Screening Geriatric Assessment

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Why Bother?

• Increasing number of older patients
• Greatest increase is in the most frail
• Patient satisfaction is high
• Case finding
• Investment in the future

Screening criteria

• The disease is prevalent
• The risk of screening is low
• There is effective treatment
• The cost is reasonable

Targeting

• Advantages to targeting to the frail
• Advantages to not targeting

What is geriatric assessment?

• Comprehensive versus Screening
  – personnel: MD, NP/PA, MSW, PharmD, PT
  compared to MD or NP/PA or RN
  – time: 3-4 hours compared to 7-10 minutes
  – cost: high compared to low

Primary care compared to specialist care

• Well within the scope of primary care practice
• Building rapport with the patient
• Practical: not enough geriatricians
• Continuity of care
The eleven domains

• Original development of these domains by Harvard Pilgrim Health Care work group
• Priority domains (the M and Ms)
• A geriatric “Review of Systems”

The domains

• Medication
• Mobility
• Mental Status
• Activities of Daily Living
• Social support
• Advance Directives
• Hearing
• Vision
• Urine problems
• Nutrition
• Depression

Medication

• The “brown bag” approach: check ALL medications, nutriceuticals, over the counter
• Dosage issues in the elderly
• Specific drugs potentially inappropriate
  – anticholinergics
  – Long acting benzodiazepines
  – Some narcotics (esp. Meperidine)
  – others: Indomethacin, Quinolones, NSAIDS

Treatment

• Pharmacy consultation
• Brown bag meetings for seniors in your office/community/Area Agency on Aging
• Less is more
• Start low, go slow
• Systems improvement: Are the “potentially inappropriate” drugs still on the hospital formulary?

Mobility

• The Get Up and Go Test
• The Functional Reach test
• One leg balance

Treatment

• Canes:
  – audience questions: A person with left sided weakness should use the cane on the right or the left side? What is the proper height of the cane? Arm at 20 degrees, 40 degrees, 60 degrees?
• Walkers
• Physical therapy
Mental status

- Gestalt/intuition: the “art” of medicine
- Three item recall: sensitivity and specificity poor
- MMSE: educationally dependent, “normal score” is greater than 24/30
- Animal naming: should be able to name 18 animals in one minute; test of executive function
- Clock drawing: look for detail and spacing

Dementia: treatment

- Mainly it is to “diagnose the patient, treat the family”
- Role of neurocognitive testing
- Power of attorney (financial and health care)
- Safety issues: Safe Return, Medic Alert
- Medication

Activities of Daily Living

- Ask about the higher level, the IADLs
  - ADLs: dressing, eating, ambulating, toileting, hygiene
  - ADLs: shopping, housekeeping, accounting, food preparation, using transportation

Treatment of deficits in ADLs

- Referral to social work
- Referral to Area Agency on Aging
- Day Care Center
  - question for the audience: how much does this cost? Who pays?

Social support

- As distinguished from social history
- Be very specific about who is around AND able to help

Social support: follow up

- Inquire about amount of information, if any can be given to a family member
- Ask permission to speak with the family member
- This leads easily to discussion of Advance directives
Advance directives

- Bring up the subject
- Assess the patient’s understanding of the issues
- Distinguish between acute resuscitation and support for chronic conditions

Advance directives: follow up

- Have brochures available in your office
- Consider community education
- Consider peer education
- Revisit this on an annual basis

Hearing

- Finger rubbing or whisper test

- Assess interest in a hearing aid; no point to further testing if not interested (unless sudden hearing loss)

Vision

- Functional vision is 20/40 with glasses on or the ability to read newspaper print

- Aside: any communication to Medicare beneficiaries must be in at least 12 point type

- Poor vision has been highly associated with rate of falls

Urine problems

- Women: questions about stress and urge incontinence; “do you leak urine when you cough or sneeze? Do you have to rush to get to the bathroom?”

- Men: prostate related questions: “do you have trouble starting or stopping your urine stream? Do you get up at night to urinate? Does your stream have less force?”

Treatment

- Over 50% of women can be cured of their stress incontinence by religiously doing the Kegel’s exercises

- Urge incontinence may respond to oxybutinin or similar medications
  – warn patients of possible confusion

- BPH symptoms usually respond to alpha blockers
  – warn patients of possible orthostatic change
**Nutrition**

- Ask if there has been a weight loss of greater than 10 pounds in 6 months
- Non-medical etiology for weight loss is common in the elderly
  - screen for alcoholism, financial difficulties, depression/loneliness in particular

**Depression**

- Single question: Are you often sad or depressed?
- Or: How do you see your future?
- Audience question: how prevalent is depression in the elderly?

**Treatment of depression**

- Doing what primary care providers do best: listening, support, caring
- Medications: Stimulants: Methylphenidate excellent in rehab setting; start 2.5 am, 2.5 noon
- Medications: SSRIs
  - Paroxetine: sedating; start at 5 mg
  - Venlafaxine: activating at high doses; start at 37.5 mg
  - Sertraline: somewhat activating; start at 25 mg
  - Mirtazapine: very sedating, for weight loss; start at 15 mg

**Objections! Barriers! “not in my practice”**

- Time issues:
  - consider a “rolling assessment”
  - Does it have to be just the physician?
  - Could it be the PATIENT? A nurse? A patient care assistant?

**More barriers...**

- “My patients are too sick”
- The questions about depression, advance directives and mental status may lead to a long discussion
  - This may be more important to the patient than other topics
  - This is a SCREEN; they could return for a longer discussion or literature could be given to them

**Conclusions**

- Geriatric assessment CAN and SHOULD be part of an office visit
- Problems discovered in such a “review of systems” are amenable to treatment
- Implementation requires a systems approach with conscious change in behavior of the physician and office staff
Quiz: what were those three words?

Bibliography


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