Ageism in Healthcare: the elephant in the room

Geriatric Medicine Division Noon Rounds
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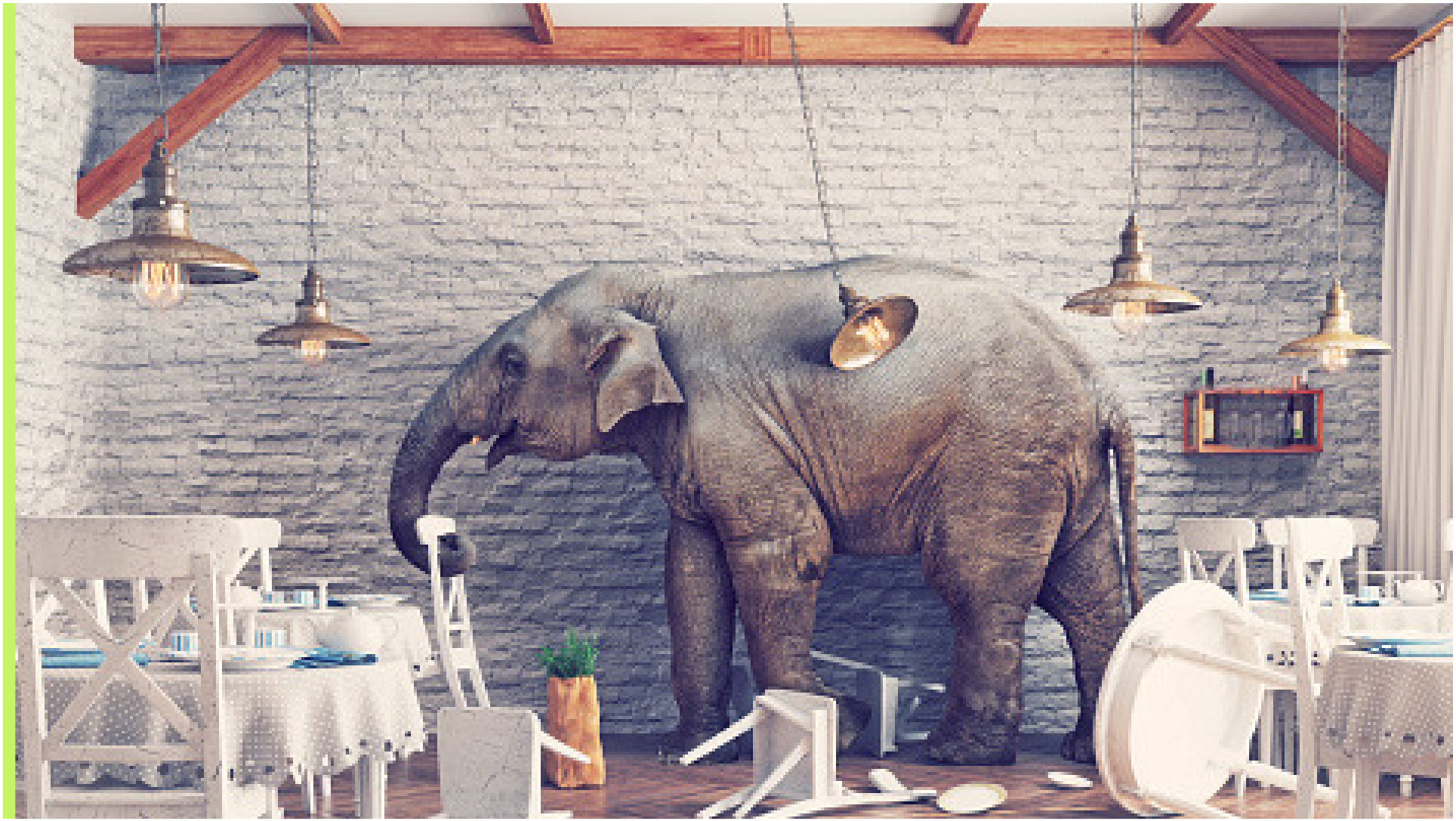


Objectives

- Describe and define ageism: what is it, and why should we care?
- Recognize the impact of ageism on healthcare outcomes for older adults
- Review of evidence-based interventions to promote anti-ageism

1.

What's ageism, and why should we care?

Stereotyping, prejudice, or discrimination against people on the basis of age

Butler, 1969

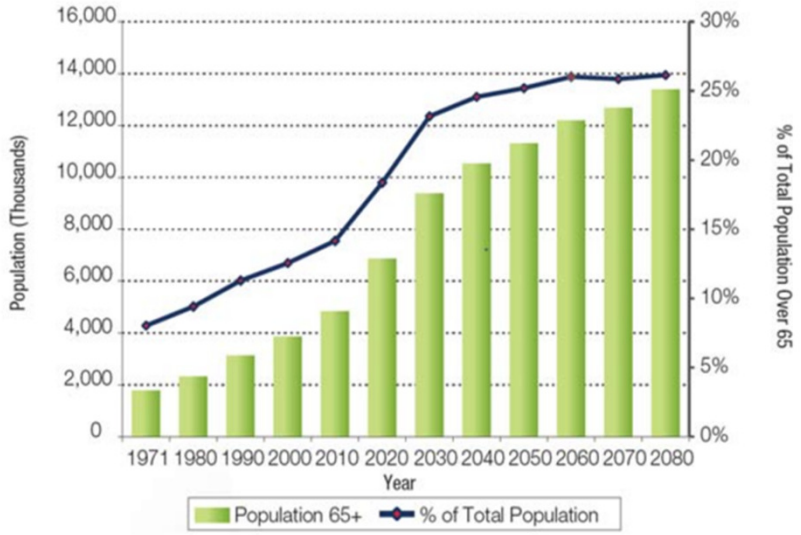
Ageism is…

- Prevalent and steadily increasing
- Entrenched and systematic
- Explicit and implicit

…AND LEADS TO
POORER CLINICAL OUTCOMES

The growing population

Table 1: Total and share of population 65 and over by decade, 1971–2080



- By 2030, adults ≥65 years will make up nearly 25% of Canadians
- Average life expectancy also expected to increase

StatsCan, 2021

What does ageism look like?

- Application of stereotypes of older adults
  - Negative stereotypes prevail the older they are perceived
- Discriminatory behavior towards older persons
  - Exclusion of older persons adults with multiple chronic illnesses from clinical trials
  - Withholding treatments based solely on age
  - Etc.

Fitzsimmons et al., 2012; Fiske et al., 2002


Slow
gullible
retirement
elderly
friendly
knowledgeable
funerals
looking
knowledgable
Retirement
victim
drivers
humorous
complaining
Sick
worried
insurance
old
silly
helpless
fragile
risk
vulnerable
thoughtful
grandparent
incontinent
forgetful
loving
poor
na
problems
Caring
sick
seen
bad
older
grandparents
help
retired
relaxed
smart
elder
grumpy
lonely
Funny
Dying
happy
strong
unhealthy
competent
confused
caring
funeral
retirees
retiring
fun
sad
nomads
useless
Insurance
rich
sensible
medical
grey
healthy
sure
planning
travellers
worthy
frail
helpful
nil
death
Need
needy
Loving
boring
ill
wise
stupid
enjoying
upbeat
wealthy
dying
Knowledgable
Frail
Active
carefree
nothing
weak
tired
care
capable
assistance
intellegent
Grandparent
Poor
Friendly
Needy
aged
pensioners
slow
retired
happy
afraid
content
Grandparents
Needing
Lonely
issues
dumb
burden
Vulnerable
experienced
forgetful
funny
Alone
money
life
needing
Gullible
independent
Funeral
humourous
Old
health
active
vulnerable
Wise
Forgetful
victims


SO WHERE IS MY
SENIOR CITIZEN
DISCOUNT


What channel is
The Netflix

An expensive problem

- Older persons often seen as an “economic burden” on healthcare
- 1-year costs of ageism on health conditions for all persons aged ≥60 years:

$63 billion, or…

$1 in every $7

Levy et al., 2020

In fact…

- Large majority of older adults are active in later life and contribute to national economies
- In Canada:
  - 80% of seniors participate in social activity on at least a monthly basis
  - 36% perform volunteer work
  - 13% actively participate in work force
- Also “intangible” contributions: family support, caregiving, experience and expertise, intergenerational knowledge

Inouye, 2021; StatsCan 2021

2.

Ageism and Healthcare Outcomes

Two major areas

1. Impact on quality of geriatric care
   - Poorer outcomes in mortality, quality of life
   - Underdiagnosis, undertreatment (and the opposite)
   - Patient-provider communication

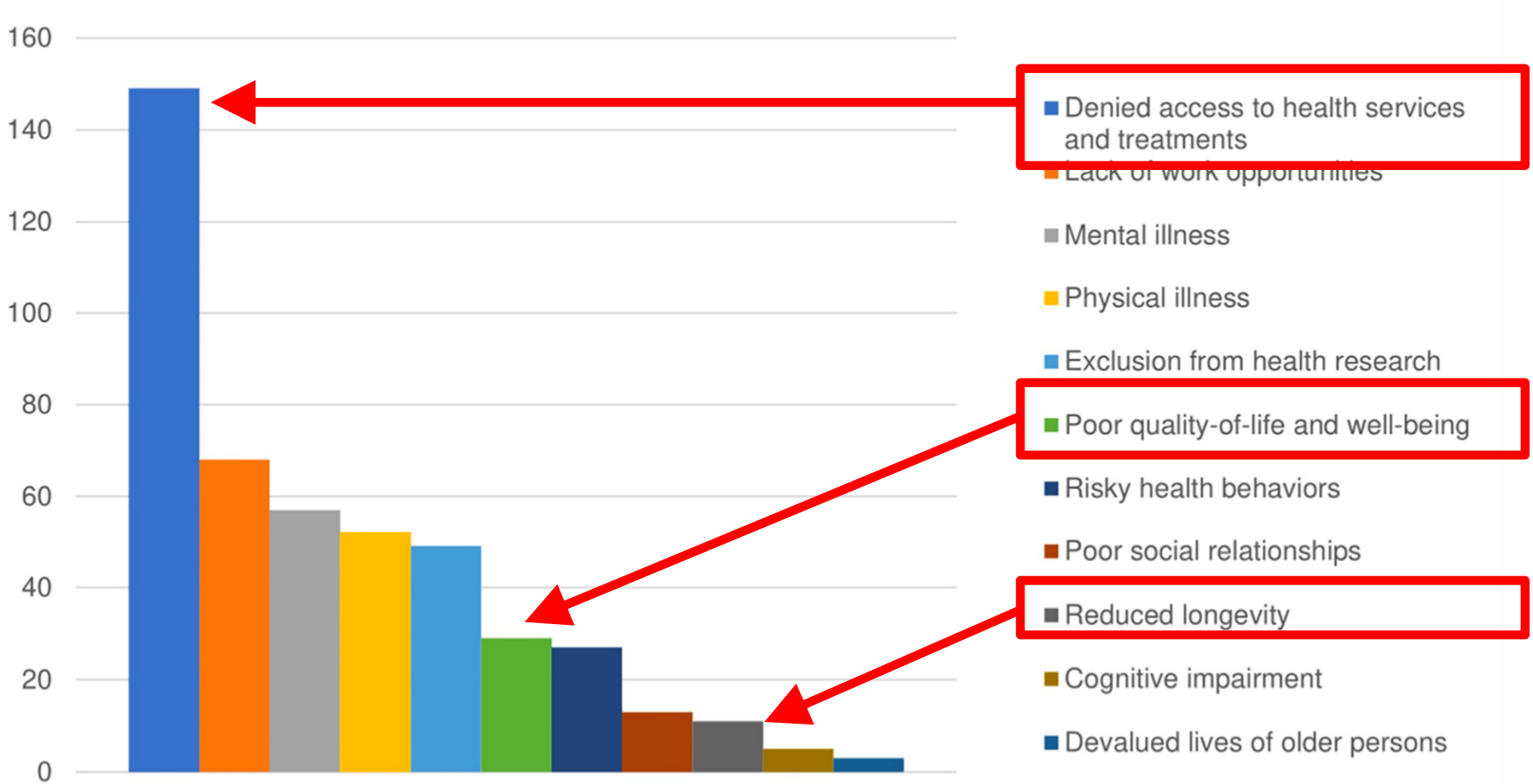
2. Effects the habits and behaviors of older adults themselves

Inouye, 2021; StatsCan 2021

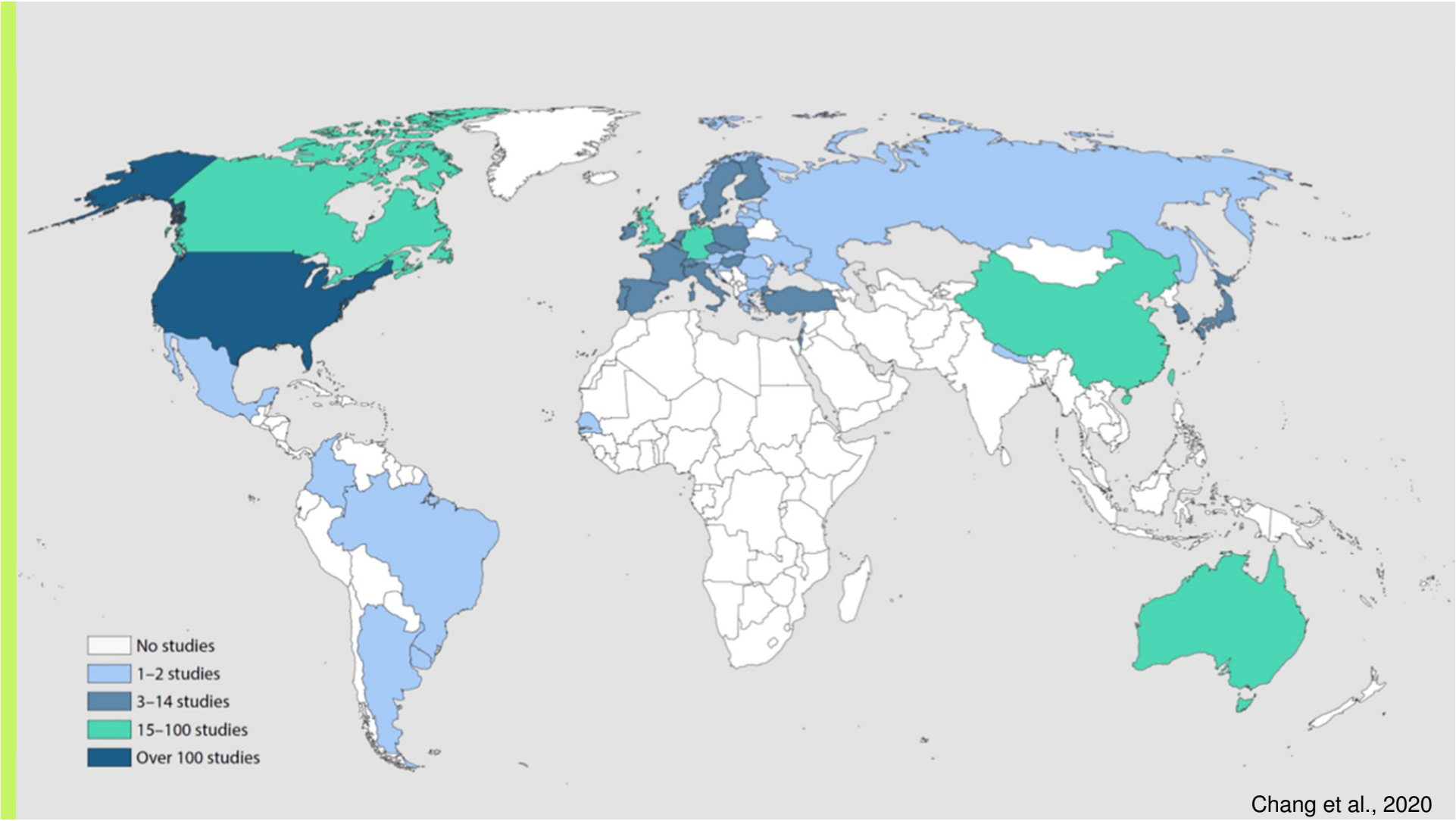
Poorer outcomes in multiple domains

- Chang et al., 2020: large systematic review with 422 studies included
- Impact of ageism at structural and individual level, across geography and race/ethnicity
- Ageism associated with significantly worse health outcomes in 95.5% of studies, in domains of:
  - Reduced longevity
  - Poor quality of life
  - Denied access to healthcare and treatment

Chang et al., 2020



Chang et al., 2020



Chang et al., 2020

Underdiagnosis

- Dismissing treatable pathology as a feature of old age (premature closure, anchoring bias)
- Example: the use of “failure to thrive”
  - 88% of patients admitted with that label had an acute medical illness
  - Associated with delays in care in the ED, longer lengths of stay in hospital

Tsui, Kim, and Spencer, 2020

	FTT (hr:min)	Controls (hr:min)	*p*-value
Times from			
Triage to ERP	2:00	0:49	0.02*
ERP referral to admitting service	4:29	3:43	0.21
Referral to assessment by admitting service	4:13	2:41	0.04*
Total times			
Triage to admission	10:40	6:58	0.001*
Triage to ward	16:30	13:55	0.07

Tsui, Kim, and Spencer, 2020

Undertreatment

- Withholding or denying access to treatment based solely on age
- Examples:
  - ESRD: age-based limitations in access to hemodialysis and transplantation
  - CAD: More likely to be treated with medical management rather than surgical, and less likely to receive treatment per guidelines
  - Lung cancer: lower likelihood of referral for surgery
  - Critical care: more likely to have life-sustaining treatments withheld, after controlling for patients' prognosis and care preferences

Peake et al., 2003; McLaughlin et al., 1996; Hamel et al., 1999; Inouye, 2021

The opposite is also true…

- Intensive treatment of frail older adults where harms outweigh benefits; causing iatrogenesis and unnecessary harm, suffering
- Use of tests, treatments, procedures without evidence of benefit
  - Example: breast cancer
  - Axillary lymph node dissection when sentinel lymph node biopsy is sufficient
  - Referral to radical mastectomy when breast-conserving surgery would suffice

Du Montier et al., 2020

Patient-provider communication

- Physicians less patient, less engaged, less responsive to issues raised by patient
- More likely to use “elderspeak”: slow pace, exaggerated intonation, elevated pitch and volume, simpler vocabulary
- More likely to assume a patient is cognitively impaired
  - Not explaining details of an illness
  - Speaking to caregivers and family members instead, excluding patients from discussion

Ben-Harush et al., 2017; Wyman, 2018

Effects on older individuals

- Assimilation of culturally and societal ageist attitudes into negative self-perception
- Shown to be associated with:
  - Lower likelihood to seek healthcare
  - Lower engagement in preventative behaviors
  - Lower social supports: poor social engagement, leading to social isolation

Villiers-Tuthill et al., 2016; Levy et al., 2014; Gu et al., 2017

Ageism and mental health

- Older persons with negative age stereotypes had higher incidence of mental health issues like depression
- Associated with increase in depressive symptoms over time
- When older persons resisted negative age stereotypes, less likely to experience suicidal ideation, anxiety, PTSD

Levy et al., 2014

Ageism and cognition

- Multiple studies have found negative age stereotypes predicted worse cognitive performance
  - One study found negative age stereotypes predict Alzheimer's biomarkers
  - In another study, when older individuals randomly exposed to patronizing speech, performed significantly worse on cognitive task than controls not exposed

Levy et al., 2016; Hehman and Bugental, 2015

Ageism and physical illness

- Negative self-perceptions associated with reduced longevity, reproduced across multiple national studies
- Also more likely to experience functional impairment, chronic conditions, acute exacerbations of medical illness, and increase hospitalizations
  - 31% less likely to recover from severe disability

Levy et al., 2012

3.

Promoting anti-ageism in healthcare

Challenges in combating ageism

- Present on multiple levels, embedded in cultural, social norms
- Healthcare training:
  - Medical students list reasons not to choose geriatric medicine: “not an exciting area,” “too complex”, “overwhelming,” “not comfortable with ambiguity”
  - Treatment of older adults seen as “futile”
- Healthcare systems and delivery
  - Limited resources; use of pattern recognition in triage
  - Disproportionate reimbursement, poor quality of life, lack of role models, “generation gap”

Meiboom et al., 2015; Lee et al., 2013

Reconstructing ageist attitudes

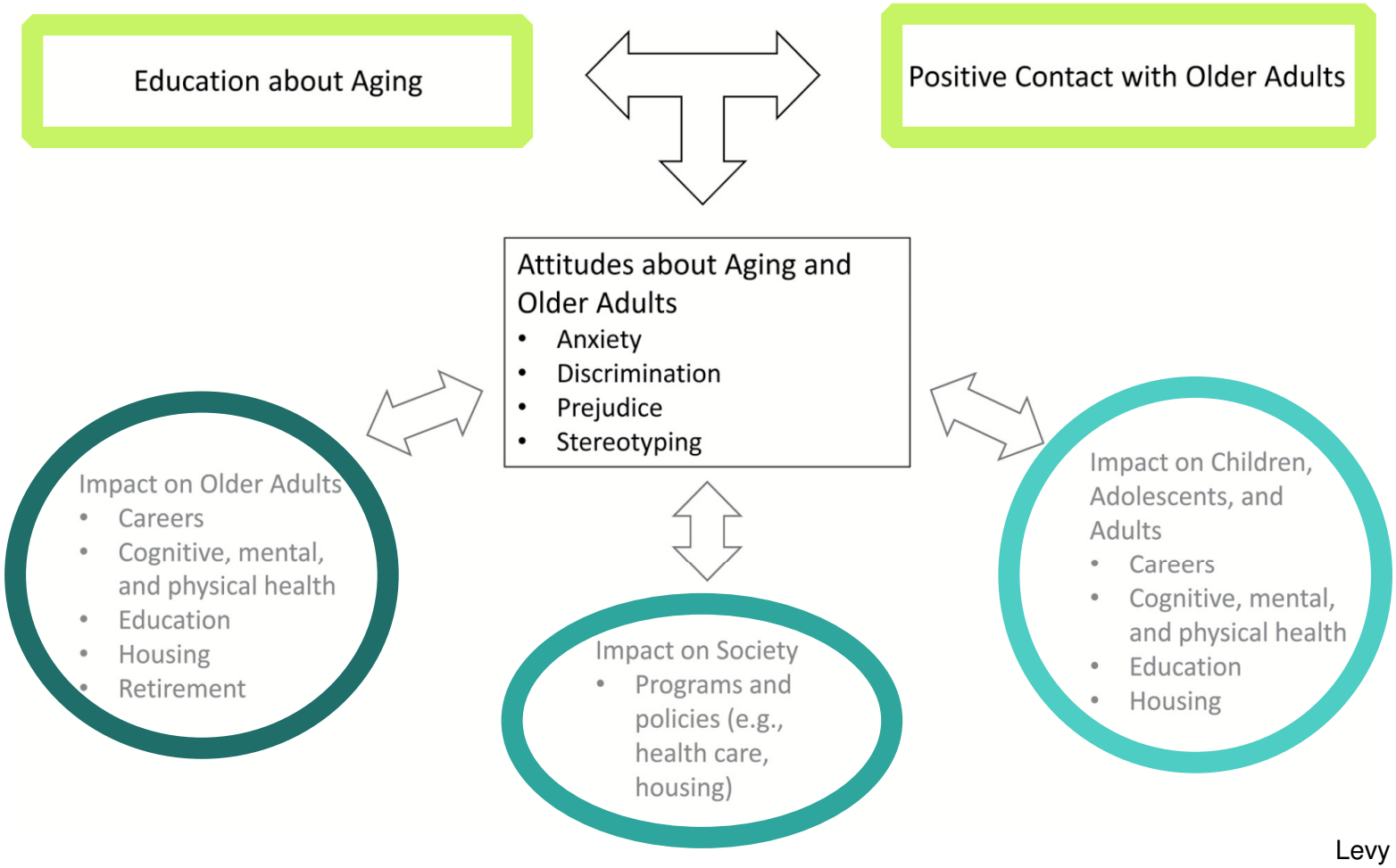
- Burnes et al., 2019: systematic review and meta-analysis
- Assessed relative effects of 3 intervention types to reduce ageism among youth and young adults:
  - Education
  - Inter-generational contact
  - Combination of the two
- Strong effect on improving attitudes, knowledge, and comfort around older adults
- No significant effect on anxiety or increase in working with older adults

Burnes et al., 2019

Positive education

- Facts on aging
- Use of positive older role models
- Individualized, positive contact experiences with older adults
- Providing or promoting equal status through sharing of life stories

Levy SR, 2018


Education about Aging
Positive Contact with Older Adults
Attitudes about Aging and Older Adults
• Anxiety
• Discrimination
• Prejudice
• Stereotyping
Impact on Older Adults
• Careers
• Cognitive, mental, and physical health
• Education
• Housing
• Retirement
Impact on Society
• Programs and policies (e.g., health care, housing)
Impact on Children, Adolescents, and Adults
• Careers
• Cognitive, mental, and physical health
• Education
• Housing

Levy SR, 2018

Challenges in healthcare

- Atypical presentations of disease
- Polypharmacy and inappropriate use of medications
- Fragmented, organ-system based approaches
- Barriers in access
- Insufficient involvement of family caregivers
- Underutilization of preventive care
- Exclusion from clinical trials

Inouye, 2021

Multi-faceted approach

- Identify explicit and implicit ageism, e.g. reframing negative attitudes and stereotypes; attention to use of language
- Identifying the barriers to access care:
  - Handle environmental barriers (physical, cognitive, sensory, etc.)
  - Build digital capacity
  - Involve a multidisciplinary team that includes caregivers
  - Create coordinated interdisciplinary care, with focus on goal-directed, person-centered care

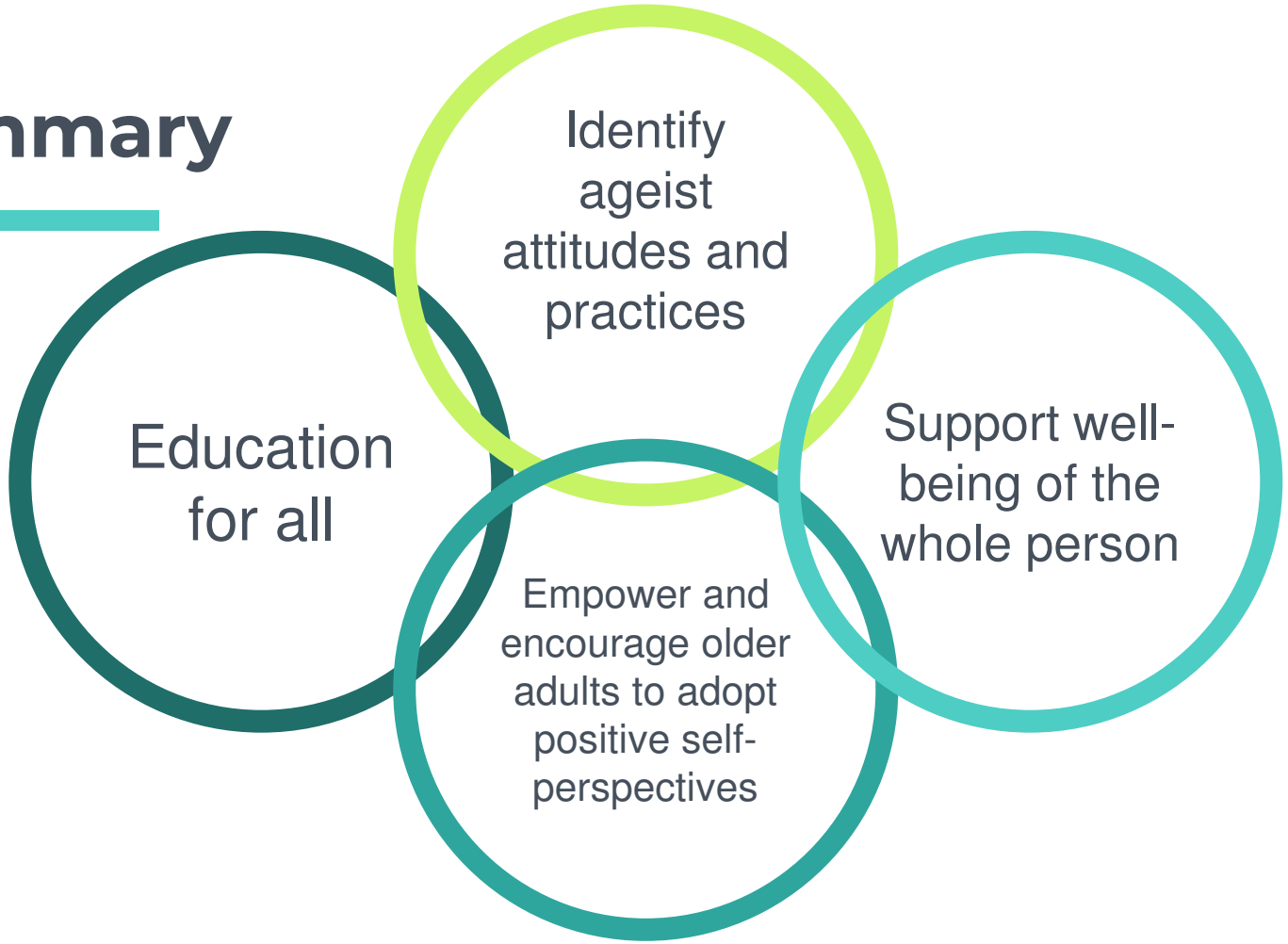
Lundeberg et al., 2017; Inouye, 2021

Multi-faceted approach

- Education for healthcare workers around:
  - Recognizing the often non-specific presentation of serious disease, e.g. falls, delirium, “failure to thrive”
  - Recognize polypharmacy and collaborate with clinical pharmacists; use clinical tools like FORTA, Beers’ Criteria
  - Highlight the unique aspects of clinical care in older adults

Inouye, 2021

Summary


Identify ageist attitudes and practices
Education for all
Support well-being of the whole person
Empower and encourage older adults to adopt positive self-perspectives

Thanks!

Questions and comments

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Healthcare challenge	Potential solutions to consider
Atypical presentation of disease	• Highlight frequent nonspecific presentation of serious disease in older adults, such as falls, delirium, dizziness and failure-to-thrive • Build safety net and follow-up systems to avoid missed or delayed diagnoses
Polypharmacy and inappropriate use of medications	• Collaborate with clinical pharmacists • Highlight frequent polypharmacy, adverse drug reactions, drug–drug and drug–disease interactions, sensitivity to psychoactive medications and need for dosage adjustments • Use of Beers criteria to reduce polypharmacy and exposure to inappropriate medications
Lack of knowledge in healthcare professionals	• Training of all healthcare professionals across settings • Education and training about unique aspects of clinical care in older adults • Attention to implicit bias and ageism: reframe negative attitudes
Organ-system-based approaches to clinical care	• Avoidance of sub-specialized, fragmented care • Create coordinated interdisciplinary care • Establish incentives for goal-directed, person-centered care guided by preferences of older adults • Geroscience-based approaches to maximize healthy lifespan
Barriers in access to health care	• Address clinical barriers, including patient-level and provider-level barriers as well as insurance and financing • Develop age-friendly healthcare systems globally • Handle environmental barriers for those with impairments in physical or cognitive function, hearing or vision, or literacy • Build digital capacity for older adults • Attend to social-cultural issues, including anxiety, fear and distrust • Involve older adults, family caregivers and geriatricians in the solutions
Insufficient involvement of family caregivers	• Involve family caregivers for optimal care of older adults, particularly those with frailty and dementia • Use of family caregivers to enhance communication, monitor treatments, and improve adherence and follow-up
Underutilization of preventive care	• Address patient, provider and system factors that lead to underutilization of effective preventive care for older adults
Denial of life-sustaining treatment	• Utilize interdisciplinary groups including geriatric experts to consider complex decision-making in access to life-sustaining treatments and procedures, particularly during times of critical shortages • Avoid rationing by age alone
Exclusion from clinical trials	• Address barriers to participation: train staff, develop alternatives to internet-based participation, enlist family members for proxy consent if needed and minimize exclusion for stable comorbidities • Involve geriatricians in enrolment design and staff training • Assure equitable access to new vaccines and therapies