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# Interviewing the Older Adult

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## Introduction

- The older adult interview is similar to the adult interview but with some additions and caveats.

## Style and Technique

- Many older adults (OAs) suffer from hearing loss. This can cause them to feel left out of communications. I recommend:
  - Facing the patient and talking clearly and slowly.
  - Speaking a little louder than usual but not shouting.
  - Talking a little slower.
  - Repeating yourself as needed.
  - Directing your voice to the ear with better hearing.
  - Using gestures or facial expressions to get your points across.
  - Providing written materials that the patient can refer to later.

## History of Presenting Illness:

- In addition to the standard questions, you'd ask any adult patient, you'll also need to assess functional (See Fact Sheet XX) and cognitive status.
- Here are some pointers about what areas of cognition to assess and what some answers might mean.
  - Attention
    - *"Does your mind wander often?"*
    - *"Are you having trouble following conversations?"*
    - *"Does your brain feel foggy?"*
    - Deficits in attention are the hallmark of delirium but can also be seen in patients with lewy body dementia (LBD) and other more advanced dementias.
  - Processing speed
    - *"Has your thinking slowed down?"*
    - *"Is it taking longer to think through things or make decisions?"*
    - Slowed processing speed is a normal finding in older age but is also a key finding in patients with vascular dementia (VaD), where it can impact day-to-day functioning.
  - Memory: In most cognitive disorders, especially Alzheimer's disease (AD), early-on, short-term memory will be impaired more than long-term memory. Test this by asking:
    - *"Have you been more forgetful?"*
    - *"How is your memory for recent events?"*
    - *"Have you been forgetting appointments, birthdays, or anniversaries? Losing items like your keys, purse, or wallet?"*
    - *"How is your memory for things that happened a long time ago?"*
  - Language: During the interview, listen for issues with word-finding, grammar, naming, and for word substitutions.
    - *"Do you have trouble finding the right words?"*
    - *"Are you forgetting the names of things?"*
    - Deficits in grammar and word-finding can be seen in language-specific forms of AD and frontotemporal dementia (FTD).
  - Visuospatial function:
    - Ask if the person has been getting lost in familiar places or has been found wandering.

- Difficulty with three-dimensional relationships could suggest AD or LBD, though make sure your patient doesn't have a visual impairment.
- o Thinking/Reasoning: This involves asking about higher-level critical thinking and problem-solving skills. Query:
  - *"Are you having trouble following story-lines in movies or books?"*
  - *"Are you having trouble making decisions?"*
  - Trouble with reasoning is found early-on in FTD and later in AD and other dementias.
- o Social Comportment: This can be impaired initially in FTD and, along with personality change, is a mark of the disease. It can also be altered in a specific form of Alzheimer's disease that targets the frontal lobes. Patients are often unaware of their faux pas. Ask the OAs caregiver:
  - *"Has there been any inappropriate behavior or comments in public?"*
  - *"Has their personality changed?"*
- o Behavioral Symptoms:
  - Ask about agitation, aggression, resistance to care, and sundowning- increased confusion in the evening and night hours.

### **Substance Use History**

- Don't forget to inquire about alcohol and drug use. Rates have been increasing as Baby Boomers have aged and states started legalizing marijuana.

### **Past Medical History**

- Ask about a history of head injuries. Early-life injuries are a major risk factor for AD.
- Loss of sense of smell is a sensitive marker of neurodegenerative disease, as well as an early symptom of COVID-19.

### **Medications**

- Since many OAs take them, don't forget to ask about OTC medications and herbals/vitamins.

### **Family Psychiatric History**

- Ask about a history of dementia or Alzheimer's in the family, including age of onset.

### **Social History**

- Caregiver Information-
  - o Find out about their supports. Often these are partners, children, or friends. Supports might help with finances, driving, meals, medication administration, or chores.
  - o Inquire if they receive any help at home, such a home companion, a home-health aid, visiting nurse, or housekeeper.
  - o To judge the adequacy of their support, ask the patient *"During the past few weeks, was someone available to help you if you needed and wanted help?"*
- Advance Care Planning- Probe if the patient has a living will, POA, or guardian. If not, consider referring them to an elder-care attorney.