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ELDER CARE

A Resource for Interprofessional Providers

Ageism

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Definition

Ageism is a form of discrimination defined by the World Health Organization as “stereotyping, prejudice, and discrimination against people on the basis of their age.” Ageism is a widespread and insidious practice that can have harmful effects on the health of older adults.

Ageism is Common

Since the term was coined by Dr. Robert Butler in 1968, it has become clear that ageism is common in our society. For many older people, ageism can be an everyday challenge. Ageism has the potential to marginalize and exclude older people in their communities. Older adults are at risk for being overlooked for employment opportunities and restricted from social services. They are sometimes stereotyped in the media, where they may be portrayed as weak and dependent. This ageist attitude can leave older adults overlooked at best and mistreated at worst. It can inhibit funding of infrastructure changes for ageing populations and encourage a cost-control approach to policies. With the language used to describe aging populations, negative perceptions are reinforced by using terms such as “tidal wave” and “tsunami.” Cultural perceptions of aging can cause discomfort in young and middle-aged populations when it comes to the idea of growing old. Fears of disease, disability, powerlessness, uselessness and death are pervasive.

Ageism Harms Patients

Research shows that ageism can negatively affect health. Patients with a more positive self-perception of aging have an average of 7.5 years longer lifespan. Older persons with positive aging stereotypes are 44% more likely to recover from severe disability. Yet in the U.S. 1 in 5 older adults have experienced ageism that may then be internalized as negative perceptions of aging. Those who believe health problems are unavoidable as they age have been found to engage in fewer preventive behaviors.

They are less likely to see a physician regularly and more likely to engage in unhealthy lifestyle behaviors (tobacco use, alcohol consumption, poor diet, lack of exercise and poor medication compliance). Negative stereotypes of aging even decrease memory performance. When older patients feel they are a burden or that their lives are of lesser value, they have increased risk of depression and isolation.

Ageism Influences Clinicians

Healthcare is not exempt from ageism and implicit bias towards older people. Negative associations have been found between medical trainees’ own death anxiety and their desire to work with older adults. In fact, as early as medical school, perspectives towards older patients are affected by ageism. Students sometimes report feeling frustration in their interactions with older patients. Older adults are commonly perceived as cognitively impaired and medically complex, with high social needs. Frustration can increase as clinicians try to accomplish complex evaluations and treatment in a fragmented care system with limited appointment times.

Not only does clinician attitude affect patient health, but clinician knowledge about healthy aging is not commonly prioritized in medical education. This leads to two dangers: clinicians may dismiss treatable conditions as “just old age” or they may cause iatrogenic harm by treating expected changes of aging as if they are a disease. As the worldwide population 60 years and older is the fastest growing age group, these medical misperceptions represent significant potential harm.

Older adults see physicians an average 12 times a year. This provides an opportunity for continuity and positive discussions surrounding aging. Clinicians have a unique and important role in reinforcing positive perceptions of aging with every patient. The table on the next page provides suggestions for how to decrease ageism in the health care system.

TIPS FOR DEALING WITH AGEISM

- Increase your awareness of implicit bias regarding aging.
- Increase your knowledge of aging processes to better diagnose and treat common problems of older adults.
- Consider the steps outlined in the table (next page) to help better meet the needs of older adults.

ELDER CARE

Continued from front page

How can we better serve our older patients and reduce ageism?

- Evaluate your own attitudes and beliefs and work to overcome implicit bias.
Start with a self-evaluation tool like this one: <https://implicit.harvard.edu/implicit/takeatest.html>. It is a self-test that helps identify your own implicit bias. The first step is naming the bias. Then you can take steps to address the areas you are most confronted with bias in your day-to-day work.
- Actively promote a positive view of aging in your care of patients of all ages.
 - ◇ Do not support or accept language such as “I’m just getting old” or even joking comments like “well, it must be because I’m getting older.”
 - ◇ Do not allow preventable conditions to be attributed to aging alone; acknowledge the modifiable risk factors and address the difficult but accomplishable changes that could be made (e.g., osteoarthritis depends on BMI, activity level, and diet, not just age).
 - ◇ Highlight thriving older adults and the roles they fulfill in your community in your conversations with younger community members.
- Refute discriminative perspectives of ageism.
Understand the evidence of function of the older adult population (example: contrary to what many people think, only 3.1% of adults age ≥65 reside in skilled nursing facilities at last U.S. Census).
- Make positive language changes.
Learn and use language that does not reflect ageism.
 - ◇ Use “older adult” instead of “elderly.”
 - ◇ Avoid terms like “cute,” “little old lady,” or “sweetie,” and don’t use baby talk.
- Use effective communication with older patients.
 - ◇ Read the Elder Care Sheet on Improving Communication with Older Patients.
See: https://www.uofazcenteronaging.com/document/improving_communication_with_older_patients.html.
 - ◇ Do not assume all have hearing loss or cognitive impairment.
 - ◇ Talk to patient directly and first, not just to caregiver.
- Respect that there is genetic, biologic and cognitive diversity with aging.
 - ◇ See each person as a unique individual.
- Educate yourself about the normal aging processes to provide high standards of care.
 - ◇ Avoid over-treating expected changes of aging (e.g., changing sleep patterns don’t mandate drug treatment). Recognize treatable conditions as abnormal pathology and provide effective interventions.
- Expand your use of adaptive equipment such as pocket talkers and mobile exam tables.
- Advocate for health systems that:
 - ◇ Allow more time to evaluate and treat older adults.
 - ◇ Prioritize home visits, phone follow-ups and team based care.
 - ◇ Fairly reimburse primary care and complexity in clinical work.

References and Resources:

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

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