Polypharmacy and the Older Adult

According to Rotermann, Sanmartin, Hennessy, and Arthur (2015) 70% of Canadians aged 65-79 are taking two or more prescription medications every day. Furthermore, it was concluded that the remaining 30% of this population used five or more medications concurrently. These findings emphasize the prevalence of polypharmacy and its dominance within the older adult population.

Importance of Verbal and Non-Verbal Communication

Multiple studies have found that older adults often feel that time spent with their healthcare providers (HCPs) is limited. One study revealed seniors to often “feel rushed” or that their HCP is “too busy” (Heinrich & Karner, 2011). Additionally, a study by Tarn, Paterniti, Orosz, Tseng and Wenger (2013) found that HCPs often do not take the time to properly educate their patients on pertinent medication information, including purpose and directions for use. As a result, medication adherence and patient outcomes decrease.

As HCPs, it is crucial that we are using appropriate verbal and non-verbal communication tools when communicating with older adult (Public Health Agency of Canada (PHAC), 2010). This promotes the sufficient exchange of information, while also allowing the HCP to determine the older adult’s level of comprehension. According to the PHAC, HCPs need to ensure they are using plain language, allowing time for questions or concerns, and show courteous attention throughout the entirety of the conversation. The attached checklist was developed based on the PHAC’s principles of effective verbal and non-verbal communication, with respect to the Canadian Patients’ Bill of Rights and promoting clinical health outcomes.

Patients’ Bill of Rights

(1) The right to be fully informed about one’s medical condition
(2) The right to be advised of the available treatment options
(3) The right to be involved in treatment decisions
(4) The right to receive considerate, compassionate and respectful public health services;
(5) The right to be informed of all rights and responsibilities under the bill and under other laws of Canada or a province with respect to public health services.

*Please note that this is not an exhaustive list of all Patients’ Rights, but those that are relevant to medication administration and effective communication.

(Government of Canada, 2002)
## Checklist for Healthcare Providers

### Verbal Communication
- ✓ Ask the person to list questions or concerns before an office visit.
- ✓ Ask the person how they prefer you to address them (Mrs., first name, etc.)
- ✓ Use open-ended questions to elicit information.
- ✓ Summarize information provided by the client to check your comprehension or the facts.
- ✓ Avoid formality and professional jargon; speak to the person’s level of vocabulary and understanding.
- ✓ Offer checklists or other plain-language material to back up oral instructions.
- ✓ Make sure your client has understood you by asking that he/she summarize what was said.
- ✓ If the client doesn’t understand, rephrase the sentence; don’t just repeat the same words or say them louder.

### Non-Verbal Communication
- ✓ Avoid establishing physical barriers (across desk) between you and the client.
- ✓ Remain seated during the conversation.
- ✓ Show courteous attention; demonstrate interest in what they’re saying.
- ✓ Show (don’t just tell) the client how to do something.
- ✓ Maintain eye contact; communicate occasionally through touch if appropriate.
- ✓ Avoid doodling or fiddling.
- ✓ Stay alert to non-verbal cues that contradict or supplement verbal communication.
- ✓ Stay focused on the client; don’t consult your schedule or watch.

(PhAC, 2010, p.18)
References


