

Cancer Care Among Older Adults

Older adults often face different needs when fighting cancer



About NuevaCare

NuevaCare provides non-medical home care services to seniors who need assistance with their activities of daily living.

Our services include:

- Medication reminders
- Respite care
- Grocery shopping
- Errands & household duties
- Transportation
- Supervise walking and fall prevention
- Light housekeeping
- Laundry/ironing & changing bed linens
- Socialization & companionship
- Alzheimer's/Dementia support
- Ambulation assistance
- Incontinence support
- Bathing & grooming supervision
- Meal planning & preparation
- Hygiene assistance
- Dressing assistance

It was not so long ago that an elderly person suffering from cancer would have received limited treatment and been sent home to die.

"The common thought used to be that it wasn't worth treating cancer in older patients; that they'd lived their lives; they might be dying anyway; they couldn't tolerate the treatment; the treatment might adversely affect their quality of life; or that they didn't want to live with the side effects of treatment," said Gary Shapiro, MD, chairman of the department of Oncology at Johns Hopkins Bayview and co-founder of its Geriatric Oncology Program.

That would not have been particularly good news to many older adults like Charlotte, an 82-year-old woman who five years ago was diagnosed with

breast cancer. Today, after surgery and chemotherapy, she remains in remission and lives an active life that includes traveling, taking adult education courses, gardening and spending quality time with her children and grandchildren.

A Disease of Aging

Cancer can strike anyone at any age, but it is considered a disease of aging. Certain cancers, such as breast, colon, prostate, pancreatic, lung, bladder and stomach, are linked directly to aging. For lung cancer, for example, the average age of onset is 72; for colon cancer it's 71; breast cancer is 68.

As a means to treating older people with cancer, geriatric oncology programs have sprung up around the country. These programs focus on the unique

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Recent research shows that many older cancer patients can tolerate more aggressive treatment than they have typically received. Still, the demands in treating an 80- or 90-year-old with cancer are often different.

needs of older patients, and take into consideration their complex medical histories, numerous drugs they are likely to be taking, possible problems with cognitive dysfunction, and general loss of organ function that occurs naturally among older people. In addition, many of these people present with other medical conditions as well, such as heart disease or diabetes, and the cancer may impact these diseases, or conversely. All treatments have to be managed together, which is what a geriatric oncology team does.

At certain hospitals, a medical ethicist may also be on staff to handle the often complex questions older patients may face, such as when treatment is called for and when it may be best to hold off.

These programs also must look at older patients holistically. For example, a patient who is experiencing problems

with her hands as a result of treatment may require a different type of support than a cane in order to get around.

Treating Older Adults

When it comes to treatment for cancer, older adults:

- May be less tolerant of certain treatments
- Have decreased reserve (i.e. a capacity to respond to disease and treatment)
- Have other medical problems that need to be addressed
- Have functional problems, such as memory loss or a problem with their Activities of Daily Living
- May lack a support network

Additionally, medical professionals need to take into account an older person's susceptibility to falling and breaking a hip, which can compromise cancer treatment. This may mean the need to prescribe physical therapy to increase strength and reduce risks with a patient who may become weaker as a result of treatment.

Similarly, nutrition may pose a problem when it comes to tolerating certain types of treatment. A dietitian may need to create a nutrition program to boost the patient's health status prior to any intervention.

Finally, palliative treatment may also play a role. This too becomes part of the balancing act in treating an older person with cancer.