

3. Decrease fat intake, especially saturated fat
   i. Less butter, margarine, cheese and fatty meat → low fat dairy foods, lean meat, fish
   ii. Replace fried food with grilled/steamed/baked items
   iii. Use small quantities of mono-unsaturated oil (olive oil, rapeseed oil)
   iv. Less red meat (beef, pork) → white meat (fish, chicken)

Low GI (≤55)	Oatmeal, oat bran, muesli Pasta, barley, converted long-grain white rice Sweet potato, yam, peas, legumes, lentils Most fruits, non-starchy vegetables and carrots
Medium GI (56 to 69)	Whole wheat, rye, pita bread Brown, wild or basmati rice
High GI (≥70)	White bread Cornflakes, puffed rice, bran flakes, instant oatmeal Short grain white rice, rice pasta, macaroni Russet potato, pumpkin Pretzels, rice cakes, popcorn, saltine crackers Melons, pineapple

4. Decrease intake of **high glycemic index (GI)** foods and replace them with low GI foods to decrease fluctuations in blood sugar levels, increase satiety and improve lipid profile

5. Decrease sugar and sugary foods

6. Decrease salt intake
   i. Limit amount of processed/preserved/canned foods and sauces
   i. Consider natural spices instead

MEDICATION COMPLIANCE

- Ensure that the right medication is taken at the right **dose** and at the right **time.**
- Most medications are taken with **food/before food**. Check that these medications are taken with food whenever appropriate.

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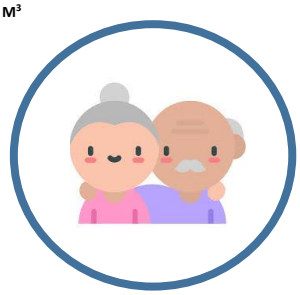
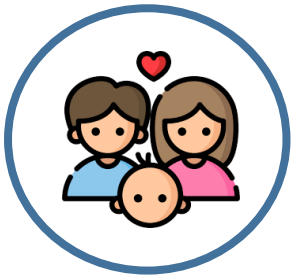


Do you think that your resident is doing a good job in managing his/her diabetes, if so **why** and if not **why not**?
How do you think you can encourage your resident over the phone to manage his/her diabetes?



What are some ways your family is also at risk for diabetes?
What similarities/differences that you have noticed between your elderly and any family member that has diabetes?
How can you help to lower the risk/control diabetes amongst your family members?

What are some key concepts that you have taken away from diabetes?
How can you help to raise awareness regarding diabetes amongst the people around you?
Are there any barriers or challenges you may face in doing that and **how** can you solve them?

5.6 Frequent Hospitalisations

What are frequent admissions?

- Defined as 3 or more inpatient admissions per year.

Impact

- **Society** → causes bed shortage in hospitals, increased expenses, and usage of resources.
- **Personal** → psychological stress and financial burden
- **Family** → Caregiver stress and financial burden

Factors to consider:

Unmodifiable factors

- Age
  - ➢ As the body breaks down, the elderly will inevitably face more complications of his/her health problems that may not be manageable in a community setting, leading to hospitalisation.
- Natural progression of the disease
  - ➢ Common diseases such as heart problems stemming from underlying high blood pressure or high cholesterol may cause symptoms such as chest pain or shortness of breath that may need management in an acute hospital setting.

Modifiable factors

- Socioeconomic status
  - ➢ Residents with little or no income may turn to the public health system for support with regards to their health and one way is through attending acute health services in the hospital for their chronic health conditions.
- Loneliness
  - ➢ The resident may feel there is no social support in the community and may turn to the hospital where there is a chance for human interaction.
- Non-compliance to treatment
  - ➢ Elderly may not be taking their medications regularly due to a myriad of reasons (which can be linked to some of the other related modifiable factors) leading to complications of their health condition.
- Expectations of healthcare
  - ➢ Singapore has a readily accessible healthcare system. The resident may have misunderstood expectations on what the healthcare system can do for them which may include instantly managing and solving their healthcare problems through admissions.

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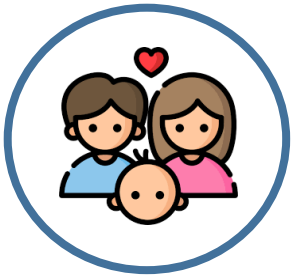
Has your resident been admitted frequently and if so, **what** were the reasons?

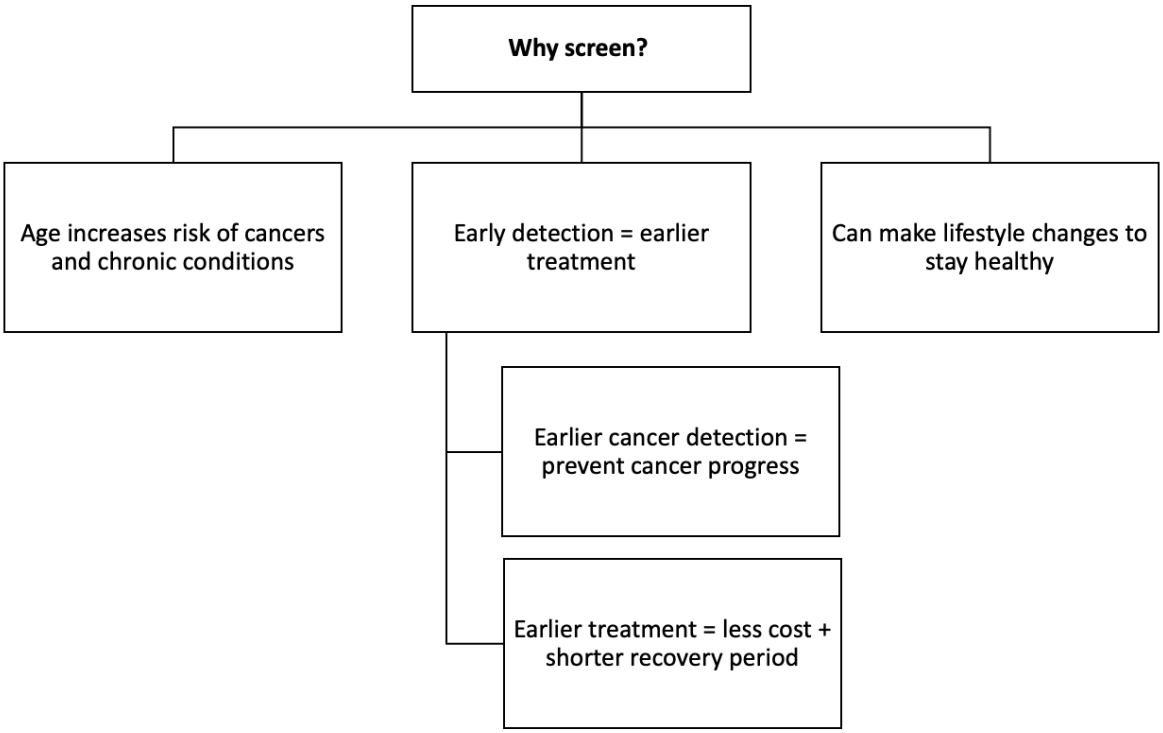


Were there any family members that were frequently admitted? **How** did you feel?

What are some measures that you can undertake to help manage their medical condition and possibly reduce admissions?

5.7 Age-Appropriate Screening and Vaccination

Purpose of screening:



Relevant subsidies: Screening only costs $0-5 for Singaporeans at Community Health Assist Scheme (CHAS) and General Practitioner (GP) clinics.

Pioneer Generation: Singaporeans born on/before 31 December 1949 and those who became a Singaporean citizen on/before 31 December 1986

Merdeka Generation: Singaporeans born between 1st January 1950 to 31st December 1959 or those who became a Singaporean citizen on/before 31st December 1996

Summary of age-appropriate relevant screening

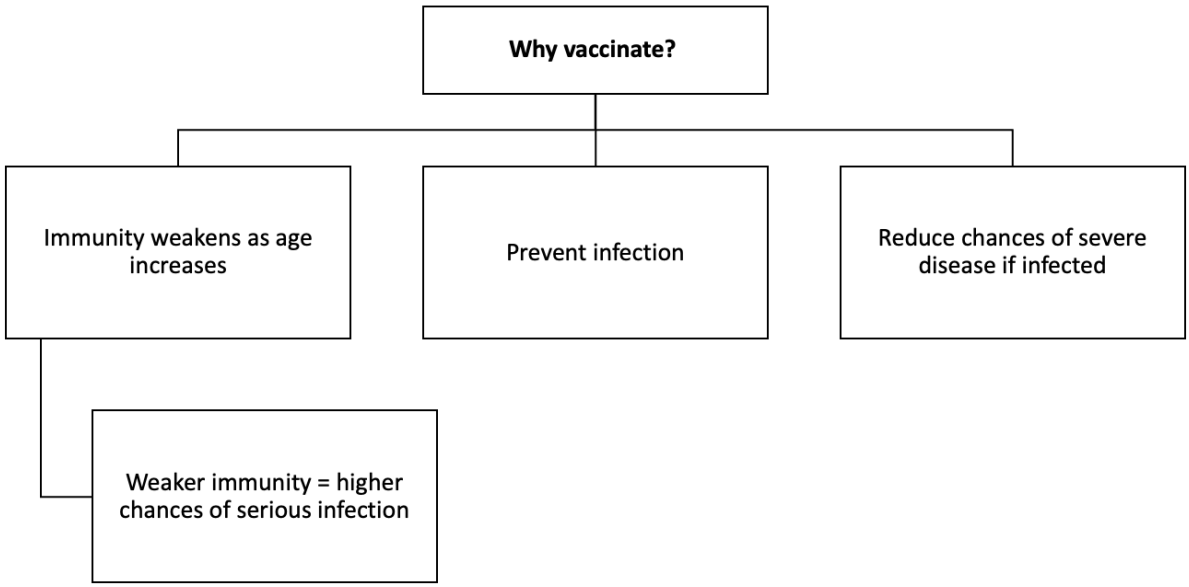
* Under the Screen For Life programme

What?	For who?	Why?	How?	How much?
Breast cancer *	Women 40 years old and above	Breast cancer is the most deadly cancer among women in Singapore. The earlier the detection, the better the chances of survival.	Mammogram once per year from 40-49yo. Mammogram once every 2 years for 50 and above. Breast self-examination every month.	Free mammogram @ Singapore Cancer Society (Bishan) for blue and orange CHAS cardholders
Cervical cancer*	Women 25 years old and who are sexually active	Cervical cancer is among the top 10 cancers among women in Singapore. The earlier the detection, the better the chances of survival.	Pap smear once every 3 years for women 25 to 29 years old HPV test once every 5 years for women 30 and above	$0 for Pioneer generation $2 for Merdeka generation/ orange and blue CHAS card holders $5 for Green CHAS card holders/ eligible Singaporean citizens
Colorectal cancer*	Everyone 50 years old and above	Colorectal cancer is the most common cancer in Singapore.	Fecal occult blood test yearly, or colonoscopy every 10 years	
Hypertension, obesity, high cholesterol, diabetes*	Everyone 40 years old and above	Preventable condition with many health complications if not well-managed	Blood pressure measurement, blood tests yearly	
Functional screening (Under Project Silver screen)	Everyone 60 years old and above, and has not been screened in the past year	Deterioration of sight, hearing and oral health are common amongst seniors. This could hinder their ability to function. Early detection allows the provision of aids (eg. hearing aids, dentures) to assist their daily life.	Vision test, hearing test and oral health check once a year.	
Osteoporosis	Everyone 65 years old and above, or with high OSTA score	Osteoporosis is the reduction in bone mass that increases the risk of fractures. Screening would help to reduce the risk of fractures.	Bone Mineral Density scan (X-ray) every 5 years	$150-250

Common excuses not to go for screening:

1. Common Excuse #1: I Feel Fine. Screening Once is Enough
    a. Many do not go for screening as they feel fine. However, early-stage cancer may not have symptoms. By the time symptoms appear, the disease is often at an advanced stage and may be more difficult to treat/incurable
2. Common Excuse #2: I'm Very Busy. I Don't Have Time to Screen
    a. Modern people are very busy going about their lives. You have to juggle work, family and many other interests. It's therefore even more important to make time to look after your health by going for screening. This will enable you to continue living your life to the fullest. Tests are generally well tolerated and can be done within one day.
3. Common Excuse #3: It's Good Enough as I Exercise Regularly and Eat Healthily
    a. While exercising regularly and eating healthy are important, regular screening is just as important and should be regarded as an irreplaceable part of a healthy lifestyle.
4. Common Excuse #4: I'm Scared of Receiving Bad News
    a. When it comes to your health, ignorance is not bliss. It is understandable to fear receiving bad news and results. Discuss with your doctor about your fears and misconception and make the informed choice. Early detection is typically associated with better outcomes.
5. Common Excuse #5: I'm Not At Risk As I Don't Have a Family History of Cancer
    a. Some cancers are associated with genes and family history. Cancer can also be caused by factors such as the environment and lifestyle choices.

Purpose of vaccination:



Relevant subsidies:

Vaccine*#	Patient's Fee Cap at CHAS GP Clinics (For Singaporeans)		
	Pioneer Generation	Merdeka Generation/ CHAS Blue/ CHAS Orange	CHAS Green /Non-CHAS
Influenza (trivalent or quadrivalent) (INF)	$9	$18	$35
Pneumococcal conjugate 13-valent (PCV13)	$16	$31	$63
Pneumococcal polysaccharide 23-valent (PPSV23)	$10	$20	$40
Tetanus, reduced diphtheria and acellular pertussis (Tdap)	$10	$20	$40
Human papillomavirus types 16 and 18 (HPV2)	-	$23	$45
Hepatitis B (HepB)	$9	$19	$38
Measles, mumps and rubella (MMR)	$9	$13	$35
Varicella (VAR)	$11	$23	$45

Summary of age-appropriate relevant vaccination

* Under the National Adult immunisation programme

What?	For who?	Why?	How?	How much?
Influenza* Commonly known as the flu and causes respiratory problems.	Those between 18 to 64 years old with underlying medical conditions/ weak immunity and everyone above 65 years old	Prevent infection or reduce the severity of infection.	An injection every season (twice a year)	Refer to the relevant subsidised prices in the image above.
Pneumococcal* Disease caused by bacteria, spread through respiratory secretions. Causes lung complications.	Those between 18 to 64 years old with underlying medical conditions/ weak immunity and everyone above 65 years old		PCV13 followed by PCV23 8 weeks later	
Measles, mumps, rubella (MMR)* Contagious airborne disease that spread through respiratory droplets.	For everyone above 18 years old who have not been previously vaccinated or lack evidence of past infection/immunity		2 doses (4 wks interval)	
Hepatitis B* Spread through contact with bodily fluids. Causes liver inflammation and dysfunction	For everyone above 18 years old who have not been previously vaccinated or lack evidence of past infection/immunity		3 doses (0,1,6 mnths)	
Varicella* Commonly known as chickenpox or shingles. Spread through respiratory droplets/ contact with contaminated skin lesions.	For everyone above 18 years old who have not been previously vaccinated or lack evidence of past infection/immunity		2 doses (0, 4-8 wks)	
COVID-19 Infectious disease spreads through respiratory droplets.	For everyone aged 5 and above		Dosage depending on the brand - 2 doses for Pfizer, at least 21 days apart - 2 doses for Moderna, at least 28 days apart - 2 doses of Nuvaxovid, at least 21 days apart - 3 doses of Sinovac-CoronaVac, the second dose should be 28 days after the first dose, and the third dose should be 90 days after the second dose Boosters are strongly recommended for everyone who is eligible. Elderly aged 80 and above and/or living in aged care facilities, and immunocompromised individuals are strongly advised to get 2nd booster.	Free

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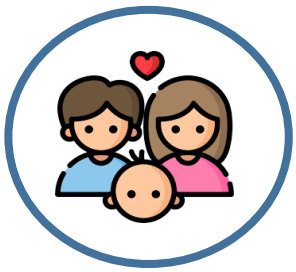
Has your resident done the relevant health screening?
Does your resident have the relevant vaccinations?
How can I encourage my resident to go for the relevant screening and vaccination?



For each of my family members, what screening and vaccination should they go for?
How do I encourage them to go for these screening and vaccination programmes?

Why is vaccination and screening important?
How can you help to raise awareness regarding screening and vaccination?

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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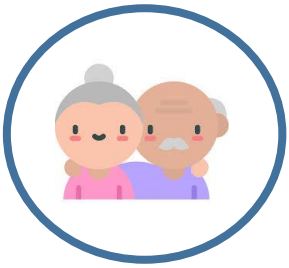
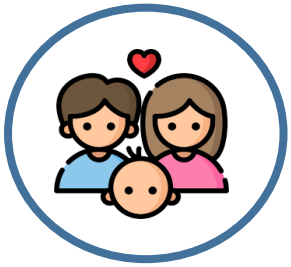


What are some factors (determinants of health) that relates to your resident's current situation?
What can you do to improve the wellbeing of your resident in relation to this? Can you make a change in one visit?

Fill in your answers in the table below.



What similarities have I observed between your resident and my family?
What differences have I observed between your resident and my family?
What is something you would or would not change?

What have you learnt from this visit and what will be the next step to manage your resident's issues?
How can you apply it to future home visits or family meetings?
Are there any barriers or lack of information you have that can prevent you from helping?
What steps can you take to improve your knowledge in this area?

Top 3 social determinants I would like to address:

Social determinant	What is the issue?	What can be done?

Follow up actions:

Social determinant	What is the issue?	What can be done?

END OF PROJECT REFLECTIONS

Congratulations! We have come to the end of the project.

What are 3 key takeaways from this project?
1.
2.
3.

What is a memorable moment during this project?
1.

How would you like to apply what you have learnt to:
1. The elderly in your family?

2. The elderly in your community?

😊 THANK YOU 😊

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