Differentiating Atypical Presentation of Common Acute and Chronic Illnesses in Older Adults

Kathleen A. Ennen, PhD, RN, CNE
University of Mount Olive, NC
&
Melissa Batchelor-Aselage, PhD, RN-BC,FNP-BC
Duke University School of Nursing, NC
Learning Outcomes

Participants will be able to ----

• describe the atypical presentation of acute & chronic illnesses in older adults.

• differentiate typical versus atypical presentation of heart failure, acute MI, pneumonia, UTI, peptic ulcer disease, and depression in the older adult.

• discuss teaching strategies regarding gerontological nursing and atypical illness presentation in older adults for use with both RNs and student nurses.
Why care? (Resources 50+ Fact & Fiction)

- Baby Boomers
  - > 77 million
  - 2015 those 50+ years = 45% of the U.S. population
- 60% of those 50-64 years of age already have at least one chronic illness
- Older adults are the “core” business for healthcare systems
  - 70% of medical-surgical unit patients
  - Use ~ 48% of all in-patient days
RNs & Older Adult Care Today

- Need enhanced educational preparation in care of the older adult
  - promote appropriate healthcare outcomes
  - Early detection of illness by recognizing atypical presentations

- Need to be able to discern the atypical signs & symptoms of common acute illnesses
  - Prevent treatment delay & re-hospitalizations
Age-Related Physiologic Changes
(Gray-Vickrey, 2010)

- Sensory - vision; hearing; integumentary system
- Musculoskeletal – bone mass & density; joint mobility
- Neurological – diminished perceptions deep pain & temperature
- Cardiac – orthostatic hypotension; increased heart size
- Pulmonary – shallow breathing; increased time for RR to return to normal after activity
- Gastrointestinal – delayed gastric emptying; decreased anal tone
- Genitourinary – decreased bladder capacity
Age-Related Physiologic Changes
(Emmett, 1998; Peters, 2010)

- Impaired renal & hepatic flow
- Poor homeostatic mechanisms
  - BP, body temperature, blood glucose, thirst
- Blood pressure fluctuations, impaired cardiovascular function, and irregular heart rates
  - Increased vascular stiffness, heart valves thickened, vessels sclerosed, SA node thicker, decrease in number of pacemaker cells, baroreceptors less sensitive
- \(O_2\) saturation diminishes slightly
Older Adults & Atypical Presentation

- Illnesses often masked by
  - typical physical changes
  - multiple medical problems common to aging

- Expert nurses may well recognize the early atypical signs & symptoms of common acute illness

- General practice professional RNs often lack the special clinical recognition skills needed to analyze & synthesize assessment data and adequately intervene for the older adult
Atypical Presentation

(Emmett, 1998; Gray-Miceli, 2007; Peters, 2010)

- Atypical Presentation ---
  - patients with no signs or symptoms
  - unusual signs and symptoms that are unrelated
  - even the opposite of what is usually expected

- Why do older adults present common illnesses differently? (Emmett, 1998)
  - Age-related physiologic changes
  - Age-related loss of physiologic reserve
  - Interactions of chronic conditions with acute illness
  - Polypharmacy
  - Underreporting of symptoms
Atypical Presentation

(Gray-Vickrey, 2010, p.34)

• Example --- Looking for the “pearls” ---
  • Mrs. Hutchinson, 74 y/o, is admitted to same-day surgery with a diagnosis of stress incontinence scheduled for retropubic suspension.
  • Preop assessment slightly confused; Temp is 98.8°F; RR is 28; HR is 92; & BP is 142/82. Cardiac rhythm regular, no extra heart sounds or murmurs. Resps shallow, BS at bases diminished. She c/o nausea & says she’s “just not feeling good.”

• What do you think???
<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
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<tbody>
<tr>
<td>• Acute confusion; delirium</td>
<td>• Reduced mobility</td>
</tr>
<tr>
<td>• Failure to:</td>
<td>• Generalized weakness</td>
</tr>
<tr>
<td>• Eat or drink; anorexia</td>
<td>• Falling</td>
</tr>
<tr>
<td>• Develop a fever in light of leukocytosis</td>
<td>• Fatigue</td>
</tr>
<tr>
<td>• Lack of pain with a disease known to cause pain</td>
<td>• Urinary incontinence</td>
</tr>
<tr>
<td>• PPUD</td>
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</tbody>
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Classic Signs & Symptoms of Atypical Illness Presentation in Older Adult
Heart Failure in Older Adult

(Amella, 2004; Emmett, 1998)

• Beginning signs are hard to detect in an inactive older adult with dependent edema
  • Exertional dyspnea absent
  • Rales of pulmonary edema masked by coexisting pulmonary disease

• Decreased appetite

• Weight gain of 2 to 3 pounds

• Complaints of poor sleep

• Confusion (new)

• Tiredness, fatigue, & generalized weakness

• Complain of nonproductive cough
## Acute MI

<table>
<thead>
<tr>
<th>Typical Presentation</th>
<th>Atypical Presentation</th>
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</thead>
<tbody>
<tr>
<td>• Substernal chest pain</td>
<td>• Mild or absent chest pain</td>
</tr>
<tr>
<td>• Radiating pain to neck, jaw, or arm</td>
<td>• Acute confusion</td>
</tr>
<tr>
<td>• Shortness of breath/dyspnea</td>
<td>• Weakness; dizziness</td>
</tr>
<tr>
<td>• Nausea</td>
<td>• Mild or absent dyspnea</td>
</tr>
<tr>
<td>• Diaphoresis</td>
<td>• No ECG evidence of AMI</td>
</tr>
<tr>
<td>• ECG evidence of AMI</td>
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</tbody>
</table>
Infection or Sepsis (Emmett, 1998; Peters, 2010)

Typical Presentation
- Fever
- Tachycardia
- Elevated WBC count

Atypical Presentation
- Subtle
- Temperature normal or below normal
- Absence of tachycardia
- Slightly elevated WBC count
- Falls, confusion, incontinence
- Change in functional status, weakness
# Infection in LTC Older Adult

## Typical Findings
- Fever
- Respiratory Infection: cough & yellow sputum
- Infected Pressure Ulcer: heat, redness, purulent drainage
- Conjunctivitis: erythema and purulent drainage

## Atypical Findings
- Change in mental status
- Change in cognitive function
  - Failure to cooperate in rehab
- Decline in physical function
  - ADLs; new onset incontinence; falling
- Afebrile
- Tachypnea
- Dehydration (clinical observation) + elevated laboratory assays
Pneumonia  
(Emmett, 1998; Waterer, Kessler, & Wunderink, 2006)

Typical Presentation

• Cough
• Shortness of Breath
• Sputum production

Atypical Presentation

• Absence of the typical symptoms
• Malaise
• Anorexia
• Confusion
## UTI

(Emmett, 1998)

<table>
<thead>
<tr>
<th>Typical Presentation</th>
<th>Atypical Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dysuria</td>
<td>• Absence of dysuria</td>
</tr>
<tr>
<td>• Frequency</td>
<td>• Confusion</td>
</tr>
<tr>
<td>• Hematuria</td>
<td>• Incontinence</td>
</tr>
<tr>
<td></td>
<td>• Anorexia</td>
</tr>
</tbody>
</table>
Acute Abdomen: PUD
(Amella, 2004; Flaherty & Zwicker, 2005)

Typical Presentation
- Pain
- Diminished or absent bowel sounds
- Fever
- Board-like abdomen
- Bleeding

Atypical Presentation
- Pain absent
- “Silent” acute abdomen
- Absence of symptoms
- Mild discomfort and constipation
  - Cramps, stringy stool or diarrhea
- Some tachypnea – vague complaints of feeling unwell
- Bleeding presents insidiously with signs of dehydration
# Depression

(Emmett, 1998; Flaherty & Zwicker, 2005)

**Typical Presentation**
- Sad mood
- Increased sleep time
- Fluctuations in weight

**Atypical Presentation**
- Confusion
- Apathy
- Absence of subjective feeling of depression
- Agitation
- Lack of sadness
History & Assessment
(Peters, 2010)

• Remember older adult may have vague, nonspecific physical symptoms
• Need to use communication skills
• Comprehensive Geriatric Assessment
• Past social and family histories
• Full medical history & focused physical examination
  • Weight pattern; Lab value review
• Medication reconciliation
• Baseline function
  • Cognitive function
  • ADLs
• Clues such as “not quite himself or herself” – “not managing well at home”
• Overt clues such as anorexia, dyspnea, new confusion, falls
  • “Geriatric Red Flags”
Teaching Strategies

• Gerontology Nursing Course
  • Using an eclectic VARK model for learners (Gray-Miceli, Aselage, & Mezey, 2010)
  • Interactive polling of student audience for case study presentation

• “Gero Boot Camp”
  • Video of head-to-toe physical assessment
    • Teams practice assessment on “well elder” volunteers
    • Acute Care (wife) vs. Community care (husband) scenario

• Community experiential learning activities – using CCRC with an assigned elder for regular visits
Teaching Strategies

• Acute care experience with GRN on a NICHE hospital nursing unit

• Scholarly literature review versus secular media reports for intervention evidence on a clinical problem
  • WebQuest assignment; website comparisons

• Movies – YouTube Videos – Novels – Children’s stories
Teaching Resources

- NLN ACES (Advancing Care Excellence for Seniors) Teaching Strategies - encounters with older adults that are intentional [http://www.nln.org/facultyprograms/facultyresources/ACES/teachingstrategies.htm](http://www.nln.org/facultyprograms/facultyresources/ACES/teachingstrategies.htm)

- The Portal of Geriatrics Online Education ---- [http://www.pogoe.org](http://www.pogoe.org)

- Hartford Institute for Geriatric Nursing – ConsultGeriRN.org ---- [http://consultgerirn.org](http://consultgerirn.org)
  - GNEC Podcasts
  - Try This/How To Try This Assessment Series
  - Videos

- NICHE (Nurses Improving Care for Healthcare System Elders) ------ [http://www.nicheprogram.org](http://www.nicheprogram.org)
Your Turn to Share

• How many of you have a free-standing Gerontological Nursing Course?
  • If you thread gerontology nursing content in your curriculum how do you do that?
  • Is Gerontology included in your graduate studies program? How?
  • Do you teach Gerontological Nursing in an online format?

• What type of experiential learning activities have you provided that have worked for your students/nurses?
  • Do you use “simulation?”
  • Unfolding Case Studies?
“Take Away” Messages

• “Mama’s not right today!”

• Challenge assumptions

• Think about experiential learning activities that will help your students such as a “Gero boot camp.”

• Use resources accessible in your community
  • CCRCs
  • Church groups

• Create “simulation” experiences &/or unfolding case studies provided thru NLN ACES and ConsultGeriRN
Resources

- APRN Slide Library on ConsultGeriRN.org – Assessment and Management of Atypical Presentation of Illness in Older Adults by Deanna Gray-Miceli, PhD, RN, GNP-BC, FAANP


- Modification of Assessment and Atypical Presentation in Older Adults with Complex Illness (Gray-Miceli, D., 2007).

- NLN ACES at http://www.nln.org/facultyprograms/facultyresources/ACES/index.htm

- SouthernCare University Continuing Education – Atypical Presentation of Disease in the Elderly
References


Questions