

# SLHC NURSE'S CORNER

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January 2023

## The threat of hypothermia to the senior populace

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Climate change continues to have a ripple effect in every socio-economic sphere, especially healthcare, as it presents new challenges or exacerbates old ones. Hypothermia has never been a more tangible threat to the elderly community than it is now, and if the recent surge in winter temperatures and snowstorms are anything to go by, it is more likely to get worse before it gets any better. Now for a quick take on the medical term: Hypothermia is defined by a core body temperature lower than 35 °C (95 °F). Below this temperature, the body loses more heat than it generates.

The high mortality rate associated with acute and chronic hypothermia is often chalked up to a commonality in the ageing group; however, what goes unstated is that, to some extent, it is preventable if care givers and healthcare providers adopt preventive measures to lower its occurrence.

Since 2015, excessive cold, or hypothermia, accounts for a significant percentile increase in the fatality rate among those aged 85 years, with over 3.8 deaths per 100,000 in metropolitan counties and 7.3 in nonmetropolitan counties. The trend isn't likely to decline by hoping for an infection peak like COVID or through seasonal medicinal preparedness like the flu. To combat rising numbers, care givers must take a firm stance and maintain critical responsiveness awareness.

**Why are the seniors more vulnerable?** Hypothermia occurs in both cold and warm settings due to age-related physiologic alterations in thermoregulation, along with environmental factors, disease processes, and medications. Older adults tend to lose body heat and, most importantly, awareness of changes in temperature much faster than younger adults, as a big chill can become critical before an older person even knows what's happening.

- Elderly people often have other illnesses, such as hypothyroidism, heart disease, or circulation problems, or take medicines that interfere with the body's ability to regulate its temperature.
- Elderly people most often find themselves in situations where they have inadequate food, clothing, or heat.
- Aging citizens often sit alone for hours or days at a time in a cold apartment or home with improper nutrition, making them more susceptible to the cold.

**Signs and Effects of Hypothermia:** Detection of hypothermia in the elderly can be very tricky to determine, but simple clues like "are they adequately dressed for the drop in temperature?" Is the person speaking slower than normal and having trouble keeping his or her balance? Do help.

Visible signs need to be prioritized, such as:

- Cold feet and hands
- A puffy or swollen face
- Pale skin
- Shivering (in some cases, the person with hypothermia does not shiver)
- Slower than normal speech or slurred words
- Acting sleepy
- Being angry or confused
- Hypothermia causes major dysfunction in vital organs such as the heart, leading to an irregular heartbeat, kidney failure, and mental status disruptions such as confusion or loss of consciousness.
- Liver damage, bleeding disorders, and the breakdown of muscle tissue can also occur from the failure of heat regulation mechanisms in the body.

**Treatment:** If you notice symptoms of hypothermia, seek medical attention as soon as possible.

- Get the person into a warm room or shelter and call 9-1-1.
- Passive external rewarming is typically used to treat mild hypothermia by placing the individual in an appropriately warm environment covered in insulation and gradually raising the core body temperature a few degrees every hour.
- Active Core Rewarming cannot be used if a person's temperature drops below 86 degrees. It is at this stage that spontaneous shivering will stop, and the body will no longer be able to increase the temperature on its own. By that point, the heart will be unstable, and the use of external heat will only increase the risk of arrhythmia.
- Once it progresses to "active core rewarming," leave it in the capable hands of the expert doctors.