

Global Assessment of Elderly Patient



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- Restorative, physical, medical,
- Psychological, cultural and social.
- Multidisciplinary.
- Independent process

The key components of geriatric medicine include:

- Co-ordinated multidisciplinary assessment
- Identification of medical, functional, social and psychological problems
- The formation of a plan of care including appropriate rehabilitation
- The ability to directly implement treatment recommendations made by the multidisciplinary team
- Long term follow-up

The domains of assessment are Physical, Mental, Social, Environmental and Activity of daily living.

Benefits of Comprehensive Geriatric Assessment

Benefits of the Assessment are many and we note the followings:

- Improved diagnostic attainment
- Increased use of home health services
- Reduced medical care costs
- Reduced length of hospital stay
- Reduced or delayed admission to institutional care
- Improved functional status
- fewer medications
- improved cognition
- Reduced readmission rates
- Increased survival (less often) Medically-orientated Assessment

The Geriatric Assessment is performed in addition to standard medical history and physical examination.

1/ Medically-orientated Assessment:

the assessment seeks to uncover common conditions of frailty that affect functional status, e.g.: impaired vision, impaired hearing, reduced mobility and falls, Geriatric syndromes cognition, depression, malnutrition, urinary

incontinence, falls, iatrogenic illness.

2/ Social Assessment:

occupation, retirement and income level, participation in economic assistance programs, living arrangements, availability of transportation and shopping, educational and reading level, motivation and adherence to medical recommendations.

The assessment of social networks involves collecting information on: marital status, number of children and the frequency of their visits, existence and involvement of other close relatives or close friends, frequency of attendance at religious and secular meetings or events.

Supportive arrangements within a patient's network include practical assistance with daily tasks (such as transportation, shopping and cooking) and emotional assistance from family members, friends, or community groups. Conversely, questions about abusive behavior directed at the patient are a critical to the social assessment.

Supportive arrangements tackle:

- Financial issues.
- ADL: Activities of Daily Living like bathing, dressing, transferring, toileting, grooming, feeding and mobility.
- IADL: Instrumental Activities of Daily Living: telephone, meal preparation, managing finances, taking medications, doing laundry, doing housework, shopping and managing transportation.
- MNA: Mini Nutritional Assessment
- Dementia:
 - o Affects 6-8% over age 65 and 30% over age 85
 - o As baby boomers age this will be more and more common
 - o Risk factors: Age, Family History, Down's Syndrome, Head trauma, Fewer years of education, CV risk factors
 - o Patients with mild cognitive impairment progress to Alzheimer's at a rate of 12% per year

Types of Dementia:

- o Alzheimer's Disease –Gradual Progression 8-10 years, memory, language, visuospatial, and later apraxia
- o Vascular Dementia –Step-wise progression related to small vessel disease
- o Lewy Body Dementia- Gradual progression with Parkinson's symptoms and hallucinations
- o Frontotemporal Dementia-may be more rapid and

presenting with disinhibition

Some Definitions

• **Mini Mental State Examination or MMSE:** it involves orientation place, registration & recall: words, calculation &/or spelling; word choice, language: phrase, 3 stage command, copy design.

• **Geriatric Depression Scale or GDS:** Based on the research, it is clear the *GDS is the best validated instrument* in various geriatric populations. The CSDD may be better given its inclusion of information from caregivers, but further research in the *severely demented* elderly is needed.

- **Assessment of MOBILITY:** it includes the GET-UP-AND-GO test with
- TIMED UP AND GO TEST
- Get Up, Standing, Go, Turning, Sit down.
- Falls: complications of falls are the leading cause of death from injury in adults over age 65 with 33% of adults over age 65 report falling within the past year. Most result in minor soft tissue injuries and 10-15% result in fractures. 5% result in more serious soft tissue injury or head trauma. Cost of falls is considerable and includes ED visits, admission surgery etc and may require:
 - o Hospitalization
 - o Premature Nursing Home Placement
 - o Increased dependency
 - o Assisted living
 - o Feelings of Inadequacy

Interventions supported by medical literature to prevent falls in elderly include:

- Minimize medications
- Prescribe exercise strength training
- Treat visual impairments
- Manage postural hypotension
- Supplement Vitamin D 800IU/day
- Manage foot and footwear issues
- Assistive devices and supervision as needed
- Modify home environment

What is Geriatric Medicine?

According to the “The Malta Definition”, Geriatric Medicine is a specialty of medicine concerned with physical, mental, functional and social conditions occurring in the acute care, chronic disease, rehabilitation, prevention, social and end of life situations in older patients. This group of patients are considered to have a **high degree of frailty and active multiple pathologies**, requiring a holistic approach. Diseases may present differently in old age and are often very difficult to diagnose. The response to treatment is often delayed and there is frequently a need for social support.

Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimise the functional status of the older person and improve the quality of life and autonomy.

Goals of Geriatrics

- Respond to Changing Demographics and Economics
- Improve quality of life and care
- Minimize morbidity
- Maximize function

What is a Comprehensive Geriatric Assessment?

It is a **multidimensional** process, which should include an evaluation of client's needs in areas of: