Office-Based Geriatric Assessment

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Components of Geriatric Assessment

- Medical
- Cognitive
- Affective
- Functional
- Social Support/Caregiver
- Economic
- Environmental
- Advance Directives
- Prevention
Evidence for Case Finding

- Veterans Administration Medical Clinic
- Data collected by non-physicians
- 56% of patients had ≥ 1 impairment
- Cost: $2-$10 per case

Miller DK, et al JAGS 1990
Evidence for Case Finding

- Rural Family Practice Office Setting
- Testing done by trained office assistant
- 109 patients evaluated--69 new diagnoses or treatments
- Cost: $1 to $68 depending on diagnosis

Miller DK, et al. JAGS 1995
Evidence for Case Finding

- Community based physicians randomized
- Staff administered screen versus usual care
- 261 patients over 70 years of age
- Hearing loss more commonly detected and evaluated with screen

How to conduct office-based geriatric assessment in 20 minutes (Hall)

- Pre-screening
- Functional assessment by observation
- Directed medical history
- Directed physical examination
- Establish agreement on a plan of action
Pre-screening

- Ask patients to bring in old medical records and all medications they use to first visit
- Develop a questionnaire targeted to older persons to have available at first visit
Pre-screening Questionnaire

Usual information (HPI, PMH, etc.) but pay particular attention to:

- Polypharmacy/ bad drugs
- Social history
  - living situation, social support, caregivers
  - finances
  - alcohol
Pre-screening Questionnaire (cont.)

- **ROS**
  - sensory impairment, dentition, mood, memory, urinary sx, problems with gait, balance, falls, sexual dysfunction, nutrition, pain

- Functional status
  - BADLs, IADLs, AADLs
Basic Activities of Daily Living (BADLs)

- Bathing
- Dressing
- Going to the toilet
- Transferring
- Continence
- Feeding
Intermediate Activities of Daily Living (IADLs)

- Using telephone
- Shopping
- Preparing meals
- Housekeeping
- Doing laundry
- Using public transportation
- Taking medication
- Handling finances
Advanced Activities of Daily Living (AADLs)

- Patient-specific functional activities (e.g., recreational, occupational, community service)
Pre-screening Questionnaire (cont.)

- Prevention
  - flu shot, Pneumovax, tetanus, mammogram, stool for occult blood, aspirin, exercise, HRT, calcium and vit D, seat belts
- Advanced Directives
  - DPAHC, preferences for care
Functional Assessment by Observation

- Did patient fill out the questionnaire?
- Can the patient hear and see?
- Observe patient walk and get on the examining table
- What kind of detail does patient give you in the history?
- How would you judge the patient’s affect?
- Does s/he look put-together?
Directed Medical History

- Review questionnaire
- Balance focus on reason for visit with need to target identified problems
- May follow-up identified problems with screening/diagnostic tests
- Ask patient for their views on problems/sxs
- Relationship building/active listening/empathy
Directed Physical Examination

- Guided by the history/observation
- Doesn’t always have to be exhaustive
- Try to evaluate:
  - Vision and hearing
  - Gait and balance/feet
  - Dentition/oral cavity
  - Mood and memory
  - Nutrition
  - Skin
Vision Loss Screeners

- Questions: “Do you have difficulty driving or watching television or reading or doing any of your daily activities because of your eyesight?” (If they wear glasses, add “Even while wearing your glasses?”)
- Snellen Eye Chart or Jaeger Card. The patient fails if s/he can’t read the 20/40 line with the better eye.
Hearing Loss Screeners

- Audioscope: set at 40-dB
  - patients fail if they are unable to hear 1000-Hz or 2000-Hz tones

- Whisper test: whisper 3 letters/numbers at distance of 1 foot from ear being tested
  - patients fail if they are unable to hear 50% after three repetitions
Problems With Mobility Screeners

- Watch the person walk
- Time the patient after asking: “Rise from the chair, walk 20 feet, turn, walk back to the chair and sit down.”
  - patient fails the screen if s/he takes > 15 seconds to complete the task
- History of falls in last 12 months
- Performance-Oriented Assessment of Mobility
Depression Screeners

- Ask: “Do you often feel sad or depressed?”
  - Sensitivity 69-85%
  - Specificity 65-90%

- Geriatric Depression Scale (2 short forms):
  - 15 items or 5 items
  - Sensitivity 97%
  - Specificity 85%
Cognitive Impairment Screeners

- Mini-Mental State Exam (MMSE) (30-items)
  - Sensitivity 80-100%
  - Specificity 46-100%
  - With Alzheimer’s, expect 2-5 point decline per year
  - Education, Age, Social Class, Socio-economic status
    all affect score
Cognitive Impairment Screeners

- 3-Item recall
  - ask the patient to remember the names of three objects (pencil, truck, book)
  - the patient fails the screen if s/he is unable to remember all 3 objects in one minute

- Clock drawing test
  - Sensitivity 87%
  - Specificity 93%
  - Predicts future cognitive decline
Cognitive Impairment Screeners

- Time and Change Test
  - identify correct time from clock set at 11:10
  - sort out a dollar in change from 3 quarters, 7 dimes and 7 nickels
  - Timed cut-points: 3 seconds for time, 12 seconds for change
  - Sensitivity 94%
  - Specificity 46%

Froehlich TE, et al. JAGS 1998
Incontinence Screeners

- Ask: “In the last year, have you ever lost your urine and gotten wet?”
- If the patient says yes, then ask: “Have you lost urine on at least six separate days?”
- If the patient replies yes to both questions s/he fails the screen
Establish Agreement on Plan of Action

- Review reasons for visit /findings
- Prioritize next steps
- Give out handwritten or pre-printed instructions
- Make follow-up visit to review/reassess plan and finish evaluation (if necessary)
- Make referrals as necessary (social work, PT/OT)
- Touch patient in closing
Conclusions

- It is possible to comprehensively assess older patients in office practice in a limited time.
- The methods one chooses must be tailored to individual and practice characteristics.
- An initial investment in setting up a system for evaluation will help you and your patients.