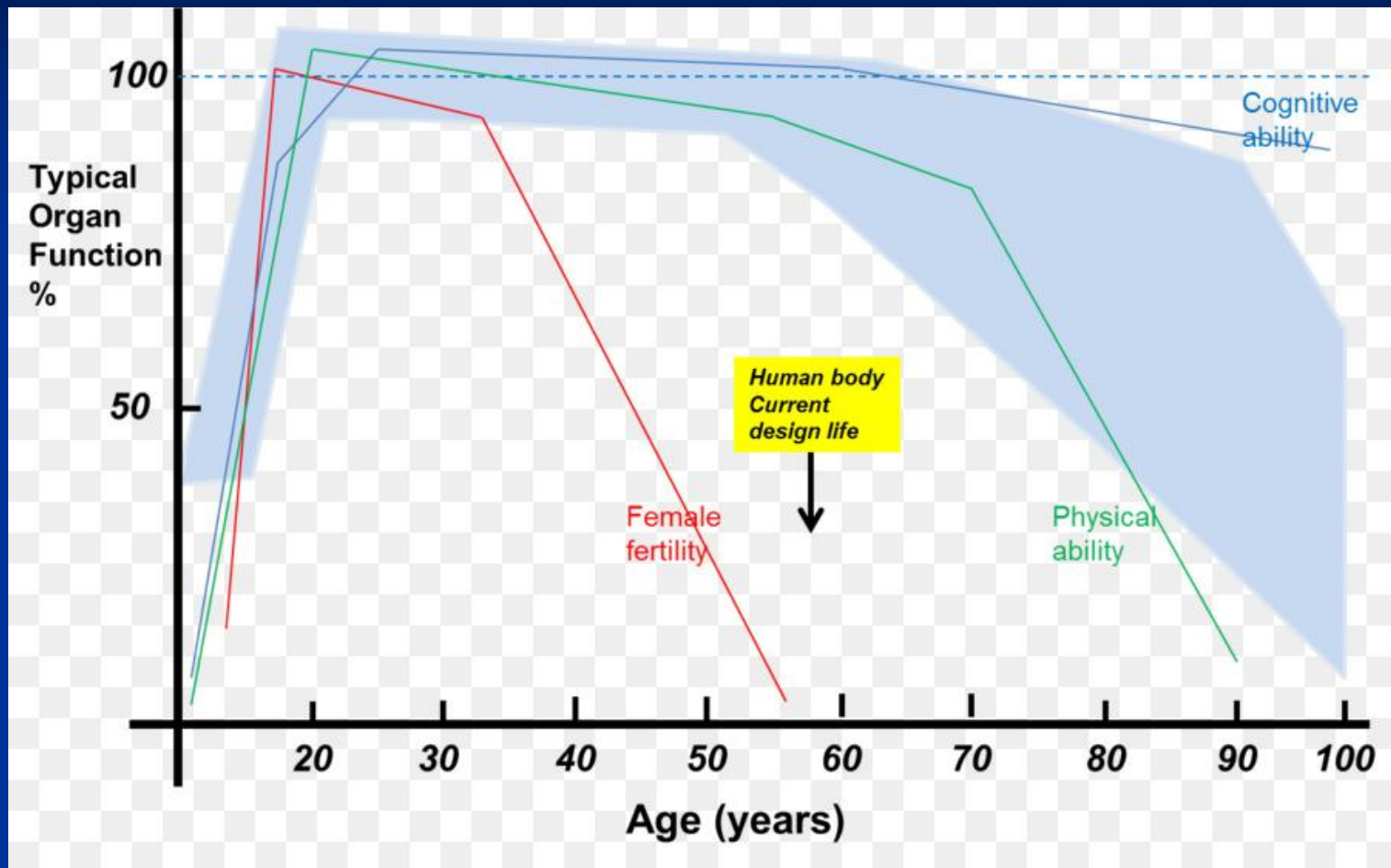


The background of the slide is a photograph of a large, old tree with thick, gnarled brown branches. The sun is shining through the leaves in the upper right corner, creating a bright starburst effect. The overall scene is a close-up of the tree's trunk and branches.

# Assessment of Geriatric and Elderly Patient

- Dr. Behcet Al
- EM Department of Medicine School,  
University of Gaziantep/Turkey
- Budapest, 2019





# Dünya yaşlanıyor

By 2030 – 25% of US population will be over 65 years old

- Largest growing segment is the over 85 group
- 69 men per 100 women
- So still 75% of those >85 are living in the community

# Turkey is also aging...

- 1998      3.5 million--- (%5.3)
- 2010      5 million
- 2020      8-9 million (10%)
- 2050      12 million

2x doubling in 20 years

**Mean 78 (2018)**

# Age and old age

(WHO)

- Middle age: 45-60 ages

- Elderly:

  - *Young elderly:* 65-74 ages

  - *Old:* 75-84 ages

  - *Oldest-Old:*  $\geq 85$  ages

Geriatric age international  $\geq 65$  age

# Geriatric Medicine

- >65 years old
  - Health problems
  - Diseases
  - Social life
  - Function
  - Quality of life
  - Mood
  - Cognition
  - Preventive medicine



# GERIATRIC PATIENT

## Different

- Causes and related factors
- Symptoms
- Signs
- Elderly and caregiver or family attitudes

# Elderly and symptoms of disease

- Symptoms of disease frequently could be accepted as normal aging by the elderly and the family
- Don't give attention to the symptoms
- Symptom reporting rate to doctor is also low



- Too chronic diseases
- Multiple drugs are used
- Uncontrolled use of Antiaging products

- ❖ Pharmacokinetic and pharmacodynamic changes
- ❖ Drug-drug, drug-disease interactions high, patient adherence to treatment is low



# COMPREHENSIVE GERIATRIC ASSESSMENT

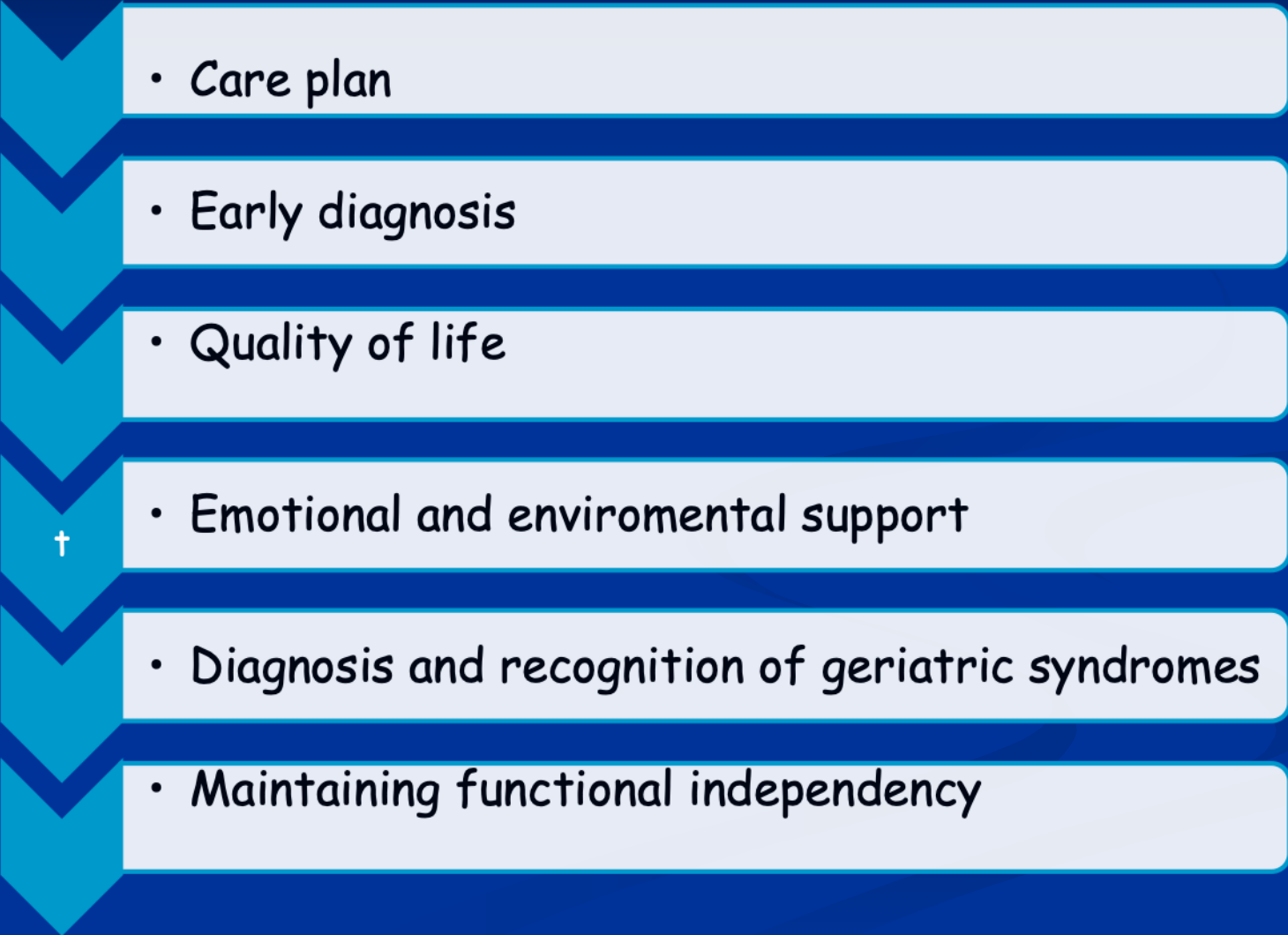
- CGA is defined as a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of a frail older person in order to develop a coordinated plan to maximize overall health with aging .

The health care of an older adult requires evaluation of multiple issues, including



Treatable health problems and lead to better health outcomes

# Goals of CGA

- 
- Care plan
  - Early diagnosis
  - Quality of life
  - Emotional and enviromental support
  - Diagnosis and recognition of geriatric syndromes
  - Maintaining functional independency



# CGA is based on identifying appropriate patients

- Neither too well nor too sick pts
- Candidates should benefit from CGA

Who are likely to benefit from CGA?  
No criteria

# ASSESSMENT TEAM

- Geriatrician
- Geriatric nurse
- Social work specialist?
- Physiotherapists
- Occupational therapist ?
- Nutrition specialists

# MAJOR COMPONENTS of CGA

## Core components

- Functional capacity
- Fall risk
- Cognition
- Mood
- Polypharmacy
- Social support
- Financial concerns
- Goals of care

## Additional components

- Nutrition/weight change
- Urinary continence
- Sexual function
- Vision/hearing
- Dentition
- Living situation
- Spirituality

# What does CGA bring?

- Hospitalisation ↓
- Mortality ↓
- Functional dependency ↓
- Injuries ↓
- Cost ↓
- Hospital and nursing home attendees ↓
- Improvement in quality of life
- Prolongation of life expectancy
- Patient satisfaction



CAREGIVER



symptoms of depression or caregiver  
burnout

BURNOUT

# CGA models

- Home geriatric assessment
- Acute geriatric care units
- Post-hospital discharge
- Outpatient consultation
- Inpatient consultation

# Frequent problems in elderly

- Hypertension
- CHD,CHF (cardiac problems)
- Cancer
- Infections:especially respiratory and urinary
- Senil osteoporosis
- Osteoarthritis
- Hearing and vision problems

# Functional Status Assessment

## ■ Parameters related

- Daily living activities
- Mobility-Falls
- Malnutrition
- Urinary incontinance
- Vision
- Hearing
- Cognition
- Depression



# Daily living activities

- **AADLs** ability to fulfill
- societal,
- community,
- and family roles

## **IADLs**

- Shopping for groceries
- Driving or using public transportation
- Using the telephone
- Performing housework
- Doing home repair
- Preparing meals
- Doing laundry
- Taking medications
- Handling finances

## **BADLs**

- Bathing
- Dressing
- Toileting
- Maintaining continence
- Grooming
- Feeding
- Transferring

*Small changes in function can  
make a  
big difference in  
quality of life for patients  
and their caregivers*

# Geriatric syndromes

- "Geriatric syndrome" is a term that is often used to refer to common health conditions in older adults that do not fit into distinct organ-based disease categories and often have multifactorial causes.

# GERIATRIC SYNDROMES

- Dementia
- Depression
- Delirium
- Incontinance
- Pressure sores
- Falls and fractures
- Sexual problems, erectile dysfunction
- Prostate problems
- Mobility problems
- Sarcopenia
- Malnutrition
- Polypharmacy





# Risk factors for falls

## Intrinsic risk factors

- Systemic diseases
- Bone-skeletal and balance problems
- Impairment in vision and hearing
- Neurological disorders
- Functional dependency
- Frailty

## Extrinsic risk factors

- Polypharmacy
- Slippery floors
- Insufficient lightening
- Inappropriate beds or chairs
- unsafe bathrooms
- Carpets
- Busy rooms

# Falls and Gait Disorders

## ■ Fall History Assessment:

- Ask the Patient: Did you fall past year?

## ■ Gait Assessment

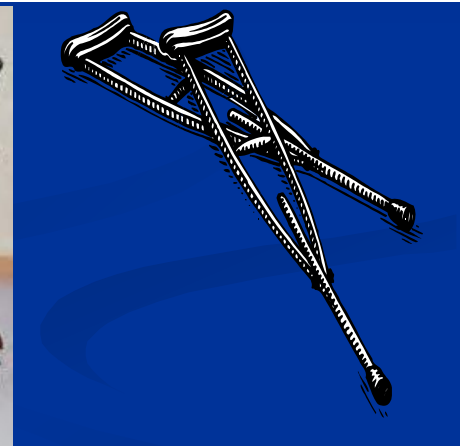
### ■ Up and Go Test

- Rise from chair, walk 10 feet, turn around, walk back, sit down

- Timed Up and Go Test - normal less than 10 seconds

- Tinetti ( or POMA)



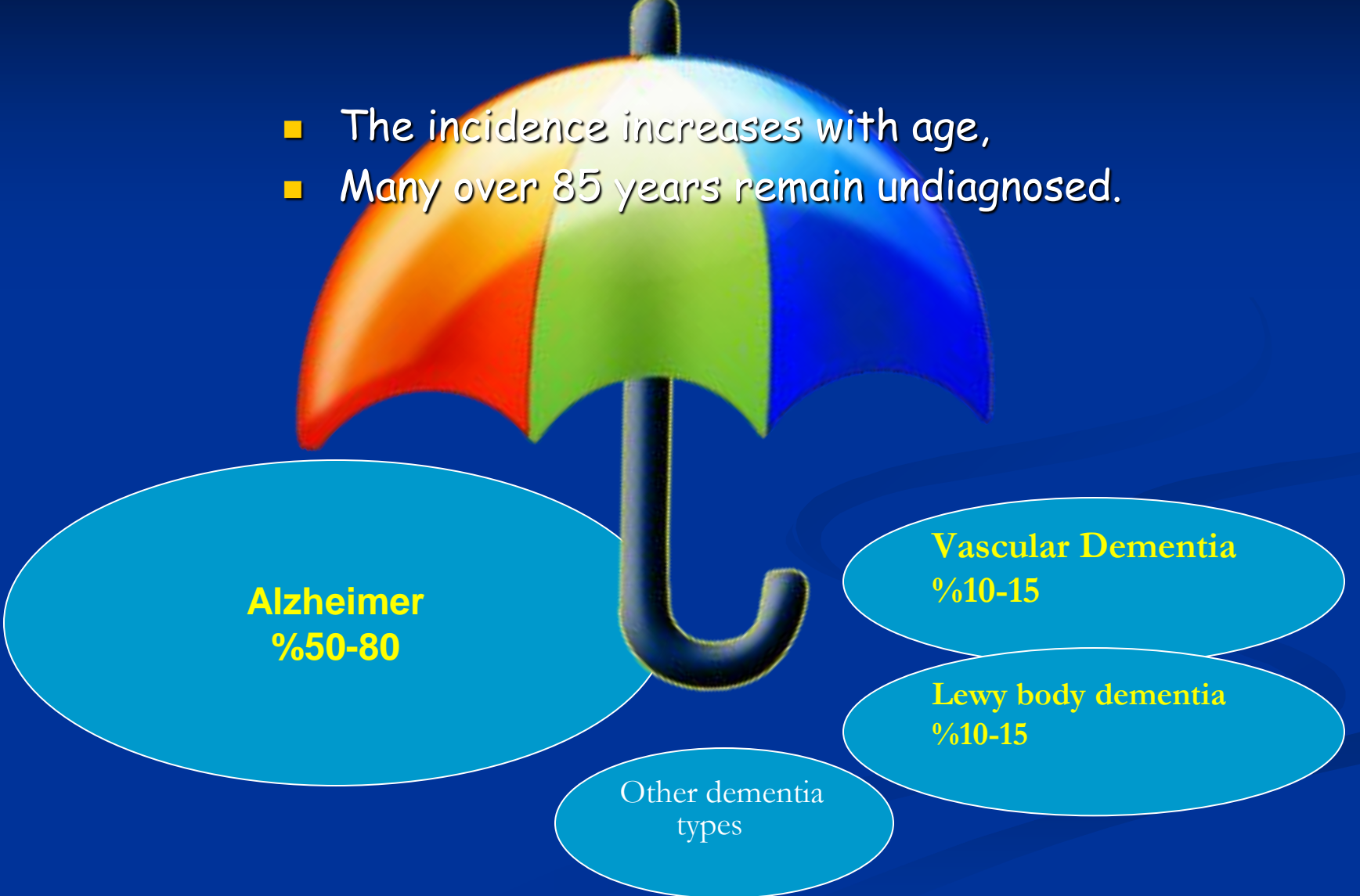


# Dementia

- Dementia is a disorder that is characterized by a decline in cognition involving one or more cognitive domains (learning and memory, language, executive function, complex attention, perceptual-motor, social cognition).
- The deficits must represent a decline from previous level of function and be severe enough to interfere with daily function and independence.

# Dementia

- The incidence increases with age,
- Many over 85 years remain undiagnosed.



**Alzheimer**  
**%50-80**

**Vascular Dementia**  
**%10-15**

**Lewy body dementia**  
**%10-15**

Other dementia  
types



# Tests

- Mini-Mental State Examination
- Montreal Cognitive Assessment (MoCA)
- Clinical Dementia Rating
- Mini-Cog (clock drawing task and an uncued recall of three unrelated words)
- Informant interview
- Short portable mental status questionnaire
- Clock drawing
- Neuropsychologic testing

# Risk Factors

- Old age
- Female
- Family history
- Low educational status
- Head trauma
- Depression



# Reversible reasons for dementia

- Drugs
- Metabolic
- Endocrine
- Vitamin B12 def.
- Psychiatric factors

# Laboratory evaluation for dementia

- TFT
- Vitamin B12
- CBC
- KFT
- LFT
- Glucose,
- Electrolyte levels
- Brain CT or MRI

# Dementia - What can we do?

- Rule out other contributors and optimize medical conditions
- Education for caregivers
- Drugs
- Advance directives and planning



# DEPRESSION

- %12
- Affects quality of life, dementia, prognosis of many disease
- Commonly recurrent and chronic
  - Remains undiagnosed
  - Inadequately treated.
  - presents atypically
  - Masked with cognitive impairment.

## Geriatric Depression Scale: Short Form

A two-questions are important to identify the risk if both:

1. During the past month, have you been bothered by feeling down, depressed, or hopeless?
2. During the past month, have you been bothered by little interest or pleasure in doing things?"

14. Do you feel that your situation is hopeless? **YES / NO**

**Suicide risk is high especially in elderly men**

A score > 5 points is suggestive of depression.

A score  $\geq 10$  points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.

Source: <http://www.stanford.edu/~yesavage/GDS.html>

This scale is in the public domain.

*The Hartford Institute for Geriatric Nursing would like to acknowledge the original author of this Try This, Lenore Kurlowicz, PhD, RN, CS, FAAN, who made significant contributions to the field of geropsychiatric nursing and passed away in 2007.*

# Common predisposan factors

- Lack of social support
- Loss of children or spouse
- Physical dependency
- Nursing home replacement
- Comorbid diseases especially stroke
- Polypharmacy
- Malnutrition

# Urinary incontinence

- Community dwelling elderly
    - ♀: %4.5-44
    - ♂: %7.2-21
  - Hospital %30
  - Nursing home %50-70
- 
- Pathologic in every age
  - Mostly treatable and reversible

# Importance of UI

- Rash
- Pressure sores
- Infection
- Falls
- Isolation, depression
- Nursing home replacement
- Caregiver burden





# Reversible UI

- D-elirium
- I-nfection
- A-trophic urethritis-vaginitis
- P-harmaceuticals
- E-xcess urine output
- R-estricted mobility
- S-tool impaction



## Drugs and elderly

Overuse

Insufficient  
use

Misuse

Start low and go slow

Let's be  
cautious



As health systems should move towards electronic health records

# Despite all of this, old age is not a plague.

- Patient
- Experience
- History
- Respect
- Compassion
- Prayer
- Abundance
- Memory
- Our future and .....and all.

# Bir Arap şairi

- Eğer bir gün gençliğim karşıma çıksa idi, yaşlılığın başıma neler getirdiğini ona tek tek söyleyecektim.



**Dostlardan ayrılık olmasa idi ölüm aramıza  
girip yol bulamazdı ki bizi alıp götürsün**





# Summary

- Aging is a big issue!
- Focus on function
- Consider caregivers and abuse
- Review medications
- Screen for geriatric syndromes:
  - falls, incontinence, dementia, depression, hearing, vision, pain