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## Geriatric Assessment: A Team Approach to Establishing Goals for Older Adults

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## Learning Objectives

At the conclusion of this session the participant will be able to:

1. Define geriatric assessment
2. Identify functional core areas in the evaluation of older adults
3. Understand an interdisciplinary approach in formulating treatment plans
4. Develop a systematic approach in establishing rehabilitation goals

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## Case Presentation: Martha

- 92 year-old woman lives alone
- Widowed 14 years ago; daughter lives locally and son in Arizona
- Worked for 15 years as an executive secretary
- Active in her faith Community all her life
- Recently started a volunteer children's reading program at the local library

## Case Presentation: Martha (cont'd)

- Multiple chronic health problems (Cardiac, Pulmonary, Diabetes, Arthritis)
- Hospitalized for shortness of breath and chest pain twice in the last 3 months
- Falls at home, paramedics arrive and find her with right leg pain and unable to walk
- Taken by ambulance to the hospital

## Case Presentation: Martha (cont'd)

- At the hospital diagnosed with hip fracture
- Admitted for surgery and day #2 develops worse shortness of breath, complaints of pain, nausea, and constipation
- Fearful of falling, hard time using walker
- Discharged to nursing home (skilled nursing facility) for rehabilitation

## Case Presentation: Martha (cont'd)

- During rehabilitation the family is concerned about her returning home alone
- History of "memory problems" and several falls at home without injury
- Concern she is "taking her medications wrong" and "always wearing dirty clothes"

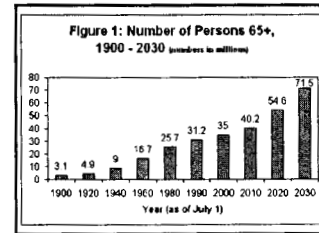
### Martha's Story

- What should we be thinking about?
  - Prior level of function at home
  - Rehabilitation course in nursing home
  - Hospital management
  - Cognitive & psycho-social strengths and challenges
  - Family caregiving & interface with the formal care system

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### Aging Demographics

- Patients are aging
- Largest increase in Age > 85
- Older adults are seen as patients or clients in all health care settings



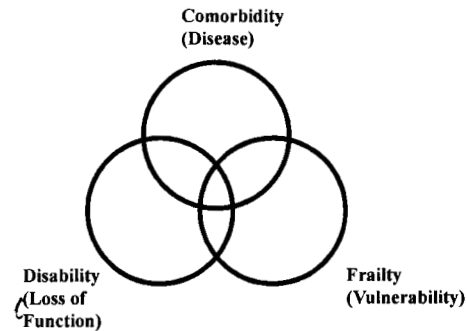
Source: Administration on Aging

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### What challenges do older adults experience as they age?

- **Disability** (loss of function)
- **Comorbidity** (chronic medical conditions)
- **Frailty** (vulnerability?)

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### Why is assessment important?

- Goal: decrease disability and dependence
- Identify "pre-clinical" disability
- Majority older adults live independently
- 50% Lifetime Risk of nursing home placement



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### What is geriatric assessment?


- Method to identify problems/ challenges early
- Goal to maintain or improve FUNCTION
- Screen for common problems of aging (geriatric syndromes)
- Identifies the strengths/resilience of the individual and family system
- Performed by interdisciplinary team
- Focus on chronic disease management and resource utilization to enhance quality of life

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Ask about these issues

**Geriatric Syndromes**

- Vision impairment
- Hearing loss
- Incontinence
- Falls/Mobility
- Depression
- Memory disorders



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**Components of Geriatric Assessment**

- Medical
- Functional
- Cognitive
- Psychosocial

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Review of Systems

**Medical Assessment**

- Past Medical and Surgical Histories
- Family History
- Physical Exam
- Review Medications:
  - Polypharmacy
  - "Bad Drugs"
- Geriatric ROS:
  - Vision & Hearing
  - Incontinence
  - Falls
  - Memory/Mood
  - Nutrition
  - Pain

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**Functional Assessment**

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**Functional Assessment: Activities of Daily Living (ADL)**

- Dressing
- Eating
- Bathing/Hygiene (personal care)
- Toileting (+/- continence)
- Mobility
  - Ambulating
  - Transferring

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**Instrumental Activities of Daily Living (IADLs)**

- Shopping
- Housekeeping (cleaning, laundry)
- Finances
- Cooking
- Using telephone
- Medications
- Transportation (driving, buses, etc.)

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Higher level activities  
If these slip, suspect cognitive decline

### Functional Assessment by Observation



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### Mobility Screen



- Watch the patient walk
- Stand from seated position, arms crossed
- Get Up and Go test:
  - Get up from chair walk 10 feet (3 meters), turn and return/sit down in chair
  - Timed Up and Go: <10 seconds (normal)  
30+ seconds "dependent"

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### Functional Assessment

- Observation: buttoning shirt, writing with a pen, taking off/putting on shoes, walking, transfer to exam table, following directions
- Use of assistive device (cane, walker, wheelchair)
- Functional reach:
  - Arms above head
  - Flexion/Abduction
  - Behind back



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"You can observe a lot just by watching"

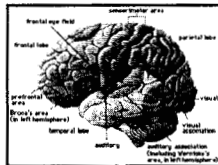


Lawrence Peter "Yogi" Berra

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### Cognitive Screen

- **Mini-Mental State Exam (MMSE)** (30 points)
- Score < 24 abnormal
- Ranges: 20-25 Mild  
10-20 Moderate  
0-10 Severe



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3 MINS.

### Mini-Cog Assessment Instrument

- Screening tool for dementia (cognitive "vital signs" measure)
- 3 Item Recall test with a clock-drawing test (CDT) distracter
- Can be administered in about 3 minutes, requires no special equipment
- Relatively uninfluenced by level of education or language

Source: Berson S et al. The mini-cog: a cognitive "vital signs" measure for dementia screening in multi-lingual elderly. Int J Geriatr Psychiatry 2000;15(11): 1021-1027.

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### 3 Item Recall

1. Instruct the patient to listen carefully to and remember 3 words and then to repeat the words (ensure word registration)
2. Instruct the patient to perform the clock-drawing (CDT) task. Give the patient as much time as needed to complete the clock-drawing
3. Ask the patient to repeat the 3 previously presented word

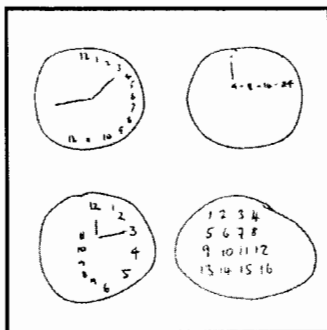
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### Clock-Drawing Test (CDT)

- Executive function & visual-spatial skills
- Predicts future cognitive decline
- Procedure:
  - 1) Instruct patient to draw clock face with all numbers in the circle
  - 2) Then have patient draw hands on clock to read "ten minutes after eleven o'clock"
- Normal CDT if all numbers are present in the correct sequence and position and clock hands display requested time

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### Clock-Drawing Test



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### Mini-Cog Scoring

- Give 1 point for each recalled word after the CDT distracter (Score 1-3)
  - A score of 0 indicates positive screen for dementia.
  - A score of 1 or 2 with an **abnormal** CDT indicates positive screen for dementia.
  - A score of 1 or 2 with a **normal** CDT indicates negative screen for dementia.
  - A score of 3 indicates negative screen for dementia.

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### IADLs as a Cognitive Screen

Correlate well with cognitive impairment:

- Telephone
- Transportation
- Medications
- Finances



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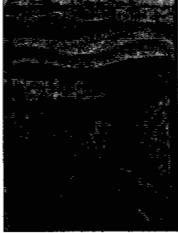
### Psychosocial Assessment

*under-recognized  
under-treated*

*TOOLS*

### Depression Screen


- "Do you often feel sad or depressed?"
  - Sensitivity 69-85%
  - Specificity 65-90%
- Geriatric Depression Scale
- PHQ-9



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### Social Support

- Social Network, Supports & Activities
- Home Environment
- Caregiver Needs & Coping
- Stressors & Risk Factors
- Caregiver burden and stress or "burn-out"
- Elder Mistreatment, Neglect, and Abuse




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*Home screening questionnaire*

### Environmental Assessment

- House: floor plan, stairs
- Fall risk (throw rugs)
- Living alone: safety and emergency plans
- Home: familiar place
- When is it time to change (moving)?
- Balance: desire for independence vs. risks




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### Putting it all together...

### Interprofessional Team Interface

- Each team member's professional domain and knowledge is recognized. Collaborative team practices are central to the model. Allowing for contextual understanding of complex issues.



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### Sharing Information: Core Areas

- Functional assessment (observations)
- Areas of concern (mobility impairment, weakness, ROM, falls, etc.)
- Medical Conditions (dementia, CHF, etc.)
- Rehabilitation tolerance and potential
- Psycho/Social Assessment

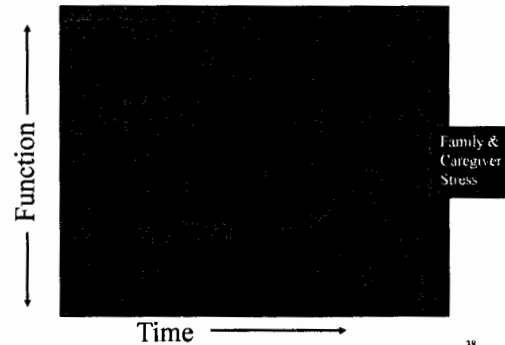
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### Establishing Goals with Older Adults

- Individualized and patient-centered
- Maintain independence longer
- Reduce stress or burden on caregivers
- Gradual or stepwise loss of function common in patients
- Some patients' function may "plateau" after an illness or injury
- Small improvements in physical function go a long way (high "investment payoff")

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Model of Functional Decline:



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### Martha's Story

- 92 yo living alone, memory problems, decline in ADL, hip fx, hospitalization, and rehab
- Functional Assessment:
  - Prior level of function at home
  - Rehabilitation course in nursing home
  - Hospital post-operative evaluations
  - Family supports & environment
- Goals: safe discharge, independence, quality of life, anticipation of problems (dementia?)

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### Conclusion

- Geriatric assessment emphasizes functional status and the goal of maximizing daily independence and quality of life
- Observation is the key tool in assessment
- Loss of function is common but small improvements go a long way
- Recommendations need to be specific and targeted to the patient and family

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