# Improving pharmacy consultations for older people with disabilities

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## Abstract

*Title*
Improving pharmacy consultations for older people with disabilities.

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*Summary*
Older people are members of our society at one end of the age spectrum of the population. They are a group of people at risk of multiple long-term conditions and frailty who value their health, independence and well being. In a recent UK survey it was found that 5 million people of adult state pension age reported a disability. When considering the medicines-related needs of older people, the use of empathy in a clinical setting to provide safe, effective medicine support is at the heart of providing best care within routine pharmacy consultations for older people with disabilities. In order to do this, healthcare practitioners must consider their preconceptions about older people and actively put those that are inappropriate to one side.

Optimal support can be provided through considering the patient's requirements for Patience, Environment, Time, Attention and Language (PETAL). When identifying the issue to address, whether physical or mental, overt or covert, use sensitive and empathic communication. Many patients with disabilities are used to managing their conditions and are often in a good position to suggest solutions to their own issues. Where cognitive challenges exist, do not assume that your patient cannot be part of a conversation; assess how much inclusion they want and, where appropriate and considering consent and capacity, ensure information is passed to the person managing their medicines.

By identifying the needs of the older person in a pharmacy consultation using an individualised approach, healthcare professionals can facilitate an interaction that optimises patient health and well being.

*Keywords:* (MeSH and non-MeSH): aged (older people), disabled (disability), communication (communication skills), pharmacy, PETAL

## Background

Described variously as elderly, senior citizens and aged, older people are members of our society at one end of the spectrum of the population. People widely differ in who they consider to be old and Public Health England[1] state that there is no agreed definition of older people. The World Health Organisation suggests that many westernised countries use age 65 years as a definition for older age,[2] while the United Nations definition is over 60 years.

Older people are not a separate section of society, but rather a group of people at risk of frailty, multimorbidity and polypharmacy who value their health, independence and well-being. Chronological age is not synonymous with biological age and old age can also be considered more broadly as the point where chronological age meets with a decline in health, physical or cognitive abilities. This decline often leads to disability, which for the purpose of this article, constitutes a physical or mental (including cognitive) condition which restricts a person's movement, senses or activities. Disability in older people is common. In a recent UK survey it was found that 5 million people of adult state pension age reported a disability.[3] Conversations with older people should therefore be founded on the assumption that older people, like everyone else, are responsible for their own health and are able to make decisions about their health-related needs. When considering the

medicines-related needs of older people, the use of empathy in a clinical setting is at the heart of understanding the patient experience within a consultation for older people with disabilities. The provision of safe evidence-based choice of medicines applies equally to all populations.

Making medicines optimisation part of routine pharmacy practice is central to good pharmaceutical care of people with multimorbidity, disabilities and in their older age. The National Service Framework for Older People (NSF)[4] was the first national document to formally recognise age discrimination and a lack of dignity and equity in healthcare. It provided a 10 year plan to support identification of key issues in a variety of areas of health where older people were being disadvantaged and a system to prevent future discrimination. The Social Care Institute for Excellence in their Dignity in Care guide[5] continues to support the principles in the NSF for Older People through improving the way health and social care professionals interact with people to maximise dignity and respect. Recent NICE guidance on multimorbidity supports optimising care for adults with multiple long-term conditions using an individualised, person-centred approach based on what is important to the patient in terms of treatment, which includes medicines.[6] The principles of an approach that take into account multimorbidity are particularly relevant in the care of older people, many of whom will have a number of long-term conditions to manage. One might therefore suggest that, rather than treating older people as a 'special case', the role of healthcare professionals working with older people should be to identify single or multiple morbidities affecting their health and wellbeing that matter to them and support them to achieve improved management.

## What challenges face older people?

In addressing how healthcare professionals can support older people towards better health, the first challenge to consider is the healthcare professional's preconceptions about older people. Ageist stereotypes are inaccurate and unhelpful.[7,8] Healthcare professionals need to identify personal prejudices and actively put these to one side, as well as challenging ageist language and assumptions in others.

It is helpful to consider how to approach an older person who comes into the pharmacy. Think about how to greet them and ask how they'd like to be addressed. This will vary according to local and cultural norms and how familiar the patient is to you. If you don't know the patient, it is best to use their formal title as, in the UK, use of a first name without invitation can be considered over-familiar. When you address an older person, remember that they can be doctors, professors, ministers of religion or lords, not just Mr, Mrs, Ms or Miss! If the patient

1. **PATIENCE, EMPATHY and COMPASSION.** Get yourself in the right frame of mind, which may mean taking a quiet moment to focus on the patient. Remember, they may need more time than other consultations. If you are really engaged with the patient they may feel safe to disclose something that you find upsetting. While it's easy to sympathise, your job is to be **empathic.** This means you keep your experiences out of the conversation but focus on how they are feeling and how you can help them optimise their health.

   For example, think how you would you feel if you had mild dementia and wanted to be part of a conversation about your health but found the healthcare professional ignoring you and only speaking to your spouse or carer?

2. **ENVIRONMENT:** Ask your patient what they need to be comfortable so they are in the best possible situation to engage in conversation. If your patient has a hearing or cognitive impairment, or your environment is noisy, try to find somewhere quieter, speak slowly and clearly and ask if the volume of your voice is appropriate, being mindful of confidentiality. Think about how your environment works for someone with poor mobility. It is also helpful if you sit face-to-face and keep eye contact during the conversation.

3. **TIME:** You may need more time to speak to older patients especially those with speech difficulty, cognitive impairment or slow mobility. For example, think about how can you accommodate someone who walks more slowly to maintain dignity? Some older patients may just need more time to focus on what they want to say. Make sure you allow time for a patient to ask you questions. If you don't have the time, consider whether you should be having the conversation at all at that time and whether or not it would be better to reschedule.

4. **ATTENTION:** Pay full attention to the patient and be conscious of avoiding distractions for you and for them. Ask open questions and wait for the answer. Don't let your thoughts, questions, assumptions and biases cloud what the person is saying. Use clarifying questions if you are unsure of the point they are making. It's easy to assume that a person with disabilities has nothing to offer. How would you feel if that was you? You can learn something from everyone you speak to.

5. **LANGUAGE:** Where appropriate, use simple language, simple words and short sentences to help maintain focus for the conversation. Offer patients the opportunity to make a note of key points and, where memory or comprehension appears or is expressed as a challenge, ask the patient what would help; for example a picture, diagrams or words. How do you manage language impairment? If you had difficulty speaking after as stroke and people ignored you in conversation or kept completing your sentences rather than waiting for you to get the sentence out, how would you feel?

**Box 1: The PETAL plan - key points to consider when undertaking a conversation with an older person who has physical or cognitive challenges** 

arrives with a carer, it is usually appropriate to speak to the patient directly first, unless you are told to the contrary. If unsure, don't assume; ask, as each situation will be different.

While supporting people who have physical or cognitive challenges will inevitably take more time, it is up to the healthcare professional to identify when this is required, tell others that they are about to engage in a longer conversation and take the time to support the patient. If the patient feels they are being rushed to complete a conversation, it will reduce the effectiveness of the conversation for both parties and potentially reduce future opportunities for interaction and support. When considering what specific support healthcare professionals can offer, it is useful to consider both physical and cognitive challenges.

### *Physical challenges*

Identifying the physical issue, whether overt or covert, is key to optimising communication. If you identify an issue, ask the patient what help they would like in optimising the conversation for them. If they haven't specified a problem but you think it's there, try a 'would it be helpful' question and add your suggestion. Most people will know what they need from you to support their involvement in a conversation. Think about what you already know and what you need to learn. For example, what do you know about people who have hearing or sight loss? What does 'blind' mean to you? Did you know that registered blind doesn't mean the patient can't see anything?

How do you manage language impairment? If you had difficulty speaking after a stroke and people ignored you in conversation or kept completing your sentences for you, rather than waiting for you to get the sentence out, how would you feel?[9]

### *Cognitive challenges*

It is easy to assume that there is an 'all or nothing' conversation when people have cognitive challenges, but the reality is that most people are somewhere in-between. Think about what you know about dementia, delirium, learning disabilities and what you are assuming. For example, how confident are you to have a conversation with someone who has dementia? Have you ever done this? What do you need to learn to do this effectively? There are a number of resources available to support you in improving your skills in communicating with people who have dementia.[10,11,12]

## PETAL

There are various ways to assist healthcare professionals in optimising communication with older people who may face physical or cognitive challenges to communication. A number of resources provide excellent guidance.[8,13,14] The list in Box 1, known as the PETAL plan, provides a summary of things to consider.

## General tips

Remember that one size won't fit all so you will need to tailor your conversations to individual needs. Be active in your effort to ensure patient dignity at all times, including avoiding being patronising or condescending in your interaction with older people. If a sensitive topic comes up show empathy; be professional and reassuring to encourage disclosure. If you are concerned that the patient has not understood or retained the information discussed in the conversation, ask the patient. While assessment of capacity is beyond the scope of this article, if you are concerned about someone's ability to understand or retain information, you may wish to follow this up with the patient's medical practitioner.

## Structuring a consultation

The information above is helpful in considering how to tailor the content of medicines-related conversations with older people who have physical and mental health challenges. Healthcare professionals may find it useful to use a structure for these conversations. The following process, known as the 'Five As', provides a framework for short, focussed consultations with older people (see Box 2). Based on the GROW model of coaching[15] it provides an asking, rather than telling, approach[16] and promotes effective engagement with patients, supporting the integration of empathy within clinical consultations, the importance of which has been recognised as often

1. **ASK** the patient what they want from the consultation. Identify their issue and DON'T ASSUME you know what they want. Give them your full attention as you listen to their answers.
2. **ACKNOWLEDGE** the patient's situation to demonstrate you have taken their issue on board. DONT JUDGE THEM, even if they express views or opinions you don't agree with.
3. **ADDRESS** the issues they bring up honestly and be clear about what you can do to help even if you can't do what they want. Identify potential problems and discuss how to manage them. When working towards solutions, it is helpful to ask the patient what ideas they have and then offer your suggestions/signposting/support. You might include health promotion opportunities here.
4. **ACCEPT** the patient's decision. If they have made a decision you don't agree with, make sure they have understood the risk/benefits but be careful not to judge them. This 'leaves the door open' for future conversations.
5. **AGREE ACTIONS.** Ask the patient to tell you tell you what they are going to do, how they will put that in place and reiterate what you have agreed to do. Agree a specific follow-up plan, how this will be communicated to other relevant healthcare professionals and what to do if problems arise before the scheduled follow-up.

**Box 2: FIVE As structure for short pharmacy consultations** ©Nina Barnett 2016

underplayed.[17] This is also a useful set of questions for the practitioner to ask themselves as a self-reflection exercise to learn from previous challenging consultations. This model relates to the health coaching approach as described in the Centre for Pharmacy Postgraduate Education (CPPE) consultations for pharmacy practice guide[18] and readers may find it useful to refer to the medicines–related questions outlined in the 'Four Es' model for use within the structure below.

The benefit to using these tips in the conversation is that you are addressing what is most important to the patient. If you have something you feel you need to talk about, ask them what they want to talk about and then tell them what you'd like to cover. Talk about their issues first and agree a way forward for these issues. If you agree with the patient about the focus of the conversation at the start but the conversation veers off track, you can then politely remind the person about what they said they wanted to talk about and ask if there is any more about that required. If not, the conversation will end and, if more is needed, it will get back on track. Remember to be honest. If you don't know the answer to a question, ask when they need the answer by and agree to get back to them. Most people don't need the answer right away.

You can also use the 'Five As' as a self-reflection tool to identify elements of consultations that you feel went well or analyse consultations that you would do differently next time.

## Points for practice

- An individualised, non judgemental approach to older people with physical and/or mental challenges is essential.
- Listen to what your patient wants from you and involve them in finding solutions to their medicines related issues.
- Consider how to use PETAL to support better consultations.
- Structure your consultation to make the most of the time you have with your patient using the 'Five As' model. Use the 'Four Es' to help you with questions.
- Use your experiences as a way to identify and address your learning needs.

## Conclusion

Older people are fellow members of our society who may have multiple comorbidities with physical and cognitive challenges to communication. The role of the healthcare professional in a pharmacy setting is to identify what the older person needs from a pharmacy consultation and, using an individualised approach, facilitate an interaction that optimises patient health and well-being.

### Declaration of interests

Professor Barnett has nothing to disclose.

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