



Form FSP034

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

Ageing with a Spinal Cord Injury

This document is a tool to assist with supporting participants and workers ageing with spinal cord injury (SCI). 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 spinal cord injury increases the risk for poor long-term health outcomes and limitations in activity, function, and quality of life. As people with SCI age, a key challenge is maintaining optimal physical and mental health and preventing or reducing the onset of secondary health conditions.¹ SCI leads to early ageing in most organ systems associated with functional and metabolic decline and the increased risk of secondary health complications.^{2,3}

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
- SCI 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*)
- reviewing care and support 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:

- if the person identifies as a member of LGBTIQ+ community? Is it important to them that this is known to their service providers and supports?
- if 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

Monitoring weight, adopting healthy eating habits, and engaging in regular physical activity are important to reduce the risk of developing cardiovascular disease. Shoulder pain can contribute to obesity, pressure injuries, contractures, and spasticity, which significantly impact a person's quality of life. Engaging in regular cardiovascular and strength-based activities is important to address and prevent the onset of these issues.²

Where possible and safe, is the participant / worker:

- engaging in moderate to vigorous aerobic exercise 2-3 x per week OR 20-40 minutes per week? (power output and muscle strength) combined with upper body strength exercise for all large muscle groups (*note: clearance from PT, GP, or Specialist is recommended*)
- engaging in regular strength training and stretching exercises to maintain shoulder joint flexibility (*note: clearance from PT, GP, or Specialist is recommended*)⁴

Where a participant/ worker has impaired mobility or balance:

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



Where a participant / worker is using a mobility aid would they benefit from:

- a review of their transfers or mobility to reduce demands on shoulder use
- a review of their assistive technology and the home environment to maximise independence, safety and reducing care needs

Regular Management and Screening

Proactively addressing SCI related comorbidities can improve life expectancy and optimise the person's quality of life and participation as they age. These include: spasticity, pain, neurogenic bladder and bowel problems, osteoporosis, diabetes, metabolic syndrome, cardiovascular disease, and mental health issues. Musculoskeletal pain, pressure injuries, spasticity, and constipation, are significantly associated with reduced quality of life in older people with long term SCI.^{5,6}

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
- education around smoking and smoking cessation for respiratory and skin health
- screening for depression - this can be done quickly using the Patient Health Questionnaire-27 which is included as an appendix
- a medical review of their:
 - medications and medical management for bowel/bladder
 - pain and pain management - including medication, passive and active strategies, or referrals to specialist pain management services
 - sexual function / dysfunction
 - bone health - this could include DXA scans to assess and monitor bone mineral density for osteoporotic changes with additional imaging for distal femur and proximal tibia recommended. *Timing for repeat scans to be determined by specialist and/or GP*

Consider if the participant / worker needs a review of their ^{2,6}:

Equipment, Assistive Technology, and Home Modifications:

- seating, posture, and wheelchair propulsion
- shoulder overuse and pain
- assistive technology and home environment to maximise independence, safety, and reduce care needs

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 compromised skin integrity
- diet and eating habits for SCI related weight and bowel management with a Dietician
- endocrinology factors with a Dietician - to address issues around insulin resistance and development of obesity, maintaining bone health, and maintenance of normal serum lipid levels



Skin integrity:

- is the person completing regular skin checks?
- are their care workers completing regular skin checks?
- does the person require more support to identify potential skin related issues early?

Bladder management:

- is the person linked with a Urologist or spinal specialist?
- would the person benefit from a nursing review around bladder management, including catheterisation and supplementation? *Note - Intermittent catheterisation preferred over indwelling catheter to reduce risk of UTI and bladder cancer*
- is the person having renal and urinary bladder ultrasound screens?

Bowel management:

- is the person experiencing changes in their bowel care or routines? Would they benefit from a review by a CNC, GP, or specialist?
- is the person getting an adequate intake of fibre, bulking agents and fluids, and the use of softening or osmotic laxatives?

Respiratory management:

- would the person benefit from an annual lung function tests including measurement of vital capacity and forced expiratory volume?
- is respiratory resistance training required?
- has sleep apnoea been investigated?

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 resources²
- 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

- [Spinal Cord Injury Resources | Agency for Clinical Innovation \(nsw.gov.au\)](#)
- [First Nations older people](#)
- [Culturally and linguistically diverse older Australians](#)
- [LGBTIQ+ older people](#)

References

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2. Cameron ID, Kurrle SE. Review of Ageing and End of Life Issues for People with an Acquired Injury. icare Lifetime Care. Sydney 2021.
3. Pili R, Gaviano L, Pili L, Petretto DR. Ageing, Disability, and Spinal Cord Injury: Some Issues of Analysis. Curr Gerontol Geriatr Res. 2018 Nov 19;2018:4017858. doi: 10.1155/2018/4017858. PMID: 30581466; PMCID: PMC6276527.
4. WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020
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6. New South Wales Agency for Clinical Innovation. Ageing with a Spinal Cord Injury (2014) https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0003/224679/ACI-Ageing-with-SCI-FINAL.pdf
7. Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-1292.

Appendix:

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 participants/ 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

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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).
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