



October 2018

# ELDER CARE

## A Resource for Interprofessional Providers

### Geriatric Evaluation

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The practice of medicine traditionally approaches illness from a disease-based, organ system framework. This method works well for most patients seeking medical care. Older adults can challenge this construct, however, as they accumulate multiple complex chronic conditions, geriatric syndromes, and psychosocial stressors. Optimizing the health of these complicated patients requires a broad and systematic evaluation, termed “comprehensive geriatric assessment.” This process works best when undertaken by a trained interprofessional team using multidimensional diagnostic methods and management plans. Financial constraints and lack of personnel, however, often preclude such a comprehensive approach. This issue of Elder Care offers an approach to geriatric evaluation that individual clinicians can use during routine outpatient practice.

#### Geriatric History

When taking a medical history from older adults, clinicians should ask about a variety of issues, not just the standard questions used with younger individuals. Table 1 lists some key issues that should be included in a geriatric history.

#### Table 1. Components of a Geriatric Medical History

- Usual history (past medical history, family history, social history, etc.)
- Home support (living alone, living with family, assistance from home health aides, etc.)
- Home safety (guns, smoke alarms, life-alerts emergency systems, driving)
- Status of memory and cognition
- Mood and substance abuse
- Pain syndromes
- Special senses: vision, hearing, taste, and smell
- Eating habits, weight loss, oral cavity, swallowing issues
- Sleep habits
- Urinary incontinence and voiding problems
- Bowel habits
- Skin issues, including feet
- Mobility and falls
- Advance directives, goals of care, medical power of attorney
- Medication reconciliation

#### TIPS FOR PERFORMING GERIATRIC EVALUATION

- Remember to perform a complete geriatric review of systems regularly during outpatient clinical encounters with older adults.
- Ask not only about chronic medical problems, but also ask about geriatric syndromes, including polypharmacy.
- Use standard assessment tools, such as those listed in the tables, to assess functional status.
- Be sure to include discussions about advance directives and, when appropriate, end-of-life issues.

#### Physical Exam

In addition to performing a standard physical exam to evaluate and monitor medical disorders, the examination of older adults should consider several additional factors. These are noted in Table 2.

#### Table 2. Important Components of a Geriatric Physical

- Check for orthostatic hypotension
- Look for cerumen build-up and/or impaction in the ear canal
- Examine the oral cavity to assess dental status
- Observe gait, movement, mobility
- Examine feet, including pulses and sensation
- Look for tremor and cogwheel rigidity
- Check skin for dryness, pressure ulcers, skin cancer

#### Geriatric Syndromes

Many older adults experience daily challenges that affect their well-being and quality of life, but which do not fit neatly into organ-based diagnostic categories. These “geriatric syndromes” are multi-factorial in etiology and cross conventional organ system boundaries. As these symptoms are often not volunteered by patients, and are not addressed during a standard history and review of systems, they may go unrecognized and untreated.

The most common and important geriatric syndromes include pressure ulcers, incontinence, gait disorders and falls, functional decline, and cognitive impairment. Other problems that are common in the geriatric population include poor nutrition, poor oral/dental hygiene, and chronic pain. Resources to help assess and address these conditions are listed in Table 3.

#### Special Evaluations

In addition to asking about the issues listed in Tables 1 and 2, clinicians should evaluate patients for hearing and vision impairments, overall functional status, ability to perform activities of daily living, and frailty. Resources to assist with these evaluations, along with an approach recommended by the American Geriatrics Society for dealing with patients who have multiple chronic medical conditions, are shown in Table 4.

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Table 3. Geriatric Syndromes Resources/Tools
<b>Polypharmacy</b> <ul style="list-style-type: none"> <li>Updated Beers Criteria: <a href="http://www.sigot.org/allegato_docs/1057_Beers-Criteria.pdf">www.sigot.org/allegato_docs/1057_Beers-Criteria.pdf</a></li> <li>Drug-Drug Interactions: multiple online drug interactions checkers</li> </ul>
<b>Mobility/Balance/Falls:</b> <ul style="list-style-type: none"> <li>TUG test: <a href="http://www.cdc.gov/steady/pdf/TUG_Test-print.pdf">www.cdc.gov/steady/pdf/TUG_Test-print.pdf</a></li> <li>POMA: <a href="https://www.leadingagemn.org/assets/docs/Tinetti-Balance-Gait--POMA.pdf">https://www.leadingagemn.org/assets/docs/Tinetti-Balance-Gait--POMA.pdf</a></li> <li>FIM: <a href="http://www.physio-pedia.com/functional_independence_measure_fim">www.physio-pedia.com/functional_independence_measure_fim</a></li> <li>BERG: <a href="http://www.geriatrictoolkit.missouri.edu/Berg-Balance-Scale.doc">www.geriatrictoolkit.missouri.edu/Berg-Balance-Scale.doc</a></li> </ul>
<b>Incontinence:</b> <ul style="list-style-type: none"> <li>Urinary Incontinence Toolkit: <a href="http://www.gericareonline.net/tools/eng/urinary/index.html">http://www.gericareonline.net/tools/eng/urinary/index.html</a></li> </ul>
<b>Nutrition</b> <ul style="list-style-type: none"> <li>Body Mass Index: <a href="https://www.nhlbi.nih.gov/health/educational/lose_wt/bmitools.htm">https://www.nhlbi.nih.gov/health/educational/lose_wt/bmitools.htm</a></li> <li>Mini Nutritional Assessment: <a href="https://consultgeri.org/try-this/general-assessment/issue-9.pdf">https://consultgeri.org/try-this/general-assessment/issue-9.pdf</a></li> </ul>
<b>Oral Hygiene</b> <ul style="list-style-type: none"> <li>Brief Oral Health Status Exam: <a href="https://www.consultgeri.org/try-this/general-assessment/issue-18.pdf">https://www.consultgeri.org/try-this/general-assessment/issue-18.pdf</a></li> </ul>
<b>Pain Communication Tools</b> <ul style="list-style-type: none"> <li><a href="https://geriatricpain.org/sites/geriatricpain.org/files/wysiwyg_uploads/paincommunicationtool.pdf">https://geriatricpain.org/sites/geriatricpain.org/files/wysiwyg_uploads/paincommunicationtool.pdf</a></li> </ul>

## Psychosocial Issues

Lack of awareness of psychosocial issues can also be a barrier to optimal care. Depression, mental illness, and substance abuse can affect treatment compliance and quality of life. Poor social support, financial stress, and even elder abuse can go unnoticed if not asked about during a thorough review. Resources for addressing a variety of psychosocial issues are shown in Table 5.

## Screening Tests

Finally, for well-functioning older adults, clinicians should consider performing age-appropriate, guideline-directed screening tests. Note, however, that the US Preventive Services Task Force concludes that the current evidence is insufficient to assess the balance of benefits and harms of routinely screening all older adults for impaired visual acuity, hearing loss, elder abuse, and cognitive impairment.

## References and Resources

Carlson, C, Merel, S, Yukawa, M. Geriatric Syndromes and Geriatric Assessment for the Generalist. *Med Clin N Am.* 2015; 99:263--279.  
Tatum, P, Talabreza, S, Ross, J. Geriatric Assessment: An Office-Based Approach. *Am Fam Physician.* 2018; 97(12): 776-784.

Table 4. Resources to Aid in Geriatric Evaluation
<b>Multiple Chronic Conditions</b> <ul style="list-style-type: none"> <li>Patient-Centered Care for Older Adults with Multiple Chronic Conditions: A Stepwise Approach from the American Geriatrics Society: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4459791/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4459791/</a></li> </ul>
<b>Special Senses</b> <ul style="list-style-type: none"> <li>Hearing: Whisper test, Brief Hearing Loss Screener: <a href="https://geriatrics.ucsf.edu/sites/geriatrics.ucsf.edu/files/2018-06/whispertest.pdf">https://geriatrics.ucsf.edu/sites/geriatrics.ucsf.edu/files/2018-06/whispertest.pdf</a></li> <li>Visual acuity: Snellen eye chart</li> </ul>
<b>Functional Status</b> <ul style="list-style-type: none"> <li>ADLs: Katz scale: <a href="http://chroniccare.rehab.washington.edu/westernwa/geriatrics/resources/katzindeptest.pdf">http://chroniccare.rehab.washington.edu/westernwa/geriatrics/resources/katzindeptest.pdf</a></li> <li>IADLs: Lawton scale: <a href="https://consultgeri.org/try-this/general-assessment/issue-23.pdf">https://consultgeri.org/try-this/general-assessment/issue-23.pdf</a></li> </ul>
<b>Frailty</b> <ul style="list-style-type: none"> <li>Vulnerable Elder Survey: <a href="http://www.rand.org/health/projects/acove/survey.html">www.rand.org/health/projects/acove/survey.html</a></li> <li>Frail Scale: <a href="http://www.nscphhealth.co.uk/edmontonscale.pdf">www.nscphhealth.co.uk/edmontonscale.pdf</a></li> </ul>
Table 5. Psychosocial Resources/Tools
<b>Cognition</b> <ul style="list-style-type: none"> <li>Montreal Cognitive Assessment: <a href="https://www.mocatest.org/">https://www.mocatest.org/</a></li> <li>St. Louis University Mental Status Exam: <a href="http://aging.slu.edu/pdfsurveys/mentalstatus.pdf">http://aging.slu.edu/pdfsurveys/mentalstatus.pdf</a></li> <li>Minicog: <a href="http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-011916.pdf">http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-011916.pdf</a></li> </ul>
<b>Mood</b> <ul style="list-style-type: none"> <li>PHQ2 and PHQ9: <a href="http://www.psnpalalto.com/wp/wp-content/uploads/2010/12/PHQ-2-to-9-for-adults-Self-Scoring.pdf">www.psnpalalto.com/wp/wp-content/uploads/2010/12/PHQ-2-to-9-for-adults-Self-Scoring.pdf</a></li> <li>Stanford Geriatric Depression Scale: <a href="https://web.stanford.edu/~yesavage/GDS.html">https://web.stanford.edu/~yesavage/GDS.html</a></li> </ul>
<b>Substance Abuse</b> <ul style="list-style-type: none"> <li>Screen for alcohol misuse: <a href="http://www.mdcalc.com/cage-questions-alcohol-use">www.mdcalc.com/cage-questions-alcohol-use</a></li> <li>Ask about smoking and provide tobacco cessation interventions</li> </ul>
<b>Social Support</b> <ul style="list-style-type: none"> <li>Ask about financial problems, loneliness, support systems, spiritual needs, caregiver burnout, elder abuse; refer as needed</li> </ul>
<b>End of Life Issues</b> <ul style="list-style-type: none"> <li>Advance Directives: varies by state, available at <a href="http://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/">www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/</a></li> <li>POLST/MOLST (selected states): <a href="http://polst.org/">polst.org/</a></li> </ul>

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Supported by: Donald W. Reynolds Foundation, Arizona Geriatrics Workforce Enhancement Program and the University of Arizona Center on Aging

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28721, Arizona Geriatrics Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.