

# Primary Care for the Older Adult Patient

## Common Geriatric Issues and Syndromes



Katherine Thompson, MD<sup>a,\*</sup>, Sandra Shi, MD<sup>b</sup>,  
Carmela Kiraly, MD<sup>b</sup>

### KEYWORDS

- Geriatric syndromes • Dementia • Polypharmacy • Falls • Advance directives
- Women's health

### KEY POINTS

- Dementia is a common contributor to morbidity and mortality in older adults and should be assessed for and managed in the primary care setting.
- Falls are the leading cause of injury in older adults. Exercise and minimizing medications are two evidence-based interventions to lower fall risk.
- Polypharmacy is common and poses significant risks to older adults. Evidence-based tools exist to help minimize polypharmacy in older adults.
- Advance care planning, including completion of a living will and durable power of attorney for health care, should be considered with all older adult patients.

### INTRODUCTION

Older adults are the fastest growing segment of the US population<sup>1</sup> and represent a growing proportion of most primary care practices. Women account for 56% of adults older than the age of 65 and 67% of adults older than the age of 85 in the United States.<sup>1</sup> The older adult population is heterogeneous. Many older adults are healthier and more active than their younger counterparts, whereas a large number of older adults have multiple advanced illnesses and complex health care needs. In addition, functional and cognitive decline is common in this population. The ability to recognize and treat geriatric syndromes and facilitate care planning in complex older adult patients can help mitigate functional decline and loss of independence.

---

<sup>a</sup> Department of Medicine, University of Chicago, 5841 South Maryland Avenue, MC 6098, Chicago, IL 60637, USA; <sup>b</sup> Department of Medicine, University of Chicago, 5841 South Maryland Avenue, MC 7082, Chicago, IL 60637, USA

\* Corresponding author.

*E-mail address:* [Katherine.thompson@uchospitals.edu](mailto:Katherine.thompson@uchospitals.edu)

## COGNITIVE IMPAIRMENT AND DEMENTIA

### *Epidemiology*

---

Dementia, defined as neurocognitive decline marked by impairment in cognitive functions, such as memory, speech, and reasoning, is a significant contributor to the morbidity and mortality of older adults in the United States and worldwide. It is estimated that about 14% of US adults older than age 70 have dementia.<sup>2</sup> This includes more than 5 million people older than the age of 65 in the United States who have Alzheimer disease, the most common form of dementia. Of these, nearly two-thirds are women.<sup>3,4</sup> This number is expected to grow annually with the growth of the older adult population. The projected estimated incidence of Alzheimer disease will double in the next 50 years from 2000 to 2050.

Alzheimer disease is currently the sixth leading cause of death in the United States,<sup>5</sup> placing it ahead of common pathologies, such as diabetes, liver, and kidney diseases as a cause of mortality. It is a comorbidity to other health problems. A recent study evaluating the contribution of individual diseases to death in older adults with multiple diseases found that dementia was the second most common contributor to death after heart failure.<sup>6</sup> Care for older adults with dementia is costly. The annual cost of care for persons with dementia in the United States is estimated to be about \$226 billion.<sup>3</sup> Caregivers for those with dementia are often unpaid, with high emotional and physical burdens of caregiving. Many patients with dementia eventually require nursing home care and about two-thirds of individuals with dementia die in nursing homes.<sup>7</sup>

### *Diagnosis*

---

Dementia is a syndrome rather than a specific illness. A diagnosis of dementia is made through a combination of history provided by the patient; history from a knowledgeable informant, such as a close friend or family member; and bedside mental status examination. The hallmark of dementia includes impairment in multiple cognitive domains. Functional decline is also characteristic of the syndrome and differentiates dementia from mild cognitive impairment, where there is some objective memory deficit but no functional deficit.<sup>8</sup>

Alzheimer disease is the most common cause of dementia, representing about 60% to 80% of cases.<sup>2</sup> Other common dementia syndromes include vascular dementia, Lewy body dementia, Parkinson disease with dementia, and frontotemporal dementia, each marked by characteristic features, but frequently with overlapping signs and symptoms (**Table 1**). Some illnesses, such as delirium and depression, can mimic symptoms of dementia and should be excluded. Other illnesses can lead to reversible or treatable cognitive dysfunction, such as thyroid disorders, vitamin B<sub>12</sub> deficiency, neurosyphilis, human immunodeficiency virus, and alcohol abuse. One meta-analysis found that 9% of people with dementia-like symptoms had other potentially reversible conditions; therefore, evaluation should include an assessment for possible treatable causes.<sup>9</sup>

### *Risk Factors and Screening*

---

Many risk factors for dementia have been identified. The most significant risk factor is advancing age, followed by family history.<sup>2</sup> Several genetic risk factors have been identified, including presence of the apolipoprotein E-e4 gene and the presence of Down syndrome. Other environmental and health-related risk factors include history of head injury, fewer years of formal education, physical frailty, alcohol abuse, diagnosis of mild cognitive impairment, and cardiovascular disease risk factors (hypertension, hyperlipidemia, obesity, insulin resistance, tobacco abuse).

Download English Version:

<https://daneshyari.com/en/article/3967650>

Download Persian Version:

<https://daneshyari.com/article/3967650>

[Daneshyari.com](https://daneshyari.com)