A flash of blue-black surprises you. You check your body and there it is again — a bruise that jumps out at you with its contrast against the naked skin’s pale palette. Much as you try, you cannot seem to recall its cause.

These marks are associated mostly with the impact from a blow or bump. Their blue-black discoloration is due to the pooling of blood from broken capillaries or blood vessels near the skin’s surface. But these episodes may occur more frequently if you are a senior.

WHY THE ELDERLY BRUISE MORE EASILY
Even if you do not remember bumping into things, the elderly are more likely to experience bruising. With age, our skin thins and so does the protective subcutaneous fat that cushions the blood vessels from impact. The tissues under our skin also become more fragile, increasing the incidence of internal bleeding and evidence of our clumsiness. Bruising can also happen to geriatrics due to falls, a critical health topic for seniors. In fact, falls are the leading cause of death and disability among the elderly in Singapore, accounting for 85% of trauma cases in seniors received at local emergency departments. As the phenomenon of an ageing population creeps into Singapore, falls are increasingly coming to the forefront of healthcare and caregiving. As such, fall-proofing a senior’s environment and preventing further bumps and bruises are critical steps in safeguarding their health and well-being (see sidebar on pg 147).

OTHER POSSIBLE CAUSES OF BRUISING
The array of medications the elderly take can play a role in inducing these stubborn spots. These include:
• Blood-thinning drugs, and those that lower the incidence of blood-clotting such as anti-coagulants and anti-platelet agents
• Skin-thinning topical and oral corticosteroids used to treat allergies, asthma and eczema
• Aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen
• Certain antibiotics may also hamper blood clotting, extending the time it takes for the bleeding under the skin to cease and increasing the size of a bruise

With age, our skin thins and so does the protective subcutaneous fat that cushions the blood vessels from impact.
Apply an ice pack or ice cubes wrapped in a towel to the spot as soon as possible and for 15 minutes a few times a day. This will stop further bleeding, decrease swelling, and limit the spread of the bruise.

Frequent and unexplained bruising can also indicate something more serious brewing within the body. Easy bruising can be symptomatic of serious medical issues such as:

- Blood-clotting disorders, such as haemophilia
- Blood diseases, such as lymphoma or leukaemia
- Thrombocytopenia or low blood platelet count
- Liver problems, such as cirrhosis
- Kidney failure

But before pointing your finger at your medication(s), always speak to your doctor.

HELPING THE BODY HEAL

Bruises take time to fade. You can soothe away the blues and help your body reabsorb the blood with these tips:

- Apply an ice pack or ice cubes wrapped in a towel to the spot as soon as possible and for 15 minutes a few times a day. This will stop further bleeding, decrease swelling, and limit the spread of the bruise.
- Switch to warm compresses after a day or two to speed up the healing process.
- Raise the bruised area; for instance, elevate the affected leg or foot.
- Avoid stressing the area and reduce physical activity to allow large bruises to heal.

Visit or call for a doctor if the pain is severe and the bruise does not fade within two weeks.

Preventative ways to decrease the risk of bruising from falls run the gamut of lifestyle and home modifications. One option is exercise — such as tai chi — that works on a senior’s strength, balance, coordination, flexibility and endurance. Exercise goes some way to reduce the risk and rate of falls. It should engage seniors at least twice a week for 60 minutes each time and run for more than 25 weeks.

FALL-PROOFING YOUR HOME

Home assessments and modifications are also critical in removing environmental hazards that lead to falling and bruises, and increasing ease of movement. Instead of fumbling with renovation and putting down floor mats yourself, seek advice from professionals who can not only identify problematic spots but also facilitate the installation of the right fixtures.

TOUCH Caregivers Support, a service of TOUCH Community Services, provides such expertise. This one-stop home modification service starts with a home visit by an occupational therapist to assess the elderly’s home environment, functional status and caregivers’ competency levels,” says Rachel Lim, Senior Occupational Therapist at TOUCH Community Services. Following this, the therapist works with the family to plan solutions, and subsequently with contractors and vendors for the modifications. The therapist can also source for government subsidies to offset costs. This extensive system of care provides the bonus benefit of relieving some of the many responsibilities of caregiving.

An expert eye is also particularly impactful, given the unique complexities of each senior’s needs. “It’s not easy for caregivers to identify items that would cause falls as we are looking at it from a healthy and mobile person’s perspective,” explains Pearly Ng, Case Manager at SilverAlly, an integrated eldercare service provider that also provides home assessment and modification services. For example, she highlights that a side table in the living room may be too light and could slide across the floor when a senior tries to use it as a support, causing a fall.

“Different elderly people also have different medical conditions,” adds Ng “An occupational therapist told me that patients with Parkinson’s disease are more prone to falling backwards instead of forwards, for example. In this case, ramps may increase their risk of falling backwards, so customisation by a home assessor needs to be in place.”

But you don’t have to wait till someone turns grey before looking into the safety of your home. “If you can’t install anything, at least use non-slip tape to highlight problematic areas such as steps; remove clutter like furniture that’s not in use; make sure your house is brightly lit and switches are easily accessible,” recommends Ng. She also suggests setting up a home monitoring system. “These installed sensors have emergency buttons, and are ideal for elderly folk who live alone. Once they hit the panic button, the caregiver will be notified; if they are uncontactable, the system will notify the emergency response team.”

Those with parents in their 60s can already start to consider these suggestions, says Ng. “There is no harm getting an occupational therapist to come in and do a general assessment.”

It is never too late to get an expert in to fall-proof your home. According to Rachel Lim, Senior Occupational Therapist at TOUCH Community Services, an occupational therapist can help look into these areas of your home:

- Accessibility of objects based on the elderly’s mobility and height
- Obstacle-free home environment and how items are organised
- Visibility-lighting intensity, such as presence of night light and stronger light, and good colour contrast
- Support equipment such as grab bars, shower seats and mobility aids

Lim also points out areas commonly neglected by caregivers but useful for the elderly:

- Installing sensors with light for toilet access and use
- Use of a bed rail
- Adaptable furniture height
- Grab bar placement
- Height of switches
- Adjustability of showerhead handle
- Knobs of doors and taps
- Placement of toiletries
- Use of a shower chair

“Revise how you approach your daily life and consider the elderly’s unique needs. This is the first step to an elderly-friendly living environment,” says Ng.