



Form FSP033

Form for staff and service providers working with Lifetime Care and Workers Care

Ageing with a Traumatic Brain Injury

This document is a tool to assist with supporting participants/workers ageing with a traumatic brain injury (TBI). The information in this document provides general guidance only and is in addition to recommended general preventative health management and screening for older people.

For the purpose of this document, 'older person' refers to people aged 65+ years, or 55+ years for a First Nations person.

This document is not intended to provide guidance on funding for specific services and interventions for icare participants and workers.

Ageing with a severe brain injury increases the risk for poor long-term health outcomes. The support needs for an older person following TBI varies and depends on:

- the severity of their injury
- their level of pre-injury function
- comorbidities
- psychosocial supports
- the age their injury was sustained^{1,2,3}

For older people with a TBI, rates of involvement and participation in life roles can decrease by as much as 60% for each decade after their injury. This period is also associated with decreases in cognitive and physical functioning by about 50%.^{1,3} Support needs for older people with severe TBI can relate to the brain injury or other health conditions that present in older people and require long-term monitoring.

Social Participation

Consider:

- risk of social isolation - are they regularly engaging in social activities?
- return to work, volunteering, or study
- age-related or community-based services that provide opportunities for social engagement and meaningful participation e.g. men's shed, meals on wheels, community gardens, council run older adults' programs
- TBI specific services for peer support or community engagement opportunities
- what are the barriers to social participation?



Cultural

Where cultural and spiritual needs have been identified as important to the person, consider:

- investigating and offering links to culturally and linguistically appropriate healthcare, allied health, and service providers (*where available*)
- investigating and offering programs to ensure they are being delivered in a culturally appropriate way
- is there a need for education for service providers and supports?
- for First Nations people, have they been offered the opportunity to connect with culturally appropriate healthcare providers and programs such as the [National Aboriginal and Torres Strait Islander Flexible Aged Care Program](#)? (*where available*)
- making connections with the person's respective religious organisations, sacred sites, and places of worship

Sexuality

Each LGBTIQ+ community (lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex, or sexuality) has its own experiences and needs, as do the individuals within these communities. Traditional aged care service models may have previously assumed that their clients are heterosexual. As a result, the historical discrimination and stigma faced by older LGBTIQ+ Australians have led to a fear of disclosure and/or failure to access aged care and health services.

Consider:

- does the person identify as a member of LGBTIQ+ community? Is it important to them that this is known to their service providers and supports?
- is the person is connected to LGBTIQ+ ageing and disability services and supports?
- reviewing rehabilitation, care and support programs - is there a need for education for service providers and supports, such as those available through [Silver Rainbow: Ageing and Aged Care](#)?
- Is there anything else that the person wants their service providers and supports to know about their sexuality and gender identity?

Physical Activity

Where possible and safe, is the participant / worker:

- accumulating at least 30 minutes of moderate intensity physical activity on most days of the week? e.g. working hard enough to raise their heart rate, break a sweat, and increase rate of breathing⁴ (*note: clearance from PT, GP, or specialist is recommended*)
- engaging in physical activity that combines aerobic exercise and functional balance and strength training at moderate or greater intensity on 3 or more days a week, to improve their physical capacity and reduce risk of falls⁴ (*note: clearance from PT, GP, or specialist is recommended*)

Where a participant/ worker has impaired mobility or balance¹:

- would they benefit from a falls prevention plan?
- if they have a plan, is it meeting their current needs?



Regular Management and Screening

Consider if the participant / worker needs:

- to see a GP regularly for age-appropriate assessment, screening, and management
- to see their Rehabilitation Physician or Geriatrician for injury related specialist review and opinion
- screening for depression - this can be done quickly using the Patient Health Questionnaire-2⁵ which is included as an appendix.
- a plan for monitoring the person's cognitive status regularly where relevant, (e.g. every 2 years), using validated tools such as the Montreal Cognitive Assessment. *Note it may not be necessary or welcome to conduct frequent, intensive assessment*

Consider if the participant / worker needs a review of their:

- medications and medical management
- pain and pain management - including medication, passive and active strategies, or referrals to specialist pain management services
- sexual function / dysfunction
- tobacco, alcohol, and other drug use as this can exacerbate TBI symptoms
- diet and nutrition - recommended regular Dietitian review for those who:
 - are underweight, overweight, obese, or who are identified at risk of malnutrition
 - are diagnosed with dysphagia
 - have impaired taste/smell relating to the TBI
 - have other changes to appetite, bowel motions, fatigue, or other TBI related symptoms that may impact nutritional intake

Services and Supports

Consider if the participant / worker needs:

- an updated care needs assessment to review age related changes
- a review of their assistive technology and the home environment to maximise independence, safety and reducing care support needs
- a review of their informal supports. The [Caregiver Strain Index](#) is a quick and easy screening tool that can be used to identify carer stress and the need for support or provision of carer resources.^{2,6}
- linking to [My Aged Care](#) services to gain access to government subsidised support where relevant
- linking to community transport services
- linking to other established services - Falls prevention, Palliative Care, Domestic Violence, Homelessness, Housing, [Mental Health Services for older people](#)
- consider if the person is at risk of abuse and referrals need to be made to advocacy services or the [Ageing Disability Commissioner](#)



Legal

Would the participant / worker benefit from having:

- an [Advance Care Plan or Directive](#). If yes, has this been discussed with the person?
- an appointed [Enduring Power of Attorney](#) and [Enduring Guardian](#). *Note: The person requires capacity to complete these documents which can be determined by a legal professional or some health professionals*

Triggers for further review

If a decline in function (physical, functional, or cognitive) has been observed consider:

- requesting referral for a comprehensive geriatric assessment or assessment from suitably qualified Rehabilitation Physician or Geriatrician
- a referral for My Aged Care or ACAT Assessment – this may provide additional options and referral pathways not yet considered (*these assessments can provide more than just funding for aged care services*)
- a positive behaviour support assessment/plan if behaviours of concern are present and impacting care and support provision
- whether additional Allied Health assessment/review is required if decline in function is also complicated by injury and injury associated impairments
- a rehab or allied health review to increase strength to enable return to previous level of function particularly if the person has recently had periods of inactivity (*i.e. following illness, surgery, etc*)

More Information

- [First Nations older people](#)
- [Culturally and linguistically diverse older Australians](#)
- [LGBTIQ+ older people](#)

References

1. Cameron ID, Kurrle SE. Review of Ageing and End of Life Issues for People with an Acquired Injury. icare Lifetime Care. Sydney 2021.
2. Brown K, Cameron ID, Keay L, Coxon K, Ivers R. Functioning and health-related quality of life following injury in older people: a systematic review. *Inj Prev*. 2017 Dec;23(6):403-411. doi: 10.1136/injuryprev-2016-042192. Epub 2017 Jan 10. PMID: 28073948.
3. Sendroy-Terrill M, Whiteneck GG, Brooks CA. Aging with traumatic brain injury: cross-sectional follow-up of people receiving inpatient rehabilitation over more than 3 decades. *Arch Phys Med Rehabil*. 2010 Mar;91(3):489-97. doi: 10.1016/j.apmr.2009.11.011. PMID: 20298844.
4. WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020
5. Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care* 2003; 41:1284-1292.
6. Mas MF, Mathews A, Gilbert-Baffoe E. Rehabilitation Needs of the Elder with Traumatic Brain Injury. *Phys Med Rehabil Clin N Am*. 2017 Nov; 28(4): 829-842. doi: 10.1016/j.pmr.2017.06.014. PMID: 29031347.

Patient Health Questionnaire-2 (PHQ-2) for Depression

The Patient Health Questionnaire-2 (PHQ-2) for Depression is a brief screening tool used to detect depression and provide an indication of the need for additional review by the person's general practitioner (GP) or a mental health professional. The purpose of the tool is not to establish a diagnosis or monitor depression severity.^{1,2}

Instructions

The PHQ-2 can be used either as a regular screening tool, where there are concerns about a participant's/worker's low mood, or where they appear unable to enjoy preferred activities. The person indicates how frequently they have been bothered by each problem over the past two weeks. This is scored on a four-point Likert scale from 0 (not at all) to 3 (nearly every day). Individual scores are added together, resulting in a total score from 0 to 6.

Question: Over the past two weeks how often have you been bothered by any of the following problems?				
	Not at all	Several Days	More than half the days	Nearly every day
Having little interest of pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, et al., with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute

Scores of ≥ 3 indicate increased risk of depression, you should:

- Refer to a GP or mental health professional for further assessment
- Follow up the referral in two weeks

References

1. Kroenke K, Spitzer RL, Williams JBW, Löwe B. The Patient Health Questionnaire somatic, anxiety, and depressive symptom scales: a systematic review. *Gen Hosp Psychiatry* 2010 (in press).
2. Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care* 2003; 41:1284-1292.

icare

GPO Box 4052, Sydney, NSW 2001
General Phone Enquiries: [1300 738 586](tel:1300738586)

Email: care-requests@icare.nsw.gov.au

Web: www.icare.nsw.gov.au