

## The Ageing Eye: Communication and the older patient

### Key information

This document summarises some key points from Docets **The Ageing Eye: Communication and the older patient** course for your reference. It does not constitute formal guidance and does not supersede College of Optometrists or other formal guidance.

**Remember: you are strongly advised to familiarise yourself with any local protocols that may be in operation where you practice, and to follow them.**

#### General considerations for older patients

- Older patients may have pre-conceptions about the appointment and what will happen
- They may accept health changes as an inevitable part of ageing
- They may have pre-conceptions about your age and may expect formality
- They may not expect general health advice from an optometrist
- Do not make assumptions based on age stereotypes - treat each patient as an individual
- Older patients may need a longer appointment
- Be aware that higher levels of depression exist in those with reduced vision
- Consider that patient mobility may be an issue both for moving around the practice and for certain tests
- When first calling the patient, wait for them to follow you into the consultation room in case there are mobility issues
- Look out for signs of early cognitive impairment and consider a referral if appropriate
- Use a colour coding system to mark additional patient needs on your records, and train other staff members on the system.

#### History and symptom taking

- Find out detailed information about the patient's general health
- Use open questions to encourage a free response
- Establish the patient's expectations of the consultation
- Allow the patient to talk about their hobbies and activities that are important to them
- Reassure them they are not wasting your time
- Try to establish a rapport and gain the patient's trust

- Body language is particularly important for patients with a hearing impairment
- Sit facing the patient and establish eye contact wherever possible
- Use non-verbal behaviour to show you are listening e.g. nodding your head
- Adopt a position nearer the better ear of patients with a hearing impairment
- Speak clearly and loudly but do not shout as this distorts the facial muscles.

## Clinical examination

- Older patients may find new technology frightening, so take time to explain the equipment and new technology
- Emphasise that an eye examination is not a 'test'
- Patients may give the answer they feel the optometrist wants so encourage honest answers
- Older patients may struggle with subjective tests so an objective measurement is particularly important
- Consider using larger brackets when checking cylinder and larger steps when checking spherical correction
- Reduced lighting may cause difficulties for patients with a hearing impairment
- Give clear instructions to patients with cognitive impairment and check the patient understands what you are saying
- Consider inviting their carer to the consultation where appropriate
- If a test needs to be repeated, explain the reason for this as the patient might fear that something is wrong.

## Advice and summary – explaining their condition

- There is a positive relationship between good communication skills and compliance with treatment advice<sup>1</sup>
- Around 50% of information provided in consultations is forgotten<sup>2</sup>
- Consider using phrases such as '*it is not unusual*, or, '*natural progression*' where appropriate
- Be wary of explaining AMD as '*wear and tear*' at the back of the eyes
- Explain if their condition can easily be treated, updating the patient on relevant current procedures.

## Advice and summary – delivering bad news

- Older people may not expect or may be fearful of bad news
- Bad news may be very difficult to accept, leading to feelings of shock and anxiety
- Try to be sensitive, but do not avoid delivering bad news
- Give the patient time and reassurance after giving bad news
- Explain what information and support are available.

## Advice and summary – giving information to the patient

- Understanding a disease is essential to adapting to it
- Make things clear, simple and easy to understand and avoid using technical terms
- Be careful when judging how much information a patient wants - research show most patients want more information<sup>3</sup>
- Present information that is relevant to the patient and in manageable chunks
- Provide printed materials like leaflets to reinforce information and aid memory recall
- Showing retinal photographs may be helpful to illustrate findings from the examination
- Utilise the 'recency effect', where the information presented last is remembered most clearly<sup>4</sup>
- Talk about adaptations and good lighting in the home
- Include nutritional advice where appropriate e.g. to slow progression of AMD
- Discuss links between smoking and eye health where appropriate and follow up on advice e.g. by referring to smoking cessation projects
- Summarise the key points at the end of consultation, perhaps in written form
- Encourage the patient to ask questions and provide a contact name at the practice for any later queries.

## Advice and summary – encouraging adherence

- Involve the patient in decision making
- Suggest steps a patient can take which might help slow down disease progression eg UV protection
- Explain the repercussions of not following advice e.g. insurance cover for driving
- Goal setting can encourage patients to follow your recommendations
- Relate recommendations back to the patient's valued activities
- Provide information about support services and tools for the patient to measure their

own vision

- Ask the patient to report back any changes in vision after the consultation
- Inform a carer or family member of recommended treatment where appropriate.