

# Age-Friendly Health Systems

# **The 4M's: Mentation**

**Diana Sturdevant Ph.D., GCNS-BC, APRN, NEA-BC**

**Research, Assistant Professor**

**Program Director, Nursing Home Quality Improvement Projects**

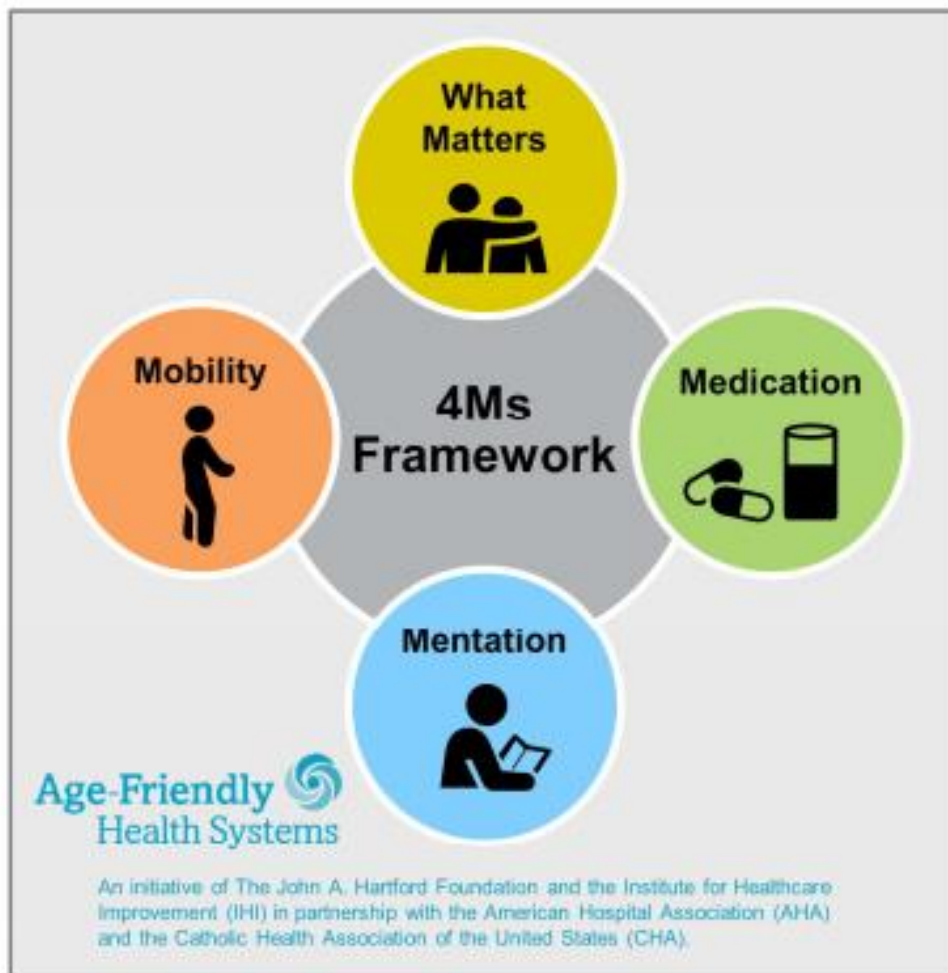
Fran and Earl Ziegler College of Nursing

The University of Oklahoma Health Sciences Center

1100 N. Stonewall | Oklahoma City, OK 73117

405-271-1491, Ext. 49201 | [diana-sturdevant@ouhsc.edu](mailto:diana-sturdevant@ouhsc.edu)

**Figure 1. 4Ms Framework of an Age-Friendly Health System**



### **What Matters**

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

### **Medication**

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### **Mentation**

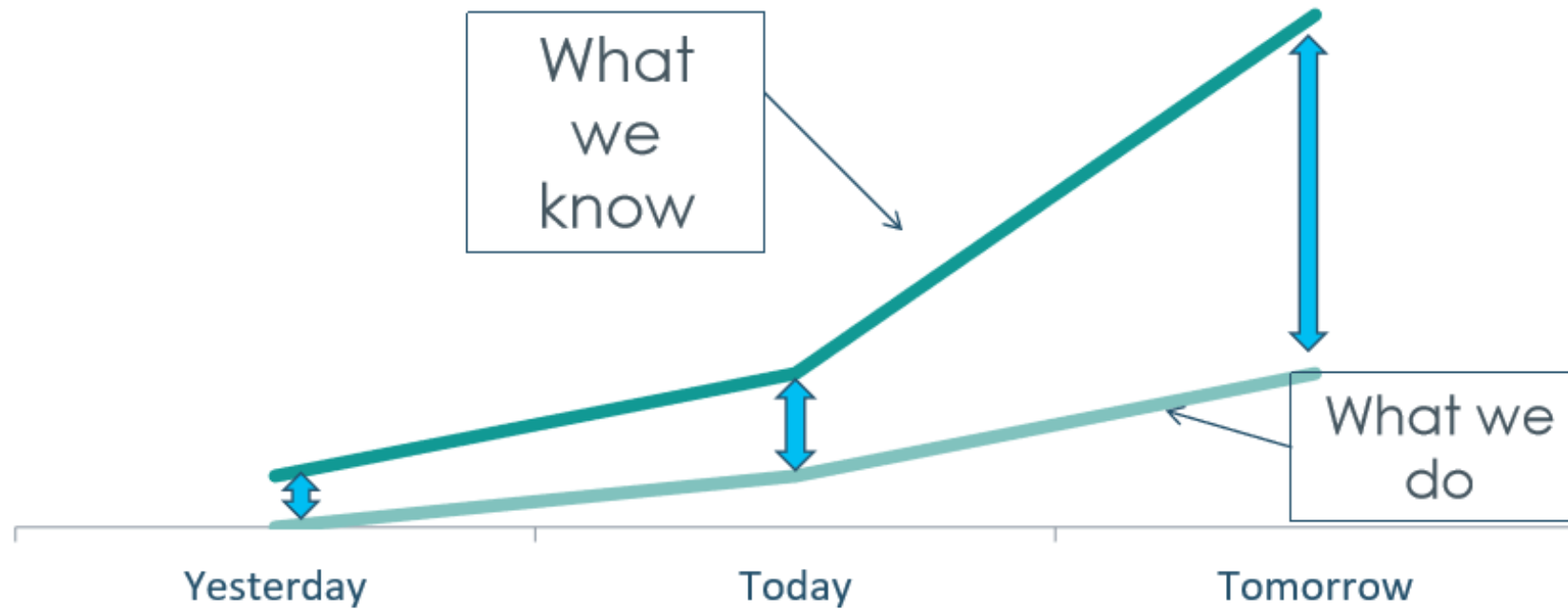
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### **Mobility**

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at [fi.org/AgeFriendly](http://fi.org/AgeFriendly)

# The know-do gap



... Ihi.org/AgeFriendly

# Mentation

- Dementia
- Depression
- Delirium



# Mentation—Dementia

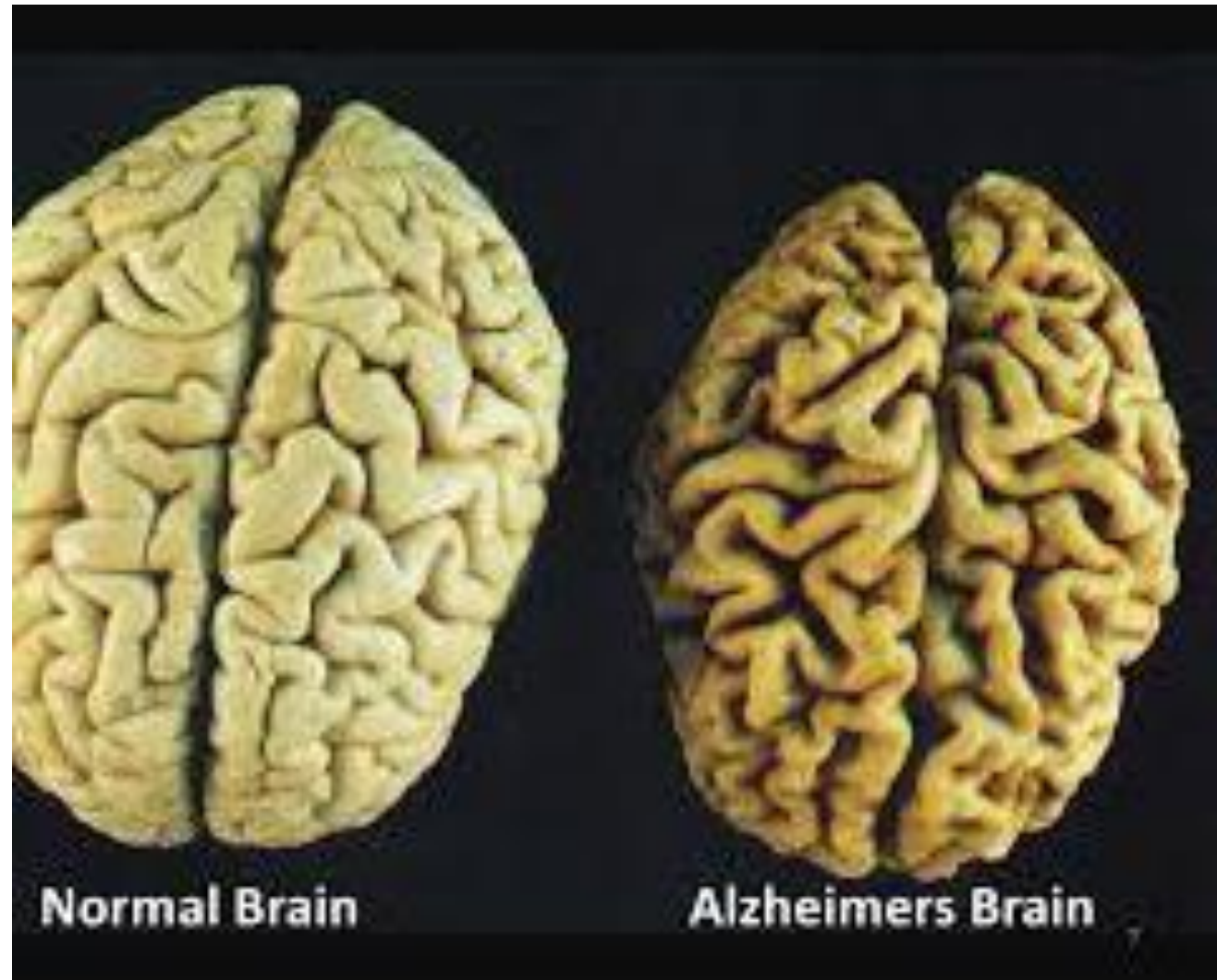
## Dementia Statistics

- 46 million worldwide, 75 million by 2030, 130+ million by 2050
- 1 in 10 over age 65
- Kills more people than breast cancer and prostate cancer combined
- U.S. Costs \$345 Billion in 2023

# Mentation—Dementia

Brain changes result in:

- Changes in ability to interact with others
- Increased vulnerability to stressors
  - Unmet needs
  - Acute medical problems
  - Environmental factors
  - Caregiver factors



# Dementia—Interventions

- Staff training
  - Recognition of acute medical problems/unmet needs
  - Communication strategies
  - Realistic expectations
- Supportive environment
  - Excess noise
  - Under stimulation—lack of purpose, lack of activities of interest
  - Established routines
  - Consistent staff

# Mentation—Depression

## Depression Statistics

- Affects nearly 7 million people 65+ in U.S.
- More challenging to recognize in older adults
  - Manifests differently
  - Denial
- Older adults at increased risk
  - Dementia
  - Chronic conditions
  - Polypharmacy
  - Experiencing multiple losses.





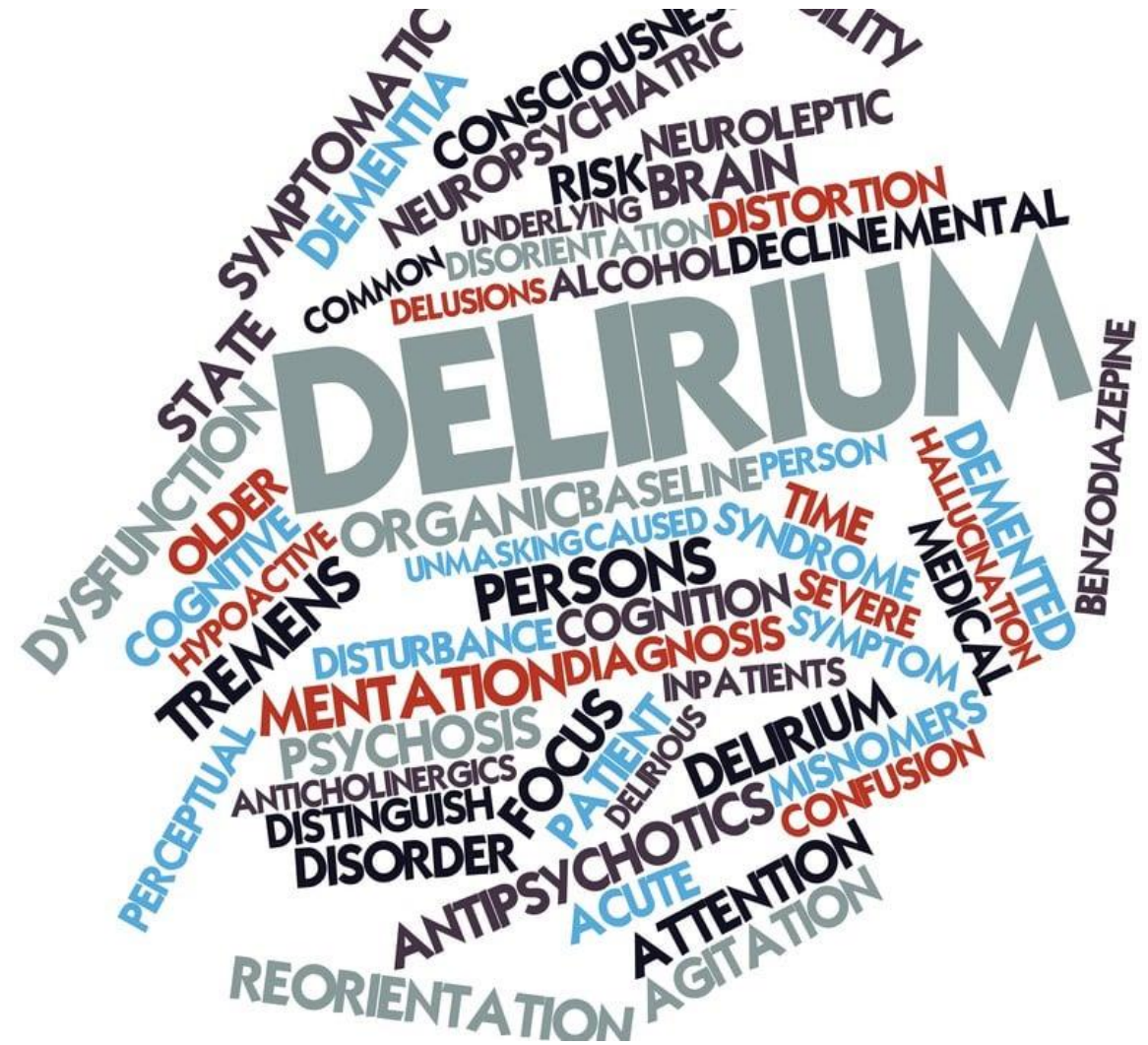
# Depression—Interventions

- Early recognition
- Use validated tools for detection
  - Patient Health Questionnaire-9 (PHQ-9)
  - Geriatric Depression Scale (GDS)
  - Geriatric Depression Scale: Short Form (GDS-15)
- Treatments:
  - Psychotherapy
  - Pharmacology

# Mentation—Delirium

## Delirium Statistics

- Prevalence in NHs: 9-33%
- Underrecognized and undiagnosed
- Increases:
  - Rates of long-term cognitive impairment
  - 30-day rehospitalizations
- Delirium = increased mortality



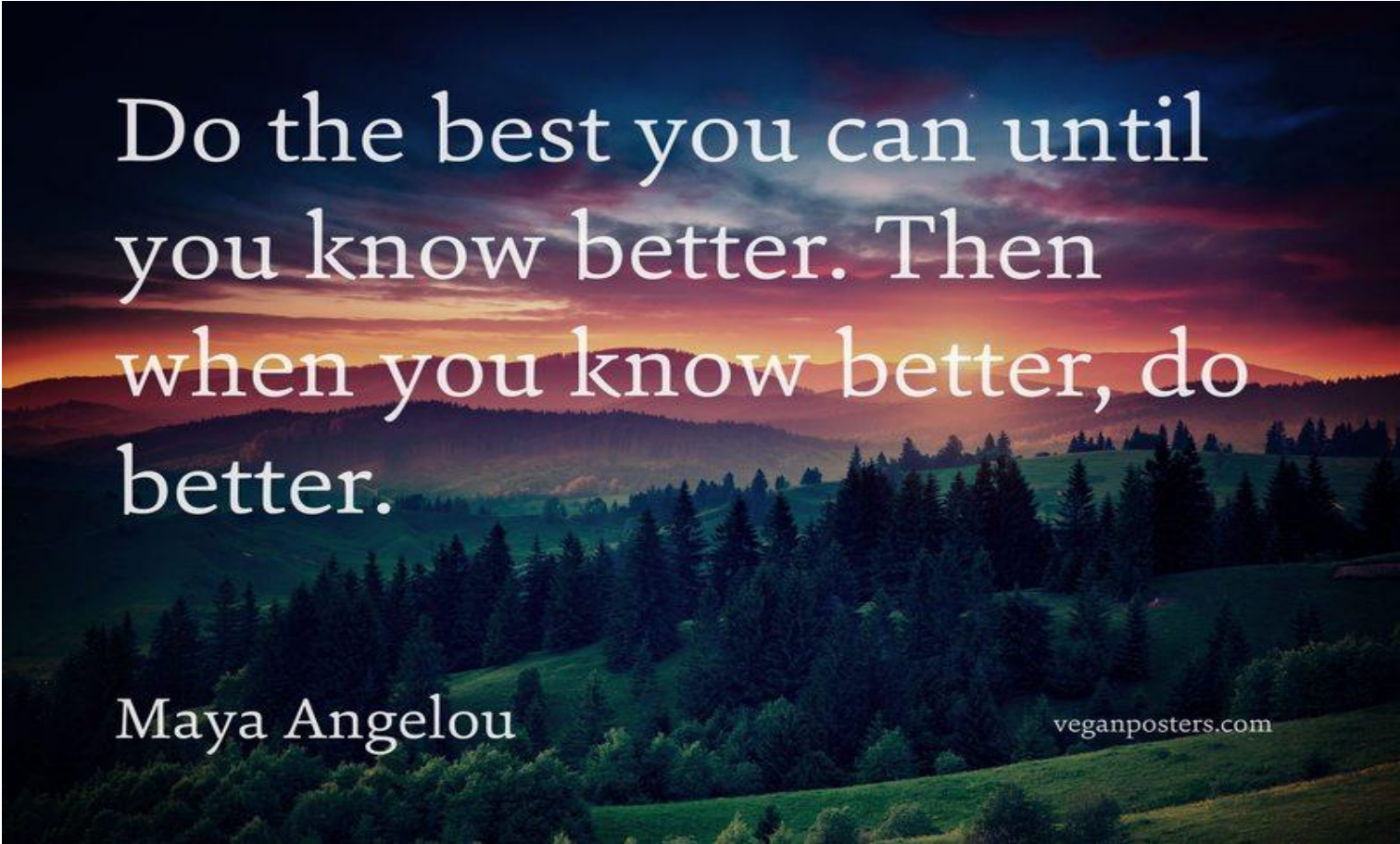
# Delirium—Interventions

- Early recognition
- Use validated tools for detection
  - Confusion Assessment Method (CAM)
  - Delirium Superimposed on Dementia Algorithm
- Remove or treat underlying causes
  - Medications
  - Sleep deprivation
  - Immobilization
  - Vision/Hearing impairments
  - Dehydration



# Summary

- Cognitive change in older adults is serious, high-risk event
- Often undetected with negative outcomes
- Need systematic approach for screening and detection
  - Use validated tools
  - Early detection
- Staff education/training most important



Do the best you can until  
you know better. Then  
when you know better, do  
better.

Maya Angelou

[veganposters.com](http://veganposters.com)

# Questions?



# Thank You!

Diana Sturdevant    [diana-sturdevant@ouhsc.edu](mailto:diana-sturdevant@ouhsc.edu)