

# The use of lying supports with people over the age of 65

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# Presentation Format

- Introduction
- Literature review
- Audit on provision of lying supports
- Assessing for lying supports and goals
- Intervention for people with multiple sclerosis, Parkinson's disease and dementia
- General points

# Introduction

- 24-hour postural management
- Lying supports
- Sophisticated, or simple
- Over 65 with a long term disability

# Literature review

- Older people in residential care 11 hours in bed. (1)
- Amount of sleep recommended older adult 7-8 hours (2)
- Time spent in bed during the day (3&4)

# Literature review lying supports

- Benefit from postural management (5)
- One article in 2018 systematic review (6)
- Changes in ability to lie straight, pressure and reduced spasm. (7)
- One position more than 8 hours ↑ scoliosis
- Only supine higher odds windswept (8)

- ↓pain and pressure, ↑ sleep, comments on posture and comfort and ↑ function (9)
- ↑ chest symmetries, pelvic stability, sitting posture, standing transfers , ↓repositioning at night and ↓ use pressure mattress. (10)
- ↑ ROM, postures, quality of life and care.
- Changes in seating and peak pressure (11)

# Audit of lying supports

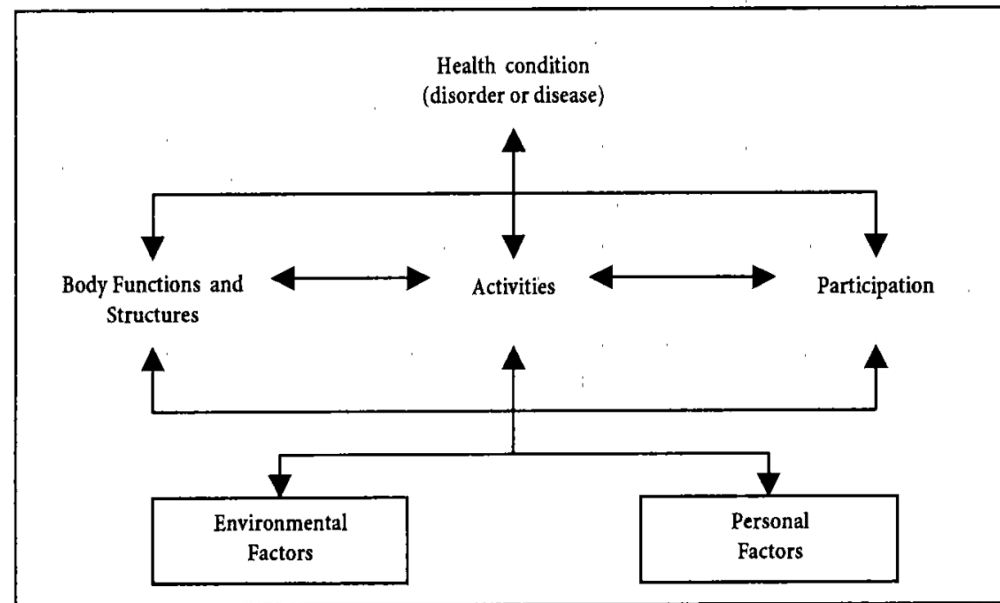
- Over the age of 65
- Have had equipment funded
- Financial year between 2015-2018
- Age, items issued, and where possible address

# Audit results

- 83 people had lying supports issued
- Average age 76.1 and maximum 98.3
- Number of items issued 151
- Average number per person 1.8
- Custom items 20
- People residing in rest home facilities or hospitals 14



# International Classification of Functioning Disability & Health (12)



# 1. Body functions and Structures

- ROM, flexible/reducible or fixed/non-reducible
- Points of control and triggers
- Sensory issues noise, sweating, allergies
- Incontinence, respiration, seizures, reflux

# Body functions and structures:

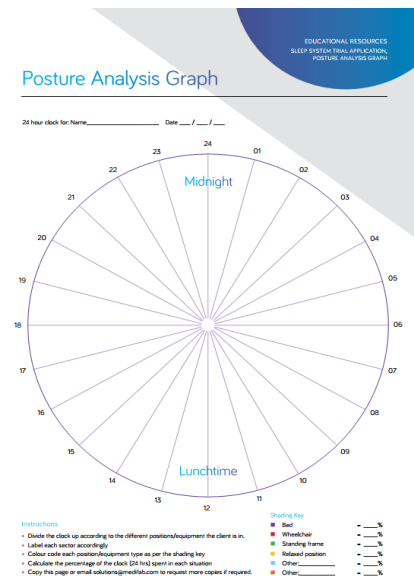
- History pressure, boney prominences, fragile skin.
- 30 to 40 degrees side lying (13).
- Limit the head of bed elevation to 30 degrees (13).

# Body structures and function



# Activities

- Change position, or access toilet
- Time spent in bed



# Participation

- Does the person sleep alone?
- Is assistance needed for transfers?

# Environmental factors

- Type of bed and mattress
- Can it be funded?
- What is already being used?
- Cultural issues
- Restraint considerations

# Personal factors

- Attitudes around sleep
- Habits and ability to change



# Potential goals

- Correct asymmetrical posture and prevent non-reducible positions
- Prevent further destructive changes to body shape or static success (14).
- Support joint contractures
- Improve comfort and/or quality of sleep.
- Assist with spasm/tone management
- Decrease repositioning in bed

# People with MS

- Up to 95% of people with MS report fatigue (15)
- Sleep disturbances four times higher (16)
- Positioning for symmetry and assist with spasm management
- Supine use T Roll and side lying log roll (17)

# People with Parkinson's disease

- More likely to sleep supine (18)
- Accommodating a kyphotic posture in supine.



# People with dementia

- Large amounts of time in bed, 13/24 hours sleeping and increased sleep as progresses. (19)
- Potential to benefit (9 & 10)
- Different physical and cognitive stages
- Comfort factor, agitation and reduced movement and high risk of non-reducible positioning

# General intervention

- Better versus best
- Could be pillows or towels, versus equipment
- Staff training (9 &10) and education is critical
- Simple solutions more acceptable (7, 17)

# Conclusion

- Time spent in bed can be longer
- More time for positioning and greater risk if not positioned



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