OBJECTIVES

Know and understand:

• How to assess the functional ability of the older adult
• Why a focus on function is important
• How to perform a comprehensive geriatric assessment
• Strategies to enhance communication with older patients
TOPICS COVERED

- Principles of geriatric assessment
- Communication strategies
- Physical assessment
- Cognitive assessment
- Psychologic assessment
- Social assessment
- The older driver
- Case studies
PRINCIPLES OF GERIATRIC ASSESSMENT

Goal: Promote wellness, independence

Focus: Function, performance (gait, balance, transfers)

Scope: Physical, cognitive, psychologic, social domains

Approach: Multidisciplinary

Efficiency: Ability to perform rapid screens to identify target areas

Success: Maintaining or improving quality of life
GOAL OF COMPREHENSIVE GERIATRIC ASSESSMENT

To determine a patient’s

• medical status
• functional capabilities
• psychosocial status

in order to develop an overall plan for treatment and long-term follow-up
COMMUNICATION STRATEGIES: CONTROL THE ENVIRONMENT

• Use a well-lit room
• Avoid backlighting
• Minimize extraneous noise
• Minimize interruptions
COMMUNICATION STRATEGIES: ESTABLISH A FRIENDLY RELATIONSHIP

• Introduce yourself
• Address the patient by last name
• Face the patient directly
• Sit at eye level
• Speak slowly in a deep tone
• Ask open-ended questions: “What would you like me to do for you?”
COMMUNICATION STRATEGIES: ACCOMMODATE PATIENTS’ NEEDS

• Inquire about hearing deficits, raise voice volume accordingly

• If necessary, write questions in large print

• Allow ample time for patient to answer
Complete physical assessment includes:

- Functional status
- Nutrition
- Vision
- Hearing
TOOLS TO ASSESS FUNCTIONAL STATUS

Activities of Daily Living (ADLs)

- Bathing, dressing, transferring, toileting, grooming, feeding, mobility

Instrumental Activities of Daily Living (IADLs)

- Using telephone, preparing meals, managing finances, taking medications, doing laundry, doing housework, shopping, managing own transportation

“Get Up and Go” test

- Qualitative, timed, assesses gait, balance, and transfers
ASSESS NUTRITIONAL STATUS

Screen for malnutrition

• Visual inspection
• Measure height, weight, body mass index (BMI)
  —BMI = weight (kg) / height (m^2)
  —low BMI < 20 kg/m^2)
• Unintentional weight loss > 10 lbs

Poor nutrition may reflect medical illness, depression, functional losses, financial hardship
VISION

- Cataracts, glaucoma, macular degeneration, and abnormalities of accommodation worsen with age

- Assess difficulties by asking about everyday tasks
  - driving; watching TV; reading

- Use performance-based screening
  - ask to read from newspaper, magazine
  - use Snellen chart or Jaeger card
HEARING

• Hearing loss is common among older adults
• Impaired hearing → depression, social withdrawal
• Assess first for cerumen impaction
• Use hand-held audioscope to test for abnormality
  —loss of 40 dB tone at 1000 or 2000 Hz in one or both ears is abnormal
  —refer for formal audiometry testing
WHY SCREEN FOR COGNITIVE LOSS?

• Prevalence of Alzheimer’s disease:
  —10% of those aged 65+
  —nearly 50% of those aged 85+

• Most people with dementia do not complain of memory loss

• Cognitively impaired older persons are at ↑ risk for accidents, delirium, medical nonadherence, and disability
COGNITIVE ASSESSMENT: PERFORMANCE MEASURES

• Recall 3 items

• Folstein’s Mini-Mental State Examination (MMSE)
  — widely used
  — tests orientation, registration, recall, attention, calculation, language, visuospatial skills

• Tests of executive control
  — clock-drawing test
  — listing 4-legged animals test
ASSESS PSYCHOLOGICAL STATUS

Although prevalence of major depression among older adults is low (1%-2%), “subclinical” depression is common

- Ask “Do you often feel sad or depressed?”

- If “Yes,” do further evaluation, e.g., Geriatric Depression Scale

- Watch for signs of anxiety, bereavement
SOCIAL ASSESSMENT SHOULD INCLUDE:

- Availability of a personal support system
- Caregiver burden
- Economic well-being
- Elder mistreatment *(If concerned, consider referral to visiting nurse to assess home safety, level of personal risk)*
- Advance directives
THE OLDER DRIVER: THE PROBLEM

Although the number of crashes among older drivers is low . . .

The number of crashes per mile driven and the likelihood of serious injury and death are higher than for any other age group except those 16 to 24 years old.
RISK FACTORS FOR OLDER DRIVERS

- Reduced vision
- Dementia
- Impaired neck and truck rotation
- Limitations of shoulders, hips, ankles
- Foot abnormalities
- Poor motor coordination
- Medications and alcohol that affect alertness
WHEN AN ACCIDENT OR DRIVING VIOLATION OCCURS

Assess Risks
• Discuss safety concerns with the older driver and with spouse or family member, if possible
• Urge consideration of other modes of transportation
• Refer for formal driving evaluation

Encourage the Driver to Reduce Risks
• Avoid rush hour, congested traffic
• Avoid night driving
• Avoid driving in poor weather
WHEN DRIVING CESSATION IS UNAVOIDABLE

• Remember that driving cessation may result in
  —reduced activity level
  —depressive symptoms

• Learn & follow individual state laws on reporting impaired drivers (contact local office of DMV)
SUMMARY

• The focus of geriatric assessment is on function

• Successful assessment promotes wellness and independence

• Strategies that enhance communication with older patients should be used

• Comprehensive assessment includes physical, cognitive, psychologic, and social aspects of health
A 78-year-old man has generalized aching, headache, and fatigue.

On further questioning, he reports hearing loss and urge incontinence. He also has lost interest in his weekly golf game.
Which of the following should you do next?

(A) Evaluate each complaint individually

(B) Ask the patient which symptom bothers him most and evaluate it first

(C) Evaluate the possibility of depression

(D) Perform a comprehensive geriatric assessment

(E) Validate the patient’s complaints with a close family member or friend
CASE #1 (3 of 3)

Which of the following should you do next?

(A) Evaluate each complaint individually

(B) Ask the patient which symptom bothers him most and evaluate it first

(C) Evaluate the possibility of depression

(D) Perform a comprehensive geriatric assessment

(E) Validate the patient’s complaints with a close family member or friend
CASE #2 (1 of 3)

An 80-year-old woman must use her arms to rise from a chair. Her balance is good and gait is normal. Findings of the remainder of physical examination are unremarkable.

The patient has been less active in the past 2 months; she used to take daily walks but stopped because of inclement weather.
Which is the best initial management for this patient?

(A) Referral for physical therapy
(B) Raised toilet seat
(C) Single-point cane
(D) Increased exercise
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(A) Referral for physical therapy
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(D) Increased exercise
A 79-year-old man comes to you for a routine visit. He is accompanied by his daughter, who reports that the patient is having difficulty hearing. He denies this and explains that people around him do not speak clearly. The patient’s ears are free of cerumen impaction.
Which of the following is the most reliable and valid screening test for hearing loss?

(A) Tuning-fork test
(B) Finger-rub test
(C) Whisper test
(D) Rinné and Weber tests
(E) Audioscopy
CASE #3 (3 of 3)

Which of the following is the most reliable and valid screening test for hearing loss?

(A) Tuning-fork test  
(B) Finger-rub test  
(C) Whisper test  
(D) Rinné and Weber tests  
(E) Audioscopy
A 78-year-old man comes for an office visit with his wife, who is concerned about his driving. She says he makes unsafe lane changes and seems to have difficulty with oncoming traffic when turning left.

He has history of cervical OA, hypertension treated with ACE inhibitor, and diabetes controlled with diet. He has no deficits in ADLs. His distance vision is 20/40 in both eyes when wearing glasses. Findings on cardiopulmonary exam are normal. MMSE score is 27/30, with errors in performing calculations.
Which type of further evaluation is most likely to identify the cause of his driving impairment?

(A) Glucose tolerance test
(B) Formal neuropsychologic testing
(C) Cranial computed tomography scan
(D) Musculoskeletal examination
(E) Ophthalmologic evaluation
Which type of further evaluation is most likely to identify the cause of his driving impairment?

(A) Glucose tolerance test  
(B) Formal neuropsychologic testing  
(C) Cranial computed tomography scan  
(D) Musculoskeletal examination  
(E) Ophthalmologic evaluation
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