

Nursing Education

Review of assessment, clinical care, and implications for practice regarding older adult patients with cancer

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BACKGROUND: As the population of older adults continues to increase, the healthcare system must adapt to respond to their unique and complicated health needs. More than half of all patients diagnosed with cancer in America are aged 65 years or older. The appropriate care for older adult patients with cancer requires a holistic approach with careful coordination of interprofessional providers.

OBJECTIVES: This article aims to describe the components of the comprehensive geriatric assessment, summarize the importance of exercise in older adults, discuss the harms of polypharmacy, and evaluate the initiatives to improve geriatric nursing education.

METHODS: The literature was reviewed and summarized to provide information on comprehensive geriatric assessment, exercise, polypharmacy, and geriatric nursing education.

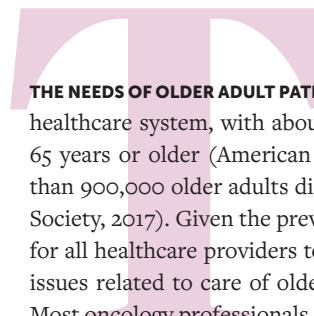
FINDINGS: Numerous assessment tools can help guide the care of older adult patients with cancer. Because many nurses have little formal geriatric-specific training, there is a growing need for targeted education to ensure best practices.

KEYWORDS

assessment tools; nursing education; geriatrics; geriatric oncology; resources

DIGITAL OBJECT IDENTIFIER

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THE NEEDS OF OLDER ADULT PATIENTS WITH CANCER are a concern throughout the healthcare system, with about 60% of all cancers diagnosed in people aged 65 years or older (American Society of Clinical Oncology, 2018) and more than 900,000 older adults diagnosed with cancer in 2017 (American Cancer Society, 2017). Given the prevalence of cancer in older adults, it is important for all healthcare providers to be prepared to assess, intervene, and manage issues related to care of older adult patients with cancer (Williams, 2018). Most oncology professionals are caring for older adults in their daily practice without specific training regarding gerontology (Bardach & Rowles, 2012). As oncology nurses, it is important to be aware of these demographic changes and to understand best practices for care of older adult patients with cancer.

Caring for older adults receiving cancer treatment is challenging because physiologic changes with aging and comorbidities may affect the ability to tolerate treatment and recover following treatment. Although not all older adults have comorbidities (Salive, 2013), they are highly prevalent in this population, particularly among ethnic and racial minorities (Lin & Kelley-Moore, 2017). Comorbidities may be present before a patient is diagnosed with cancer, may be exacerbated during treatment, or may be a consequence of treatment (Economou, Hurria, & Grant, 2012). Body systems that are often affected include vision, hearing, endocrine, cardiac, pulmonary, gastrointestinal, and urologic systems. In addition, neurologic changes, such as neuropathy, may be present because of cancer treatment or from preexisting comorbidities.

After a cancer diagnosis, patients and providers shift the focus of care to treatment of cancer and away from preexisting comorbidities. The immediate concerns are managing treatment and living with cancer. Appropriate care for older adult patients with cancer requires culturally competent care of the whole patient with coordination among healthcare providers (e.g., specialists, general practitioners) because this is a vulnerable population with a unique set of needs (Meneses, Landier, & Dionne-Odom, 2016). Special areas of concern when managing comorbidities are medications and polypharmacy; psychosocial support; maintaining functional status; and cardiac, pulmonary, and diabetes management. Caring for older adult patients with cancer requires a layered process with healthcare providers who have expertise, patience, resources, and excellent communication skills (Overcash, 2015).

Assessment

Important reasons exist to include an interprofessional approach to geriatric assessment for older adult patients with cancer. A focused assessment can