ARIZONA CENTER ON AGING
Sponsored by:
Donald W. Reynolds Foundation
Arizona Geriatric Education Center

August 2012

ELDER CARE

A Resource for Interprofessional Providers

HGNI
A program of the Hartford Geriatric Nursing Initiative

Improving Communication with Older Patients

Jake Harwood, PhD, Department of Communication, University of Arizona

Older adults often experience sub-optimal communication during their visits to clinicians. This issue of *Elder Care* provides recommendations for effective communication with older patients who are not suffering from serious cognitive decline or hearing loss, emphasizing how to make appropriate accommodations while avoiding those that can impair communication or result in patient dissatisfaction. The December 2010 issue of *Elder Care* discussed communicating with adults who have hearing loss.

Older adults typically experience three main problems that contribute to miscommunication with clinicians: (a) memory-related problems, (b) problems caused by companions, and (c) patronizing speech delivered by health care providers.

Memory Problems

Older people often suffer from declines in working memory. Working memory is what we use when we try to hold a number of thoughts in our mind at the same time and integrate or manipulate them. Even a mild decline in working memory can cause challenges in understanding complex sentences. The more complex the grammar, the more likely it is that some portion of the sentence will be forgotten while listening to another portion of the sentence. What should you do about this?

- Recommendation 1: Avoid complex sentences involving multiple clauses. This does not mean restricting language to short sentences. It means avoiding sentences that contain multiple thoughts that are inter-related. See Table1 for examples.
- Recommendation 2: When possible, information presented verbally should be supplemented with written material prepared at an appropriate reading level.
- Recommendation 3: Repeat and rephrase critical material to ensure effective transmission.
- Recommendation 4: Pay extra attention in checking for comprehension with the patient. Pay attention to verbal cues and ask patients to state their understanding of what you have told them.
- Recommendation 5: Talk at a normal or slightly slower rate. Avoid talking fast or extra-slow.

Table 1: Effective Rephrasing of Complex Sentences

Complex Sentences	Effective Rephrasing
"The medication that I'll be prescribing to treat your condition may have a couple of side effects."	"I'm going to prescribe you some medication. This medication may have a couple of side effects."
"When you feel dizzy and have to sit down suddenly, are there things that happen right before that which you think might cause it?"	"Are there things that happen right before you feel dizzy?"

Problems Caused by Companions

Older adults are frequently accompanied on health care visits by a companion – often a family member or close friend. While companions can serve positive functions, such as providing additional information or helping remember what the clinician has said, those companions can cause several problems in communication between patients and clinicians.

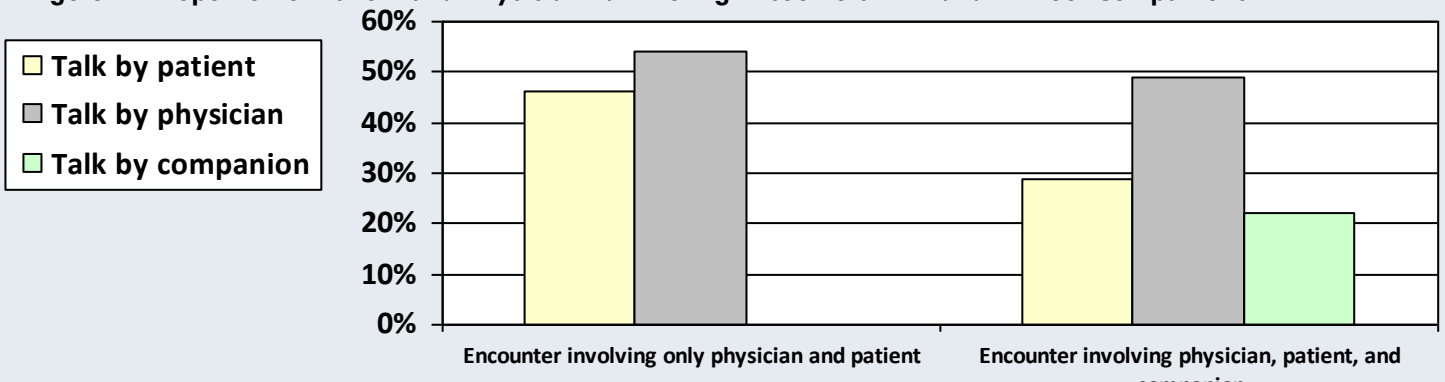
First, research shows that patients talk substantially less when companions are present in the health care encounter, reducing the amount of information that a health care provider can receive "first hand" from the patient (Figure 1). Second, clinicians and companions sometimes talk about the patient as if the patient was not

TIPS for Improving Communication with Older Adults

- Reduce grammatical complexity of spoken language.
- Avoid using "baby talk" or addressing the patient with endearing or cute names, such as "Sweetie" or "Honey."
- Don't speak extra loud, or with an exaggerated or high-pitched intonation.
- Speak at a normal conversational pace. Avoid speaking very quickly or very slowly.
- Repeat and elaborate on important points.
- Provide written information to supplement what you tell the patient orally.

Continued from front page

Figure 1. Proportion of Patient and Physician Talk During Encounters With and Without Companions



Data from Ishikawa et al. Soc Sci Med, 2005

there, and the patient becomes excluded from the discussion. Third, the companion may sometimes provide incorrect information. On rare occasions, that incorrect information might be purposely provided to conceal elder abuse. What can you do about this?

- Recommendation 1: Double-check directly with patient symptoms and concerns that have been presented by a companion.
- Recommendation 2: Address as much communication as possible to the patient, and avoid referring to the patient as "him/her" or "he/she" while talking with companions.
- Recommendation 3: If a companion is impairing effective and direct communication with the patient, or if patient appears uncomfortable with the companion's presence, arrange to talk with the patient one-on-one.

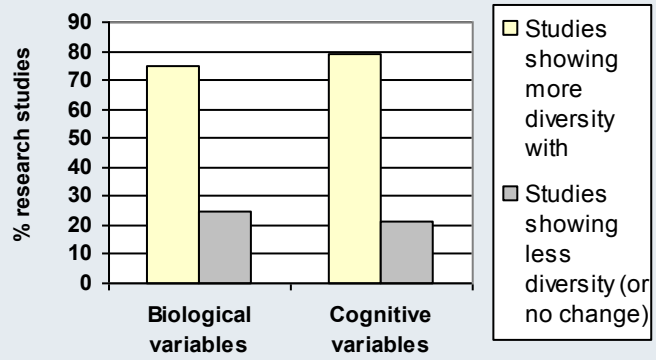
Patronizing Speech

Ageism is a set of beliefs, deeply ingrained in society, about the inevitability of declining health, limited capabilities, and impaired intellect of older people. As a result of these beliefs, many clinicians instinctively use patronizing speech when talking to older adults. Examples of patronizing speech include using pet names ("sweetie," "honey"), using very short and simple sentences (baby talk), and using exaggerated or high-pitched intonation. Such speech modifications impair older people's comprehension.

Research shows that the concepts of ageism are incorrect (Figure 2). There is more diversity in biological and cognitive variables among older adults than is seen in younger people. Furthermore, older adults who themselves internalize ageism's concepts about old age are less likely to seek medical care and they die younger than older adults who resist ageism. Hence, attitudes towards older adults should not be patronizing, nor should clinicians assume decline:

- Recommendation 1: Resist the temptation to use pet names and baby talk with older adults.
- Recommendation 2: Remember that older adults are a diverse group, and that communication should be tailored to individual patients' needs, not to a health condition or the age of a patient.

Figure 2. Biological and Cognitive Diversity with Age



Data from Nelson and Dannfer, Gerontologist, 1992

References and Resources

Dreher BB. Communication skills for working with elders. New York: Springer, 2005.
Harwood J. Understanding communication and aging. Thousand Oaks, CA: Sage, 2007.
Nussbaum JF, Fisher CL. A communication model for the competent delivery of geriatric medicine. Journal of Language and Social Psychology, 2009; 28:190-208.
Ryan EB, Meredith SD, MacLean MJ, Orange JB Changing the way we talk with elders: Promoting health using the communication enhancement model. International Journal of Aging and Human Development. 1995; 41:87-105.

Interprofessional care improves the outcomes of older adults with complex health problems

Editors: Rosemary Browne, MD; Mindy Fain, MD; and Barry D. Weiss, MD
Interprofessional Associate Editors: Karen D'Huyvetter, ND, MS; Carol Howe, MD, MLS; Colleen Keller, PhD, FNP; Lynne Kirk, MD; Teri Kennedy, PhD, LCSW, MSW; Jeannie Lee, PharmD, BCPS; Jane Mohler, NP, MPH, PhD; Lisa O'Neill, MPH
The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | http://aging.medicine.arizona.edu

Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and Arizona Center on Aging