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# Comprehensive Geriatric Assessment: A Primer

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## **Comprehensive Geriatric Assessment: A Primer**

by Thomas M. Meuser, University of New England

Older adults experience most of the same illnesses and challenges as younger individuals: they get the flu, break bones, experience losses and disappointments. They can differ in how their bodies and minds respond to such stressors, however. A relatively minor concern for a 20 year old could be potentially deadly for an 80 year old. Advancing age brings increased risks for sensory loss, forgetfulness and dementia, various diseases with implications for independence, problematic drug interactions, frailty, loss of social connections, vulnerability to abuse, and so on. Evaluative approaches that target a single problem in a young person are likely to miss important co-morbid and contributory problems in an older person. Comprehensive Geriatric Assessment (CGA) addresses this through a multidimensional, individualized approach to evaluation of health and function.

Traditionally, a CGA intervention begins with medical and medication-related evaluation and review, ideally by a geriatric-trained physician, nurse clinician or physician assistant. Thorough interviewing for presenting concerns, symptom profile, past history, and home/family care context, are followed by a physical examination and various tests as needed (labs, scans); in other words, a thorough annual physical. Current medications are listed and reviewed for interactions and side effects. Family input is especially important for diagnosis and care planning. This is familiar territory for any primary care clinician.

CGA differs in what happens next. Various domains of well-being and function are targeted, including cognitive status, functional status (especially with respect to independent living), mental health, social connectedness, and mobility (to name a few). While CGA can be practiced in the confines of a single clinician's office, it is also common for other professionals (e.g., social workers, occupational and physical therapists, gerontologists, psychologists) to be engaged in a shared team approach, on an individual consultant basis, or via referral to clarify an issue of concern. Assessment in the patient's home, when reasonable, can be especially informative with respect to functional status and supports.

While a physician or nurse clinician usually leads the CGA team, other professionals can have significant inputs to the process. One CGA model – *Arena Assessment* – involves an interdisciplinary team of specialists who bring different perspectives to the process. The goal is to work together to evaluate the “big picture” and develop a comprehensive approach to care. Regular meetings and follow up appointments, sharing of notes and reports, and equal access to labs and other test results, are just a few of the characteristics of this model.

Team CGA approaches are time and resource intensive to implement, but they are also arguably superior to traditional, single discipline approaches in their diagnostic accuracy and treatment specificity. Increasingly, today, health systems are judged by overall quality of care, which includes how quickly patients can be returned to home and independent function. Getting the diagnosis right from the start is relevant for eventual treatment success. While the benefits of CGA approaches are well-established, limitations in reimbursement have been a barrier to adoption. Recent developments in this area, such as the Affordable Care Act and the additional of the *Annual Wellness Visit* to Medicare, may lead to expansion of CGA models in the future.

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## Typical Targets of CGA

*Medical status and polypharmacy.* As noted above, the first step in CGA is a thorough physical examination by a trained clinician. There is much to consider. Two interrelated targets for assessment are fall risk and polypharmacy. Older adults are often at heightened risk for falls due to changing health status, frailty and the medications they take. Falls are a leading cause of disability and morbidity in seniors; one bad fall can lead to hip fracture and many complications. It is common for an older adult to be taking six or more medications, and such individuals are said to be at risk for polypharmacy. Certain medications are known to impact older adults differently than younger, and some should be avoided whenever possible (see the *Beers List*). Medication side effects can increase fall risk, reduce mental acuity and cause of a host of other problems.

*Cognitive status.* Risk of Alzheimer disease (AD) increases with advancing age, especially after age 70. A common approach to detecting AD (and other neurocognitive disorders) is through administration of a brief mental status screening test. The standard measure used in the VA Healthcare System, for example, is the Saint Louis Mental Status Examination (SLUMS). Developed for geriatric care, the SLUMS takes 7-10 minutes to administer and targets common problem areas: orientation, short-term memory, verbal fluency, and visual-spatial awareness. Thirty points is a perfect score. Depending on education level, scores below this level can indicate risk for AD or other cognitive concerns. Further evaluation follows.

*Functional status.* There are two levels of function to consider: Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). ADLs are basic self-care tasks, including bathing, dressing, feeding, and walking. IADLs focus on how the older adult manages with respect to independence in the home and community. These include managing medications, grocery shopping and food preparation, managing finances, driving and arranging alternative transportation, and the like. An older adult may be independent in ADLs but need assistance in IADLs. An important goal of CGA is to identify areas for support, while also seeking to maximize functional independence otherwise.

*Mental health.* Older adults who have successfully navigated a lifetime of challenges benefit from enhanced emotional stability, resilience and wisdom. These are important strengths to consider in the context of CGA. At the same time, advancing age also brings many losses (e.g., to death, in valued roles, in personal function and independence). Such losses can challenge even the strongest individual to cope and manage. Common mental health concerns include depression, adjustment and anxiety disorders. Screening for these can occur in the context of a thorough clinical interview along with data from screening measures (e.g., Geriatric Depression Scale, Penn State Worry Questionnaire). Symptoms

of an emotional nature may more evident in physical complaints (e.g., gastrointestinal upset), and so it is important for the team leader to always consider alternative explanations.

*Social connectedness.* In general, older adults have smaller social networks than their younger counterparts. There can be wide variability on an individual level, however. While family relationships remain stable, losses in peer network to death or from retirement reduce network size. We live in a mobile society, and adult children and grandchildren may live far away. While emotional closeness may be maintained in these relationships, these family members may be hard pressed to offer direct, in-home support to an older adult in need. Older adults are also at risk for exploitation and abuse, especially when cognitive decline is present. It is critical in CGA to identify key relationships and the support context for the older adult.

*Mobility.* Older adults are mobile both within their homes and their communities, and compromises in mobility can have far-reaching impacts on mood, health social engagement and quality of life. In CGA, both ambulation and transit (driving) mobility are considered. Maintenance of positive mobility – independent choice and access to desired locations and services – is a primary goal. Screening approaches, such as the Rapid Pace Walk, help quantify ambulation and associated fall risk. Focused questions about driving safety and transportation needs identify issues for further evaluation on the transit side.

## Summary

Comprehensive Geriatric Assessment is an integrative approach to diagnosis, treatment and management of older adults that takes the whole person into account. While deficits may be a primary focus, strengths are also considered.

## Further Readings

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