

Meeting Notes

Tuesday, June 20, 2017

4:30 p.m. – 5:30 p.m.

Members Present: Marian Anderson, Marjorie Ledell, Ali Caley, Donna Roberge, Linda O’Leary, Temple Lentz, Amy Gross, and Chuck Frayer

Members Absent: Pat Janik

1. Welcome and Call to Order:

Marjorie Ledell opened the meeting.

Approval of Agenda: The agenda was unanimously approved by the commission. The May 16th meeting minutes were approved by all with one member abstaining.

Introduction of new COA members: Amy Gross and Temple Lentz.

2. Public Health Advisory Committee Update: No report this month.

3. Area Agency on Aging & Disabilities of Southwest Washington (AADSWA) update: AADSWA held a meeting on May 17 and reviewed current work by the state legislature on current budget and priorities related to AADSWA’s work. Several members reported on Aging and Rural Oregon conference. AADSWA on Aging and Disabilities Resource Network held a meeting with presenters from WSUV on the outcomes of the SW Washington Aging in Place Needs Assessment and Clark County Fire and Rescue on Community Paramedicine and technologies options to improve access to care (a program where paramedics who go to homes of elderly people could do home safety studies and provide other support). We also broke into groups to look at advocacy, access to care, transportation, housing and community planning.

Introduction to Speakers: We have two speakers this week. The COA is focusing on Supportive Services this year.

4. Presentation 1: Medication Management

Clara Chambers, a clinical pharmacist, discussed medication management, including issues related to taking multiple prescriptions, herbal and dietary supplements. She has been a pharmacist since 1994, primarily serving Veterans. She works with physicians who go out to care for people in their homes. The challenge is managing ever changing medication.

Patients should always make a list of all medications being taken, including any medications prescribed by a provider, over the counter medications and supplements and how frequently each one is being taken.

- The name of the medication/vitamin or herbal supplement
- The dosage being taken

- The time of day the medication is taken
- List any allergic reactions or side effects the patient has had to the medications in the past

Recommend using organizing medication boxes, which help with consistency in taking multiple medications. However, some medications cannot be taken out of their original container. Let your pharmacist or doctor know if you are planning to use medication organizing boxes.

Over-the-counter (OTC) medications: This describes anything you can purchase without a prescription

- Stomach and bowel meds
- Cough and cold products
- Sleep aids
- Pain relievers

Any OTCs can interfere with prescription medications and may also make other health symptoms worse. Show your medication list to your pharmacist so that they can review it so see if any OTCs will interfere with your prescription medications. For example, some OTCs could potentially increase your risk for falls, or make your prescription medications less effective, or cause fluid or urine retention.

Herbal and Food Supplements:

- Supplements come in a variety of forms and may have potential interactions with other medications.
- Minerals (magnesium citrate), multivitamins, vitamins (vitamin C), and other dietary supplements (CoQ10, fish oils, glucosamine).
- Various juices fall into this category if the product contains vitamins and other supplements
- Recommend you speak with a pharmacist prior to purchasing these products to find out if there is a risk of interacting with your other prescribed medications.

Some manufacturers have received approval to place USP on the product labels. Recommend buying products with this logo as it is assurance of safety and sanitation. The UPS has good oversight of the effectiveness of the supplement and assurance of the cleanliness of the facility. Nature Made, Kirkland Signature and TruNature have USP labels.

Recommend staying with same manufacturer if you find a product that works for you due to the fact that products may vary.

Recommend you include the brand name and manufacturer for those supplements with several ingredients on your medication list.

- This helps with reviewing for possible interactions with other medications.
- Need to watch for duplicate ingredients, may exceed daily recommended amounts.

Storage: Where you keep medications is very important

- Recommend dark and cool area
- Do not recommend storing meds in the refrigerator (unless told to do so) above the stove or bathroom
- Meds can be less effective if the temperature is too cold, too hot, or too humid
- Most manufacturers recommend keeping meds stored in an area in which the temperature is between 65 to low 80s, the less humidity the better.
- Recommend keeping prescriptions and products you are not using in another area to avoid mistakes

Disposal of Old Medications:

- **When possible, recommend destroying the old meds/products**
- **There are a variety of programs which assist with destruction:**
 - **You may need to mail the products in to be destroyed in some cases**
 - **Most local law enforcement offices have a drop box designated for old prescriptions.**

Questions from the COA members with speaker's responses:

What is one recommendation you would make to nurses who are making home visits to aging people? Because the nurses are visiting people in their own home, they gain a lot of insights into the patient and can get the whole picture. They can help patients make a medications list, help them look up the herbal and supplements they might be taking, and research whether those are the best suited for them. People who don't have a nurse visiting them in their home could talk to their pharmacists to replicate this.

Is it possible to take too much Vitamin D?: In the Pacific Northwest, people need at least 2000 units.

Are there any programs that teach retired nurses or volunteer nurses what to look for in the home? That would be the ideal. I am not aware of any programs that do this.

Does the HIPPA act extend to pharmaceuticals and medications? How would that cover the home environment? I am not aware that HIPPA covers home visits, but I would hope that retired professionals would maintain patient confidentiality.

Presentation 2: Pain Management

Nancybeth Trester, a physical therapist, discussed how pain works, what makes it better or worse, and what you can do to decrease pain. She specializes in persistent pain.

Chronic or persistent pain is a complex subject.

Some questions to ponder about pain:

Has your pain spread to new areas or feel like it is hard to find?

Does your pain get worse with stress?

Do you avoid doing things because of pain?

Have you felt pain from non-harmful things like light touch, heat or cold?

Have you stopped doing things that you enjoy because of pain?

How pain is produced:

Pain is produced by the brain 100% of the time. All pain is real pain.

Pain is an output of the brain and nervous system. When an event occurs (like a sprained ankle or any threat to the body), that info is sent to your brain. Your brain and nervous system process that info and send a pain response to the ankle. Pain is the brain responding to the signal or threat that is coming in. Some people experience more pain than others.

Pain is responsive to the context that the person is in.

Memory of a past pain could affect the experience of a new pain. You can also have an injury without pain as in the example of twisting your ankle while trying to protect or save your child. The threat to you of your child's safety is greater than the threat to you of a sprained ankle.

Danger vs Safety:

When threat/danger is greater than safety, there will be pain.

When safety is greater than threat/danger, there will not be pain.

You can definitely have pain without physical harm having happened, such as a headache.

When someone is injured, pain can last for years, even though the tissue injury is healed.

Avoiding movement: People often avoid moving to avoid pain. It is natural for our bodies to want to move. Our bodies have a natural state of health and want to be moving. Problems of not moving include muscle stiffness and actual brain changes. Different parts of the brain correspond to different parts of the body. The brain map is based on movement. We are bioplastic (neuroplasticity). Our brains change all the time.

How to get moving again from an inactive phase:

Pacing yourself to get back to your life. It's important to move but don't consistently overdo it.

Not being able to do what you have always done is one of the harder emotional aspects of chronic pain.

Stress response creates chemical changes that cause pain:

Stress increases pain.

Related problems: poor sleep, poor digestion, healing difficulties, overall achiness or feeling generally unwell.

Understand Pain:

Studies show that just learning about pain decreases your pain

Up to half the people with knee arthritis have no symptoms

Quiet your worry

Bring some joy back in your life: get together with people who love you even when you are in pain. Don't wait til you feel better to be social.

Think of degeneration as "kisses of time"

Keep moving: sore but safe

Many people think that medications are the only thing that can help with pain.

Meds are good for acute pain like after surgery.

For persistent pain, medications can make things worse:

Decreased energy

Constipation

Sexual dysfunction

Can make you feel more pain

Other things actually change the pain experience in the long term and are more effective than medication

Next Steps:

- Community classes in gentle exercise, relaxation, yoga, meditation
- Hobbies
- Fun
- Counseling
- Persistent pain program, Providence Rehab Services
- Pain education

- Relaxation training
- Retraining body sensing
- Pacing to return to activity
- Be patient and kind to yourself

www.myprovidence.com is a website that you can visit as a guest and it has resources for pain management

Questions from the COA members with speaker's responses:

Some people do not benefit from medical interventions like surgery or cortisone shots. People often jump to surgery or cortisone before they have tried other things first or get second opinions. Surgery doesn't always address pain.

For caregivers or friends/family of those who are dealing with chronic pain, are there classes for them to help? Providence has classes where people in pain can bring their family members. People in chronic pain often look fine; it doesn't always look like they are in pain. But for those who are in persistent pain, caregivers and family can learn about pain and pain management to encourage their relative who may be experiencing chronic pain.

You mentioned that one method is usually not effective at treating chronic pain? Because pain is so complex, we usually use multiple methods. Patients have to do some self-exploring to see what they are doing that makes their pain worse or better.

Who attends your Understanding Pain classes? Anyone can come. They are usually referred to by doctors and physical therapists. Patients have to be ready to make changes; pain management is self-driven.

Is there one kind of pain that would cause people to say that they can't live at home? I haven't seen this specifically. There are usually other factors behind how people make the decision to live at home or find alternatives.

5. **New Business:** None.

6. **Announcements:**

No presentation in July – COA Retreat July 18, 3:00 – 6:00 (location TBD)
Elder Justice will be the next speaker in August.

Meeting adjourned at 5:45 pm

The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.