

Geriatric Syndromes and Geriatric Assessment for the Generalist



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KEYWORDS

- Geriatric syndromes • Geriatric assessment • Frailty • Care delivery systems
- Primary care

KEY POINTS

- It is crucial to recognize geriatric syndromes, multifactorial conditions occurring primarily in the elderly, in the primary care setting.
- The most important geriatric syndromes to recognize in primary care are falls, urinary incontinence, frailty, and cognitive impairment.
- Elements of ideal geriatric primary care include assessment of functional status, frequent medication review, careful evaluation of the benefits and burdens of any new test or treatment, and frequent assessment of goals of care and prognosis.
- Innovative delivery systems, such as the GRACE, PACE, and Hospital-at-Home models, can improve geriatric primary care. High-value features of geriatric care systems include ensuring 24/7 access to care, providing a team-based approach to care, performing medication reconciliation and comprehensive geriatric assessments, and integrating palliative care into treatment planning.

INTRODUCTION

With an unprecedented growth of the aging population anticipated in the next century, understanding the health needs and demands of older adults is of crucial importance for the future of the US health care system. By 2050, 1 of every 5 people living in the United States will be 65 or older.¹ As more Americans are living longer, the practicing generalist clinician will need to use geriatric principles, tools, and approaches in his or her everyday work.

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What is different about caring for an older adult? As a group, older adults have increased rates of comorbidity, experience unique age-related physiologic changes, and are more prone to iatrogenic illness than younger adults.² Most older adults have at least one chronic disease, if not multiple diseases, and substantial numbers will have impairments in abilities to perform basic and instrumental activities of daily living.³ The US elderly population is also heterogeneous, and many people in the older than 65 age group are healthy, health conscious, and infrequent users of health care.

Geriatric assessment is a multifaceted approach that focuses on understanding the physical, cognitive, psychological, and social domains of an individual older adult. A crucial component of geriatric assessment includes the screening and evaluation for geriatric syndromes. Geriatric syndromes acknowledge the complex interplay between age-related physiologic changes, chronic disease, and functional stressors in older adults. The approach to managing key geriatric syndromes in the outpatient setting (falls, cognitive impairment, incontinence, and frailty) is outlined in this article, and tools for the practicing clinician to diagnose and treat geriatric syndromes in the office visit also are provided.

Coordinating a comprehensive plan for a complex geriatric patient across multiple health care settings is a challenging task, and often requires fundamental system redesign to improve quality and coordination of care. As care of an older adult often extends across a variety of care settings, including hospital, ambulatory clinic, rehabilitation center, and community-based long-term care settings, geriatric care delivery is complex, and depends on coordination of multiple providers. As an introduction to geriatric care system design, this article outlines high-value system features of geriatric care, and describes examples of current geriatric care models.

GERIATRIC SYNDROMES, FUNCTIONAL STATUS, AND THE FRAIL ELDERLY PATIENT IN PRIMARY CARE

A geriatric syndrome is a multifactorial condition that involves the interaction between identifiable situation-specific stressors and underlying age-related risk factors, resulting in damage across multiple organ systems.⁴ Geriatric syndromes have a devastating effect on the individual's quality of life as they progress, may lead to significant disability, and are part of the "cascade to dependency" that can often result in institutionalization.^{5,6} An elderly patient whose chief complaint is a result of a geriatric syndrome will often present with symptoms that are difficult to attribute to the organ system causing the initial pathology. The geriatric syndromes most relevant to those caring for older adults in the outpatient setting are falls, cognitive impairment, incontinence, and frailty.

Clinicians should attempt to treat or manage a geriatric syndrome even though a single cause may not be able to be identified. Whereas in a younger person a workup may look primarily for single diseases, the interaction of multiple physiologic changes and comorbidities in an older adult warrant a broader perspective. Diagnostic testing that would be relevant in a younger person may not be as beneficial in an older person, and/or may lead to unnecessary treatment and/or harm for the patient. For example, in the case of a fall, although an echocardiogram would be a likely part of the diagnostic workup for a younger individual to rule out cardiac syncope, in an older adult, pursuing an echocardiogram may be more likely to result in abnormalities that may lead to unnecessary further diagnostic testing. **Box 1** further illustrates the difference between a traditional medical approach and the geriatric approach to a fall.

Geriatric syndromes overlap with common aging-related risk factors. In a population-based cohort of community-dwelling elderly patients with falls,

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