THE UNIVERSITY OF ARIZONA
Arizona Center on Aging
www.aging.arizona.edu

August 2012 (updated May 2015)

ELDER CARE

A Resource for Interprofessional Providers

Geriatric Evaluation

Rosemary Browne, MD, College of Medicine, University of Arizona

The practice of medicine traditionally centers on an organ system and disease-based approach to illness. For older adults, however, this method can often lead to inadequate and suboptimal care. Many "geriatric" problems are multi-factorial in etiology, span conventional organ system boundaries, and therefore cannot be treated as a single organ system disease. For example, falls can result from deficits in a variety of systems, including musculoskeletal, neurologic, cardiac, and/or the special senses.

Additionally, many geriatric issues are not covered during a traditional disease-based history and review of systems. As a result, common geriatric conditions can go unrecognized and untreated. Furthermore, disease processes do not exist in isolation in the geriatric population. Rather, illness is experienced in the milieu of concurrent co-morbidities, multiple medications and treatments, and often in vulnerable patients, i.e., older adults with little functional reserve, decreased cognitive capacity, and inadequate social support. Attempting to cure one component of dysfunction without an appreciation of the state of the whole patient can often lead to treatment failure, further loss of independence, and ultimately a decline in health related quality of life.

Optimizing the health of older adults, therefore, requires a broad and systematic evaluation. Beyond addressing organ-based diseases, geriatric evaluation assesses the condition of an older adult across a spectrum of domains, including functional and cognitive status, mental health, and social support. Additionally, a geriatric evaluation looks for common, multi-factorial syndromes which influence well-being, including urinary incontinence, malnutrition, polypharmacy, gait instability and falls. Managing and minimizing these problems can improve health and prolong independence. Lastly, an all-inclusive geriatric evaluation provides a natural opportunity to raise end-of-life issues when a patient is not seriously ill.

Geriatric assessment performed as a multidimensional diagnostic approach and management plan undertaken by a trained geriatric interprofessional team is termed a comprehensive geriatric assessment. Financial constraints and lack of personnel, however, often preclude such a complete approach. This issue of Elder Care offers a way for individual clinicians to assess for geriatric vulnerabilities during routine outpatient medical practice.

Table 1. Components of the Geriatric Evaluation
Physical Health: Resources/Tools

Co-Morbidities
Routine History including review of systems, focused physical (be aware of signs of elder abuse), targeted laboratory and imaging studies

Special Senses
Hearing: Whisper test, Brief Hearing Loss Screener: www.consultgerirn.org/uploads/File/trythis/try_this_12.pdf (From The Hartford Institute for Geriatric Nursing, New York University, College of Nursing)
Vision: Ophthalmologic referral q1-2 years

Functional Status
ADLs - Katz scale: www.soapnote.org/elder-care/katz-adl/
IADLs - Lawton scale: www.soapnote.org/elder-care/lawton-iadl/
Vulnerable Elders Scale-13 (VES-13): www.rand.org/health/projects/acove/survey.html

Screening Tests
US Preventive Services Task Force (USPSTF) www.ahrq.gov/clinic/uspstfix.htm
USPSTF Electronic Preventive Services Selector http://epss.ahrq.gov/PDA/index.jsp

Geriatric Review of Systems

During an outpatient encounter, a geriatric evaluation begins during the review of systems, by assessing an older adult's ability to perform the activities of daily living (ADLs) essential for independence: dressing, eating, ambulating/transfers, toileting and hygiene. If the patient is functional in these areas, evaluate the next higher level of function, the instrumental activities of daily living (IADLs) which include shopping, cooking, doing household chores, managing finances, using the telephone, and managing medications. Deficits in any of these areas can

TIPS FOR PERFORMING GERIATRIC EVALUATION

- Remember to perform a complete geriatric review of systems regularly during outpatient clinical encounters with older adults.
- Remember to ask about geriatric syndromes, including polypharmacy.
- Use an all-inclusive geriatric evaluation as an opportunity to address end-of-life issues.

ELDER CARE

provide guidance for further history taking and focus the physical exam. The next step is to evaluate special senses and nutrition. Ask about vision and hearing. Perform a nutritional assessment by checking on the status of taste and smell, oral hygiene and weight loss.

Assessing for geriatric syndromes is especially important, as older adults generally do not offer complaints in these areas. Include screening questions to evaluate for pain, dementia, depression or other mental health problems, incontinence, immobility and falls. Reviewing medications is also paramount, and should be part of every geriatric medical encounter. See Table 2 for a list of Geriatric Syndromes resources and tools.

Table 2. Components of the Geriatric Evaluation Geriatric Syndromes: Resources/Tools

Polypharmacy
Updated Beers Criteria: www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf
Drug-Drug Interactions - multiple online applications available

Balance and Falls
Get up and go test: http://www.reynolds.med.arizona.edu/EduProducts/podcasts/GetUpAndGo.cfm
POMA: www.hospitalmedicine.org/geriresource/toolbox/pdfs/poma.pdf

Incontinence
www.reynolds.med.arizona.edu/EduProducts/providerSheets/Urinary%20Incontinence-Diagnosis.pdf

Nutrition
Body Mass Index: www.nhlbisupport.com/bmi/
DETERMINE: www.hospitalmedicine.org/geriresource/toolbox/determine.htm

Oral Hygiene
www.guideline.gov/content.aspx?id=34447&search=geriatric+oral+health

www.reynolds.med.arizona.edu/EduProducts/podcasts/oralhealth.cfm

Pain
http://www.healthcare.uiowa.edu/igec/tools/categoryMenu.asp?categoryID=7

Lastly, include a series of questions to assess social support, safety, financial stressors, and end-of-life considerations. See Table 3 for Psychosocial resources and tools.

Table 3. Components of the Geriatric Evaluation Psychosocial: Resources/Tools

Cognition
Montreal Cognitive Assessment: www.mocatest.org/
St. Louis University Mental Status Exam: www.stlouis.va.gov/GRECC/SLUMS_English.pdf
Minicog: http://www.hospitalmedicine.org/geriresource/toolbox/pdfs/clock_drawing_test.pdf

Mood
Two-question depression screen: "During the past month, have you been bothered by feeling down, depressed or hopeless?" and "During the past month, have you been bothered by little interest or pleasure in doing things?"
Stanford Geriatric Depression Scale: www.stanford.edu/~yesavage/GDS.html

Substance Abuse
Screen for alcohol misuse http://pubs.niaaa.nih.gov/publications/inscage.htm Ask about smoking and provide tobacco cessation interventions

Social Support
Ask about financial problems, loneliness and support systems, spiritual needs, caregiver burnout, elder abuse - refer for further social services as needed and available

End of Life
Five Wishes: www.agingwithdignity.org/five-wishes.php
POLST (selected states): www.ohsu.edu/polst/

Evidence Base

The evidence to support the above recommendations varies. The U.S. Preventive Services Task Force indicates good evidence in support of screening and treatment for fall prevention, and screening for depression if there are systems for intervention. Screening for hearing deficits is currently under review. At present, there is insufficient evidence to validate screening *asymptomatic* older adults for impaired visual acuity, dementia, or elder abuse.

References and Resources

Rosen, L, Reuben, DB. Geriatric assessment tools. *Mt Sinai J Med.* 2011; 78:489–497.
Elsawy B, Higgins KE. The geriatric assessment. *Am Fam Physician.* 2011; 83(1):48-56.
The U.S. Preventive Services Taskforce. August 2010. http://www.uspreventiveservicestaskforce.org/index.html

Interprofessional care improves the outcomes of older adults with complex health problems

Editors: Mindy Fain, MD; Jane Mohler, NP-c, MPH, PhD; and Barry D. Weiss, MD
Interprofessional Associate Editors: Tracy Carroll, PT, CHT, MPH; David Coon, PhD; Jeannie Lee, PharmD, BCPS; Lisa O'Neill, MPH; Floribella Redondo; Laura Vitkus, BA

The University of Arizona, PO Box 245069, Tucson, AZ 85724-5069 | (520) 626-5800 | http://aging.medicine.arizona.edu

Supported by: Donald W. Reynolds Foundation, Arizona Geriatric Education Center and 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 UB4HP19047, Arizona Geriatric Education Center. 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.