

# Rapid Geriatric Assessment

## Secondary Prevention to Stop

### Age-Associated Disability

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#### KEYWORDS

- Rapid Geriatric Assessment • Frailty • Sarcopenia • Anorexia
- Cognition and advanced directives • Early intervention

#### KEY POINTS

- The Rapid Geriatric Assessment measures frailty, sarcopenia, anorexia, cognition, and advanced directives.
- The Rapid Geriatric Assessment is a screen for primary care physicians to be able to detect geriatric syndromes.
- Early intervention when geriatric syndromes are recognized can decrease disability, hospitalization, and mortality.

With the rapid increase in the aging population over the first half of this century and a paucity of geriatricians worldwide, there is a major need to enhance the ability of primary care physicians and advance practice nurses to recognize and manage geriatric syndromes.<sup>1-3</sup> Numerous studies have shown that geriatric evaluation and management reduces disability, hospitalization, and nursing home placement and delays death.<sup>4-6</sup> In the past decade it has been widely recognized that certain geriatric syndromes, frailty, sarcopenia, anorexia of aging, and cognitive impairment, are the major causes of poor outcomes in older persons.<sup>7-10</sup> To increase the awareness and management of these geriatric giants at Saint Louis University, the author and colleagues have developed the Rapid Geriatric Assessment (RGA) to screen for geriatric syndromes and provide a computer-assisted management system for primary care health professionals<sup>11</sup> (Fig. 1).

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## Saint Louis University Rapid Geriatric Assessment

### The Simple "FRAIL" Questionnaire Screening Tool (3 or greater = frailty; 1 or 2 = prefrail)

**Fatigue:** Are you fatigued?  
**Resistance:** Cannot walk up one flight of stairs?  
**Aerobic:** Cannot walk one block?  
**Illnesses:** Do you have more than 5 illnesses?  
**Loss of weight:** Have you lost more than 5% of your weight in the last 6 mo?

From Morley JE, Vellas B, Abellan van Kan G, et al. *J Am Med Dir Assoc* 2013;14:392-397.

### SNAQ (Simplified Nutritional Assessment Questionnaire)

#### My appetite is

- a. very poor
- b. poor
- c. average
- d. good
- e. very good

#### When I eat

- a. I feel full after eating only a few mouthfuls
- b. I feel full after eating about a third of a meal
- c. I feel full after eating over half a meal
- d. I feel full after eating most of the meal
- e. I hardly ever feel full

From Wilson et al. *Am J Clin Nutr* 2005;82:1074-81.

#### Food tastes

- a. very bad
- b. bad
- c. average
- d. good
- e. very good

#### Normally I eat

- a. less than one meal a day
- b. one meal a day
- c. two meals a day
- d. three meals a day
- e. more than three meals a day

**Table 1: SARC-F Screen for Sarcopenia**

Component	Question	Scoring
Strength	How much difficulty do you have in lifting and carrying 10 pounds?	None = 0
		Some = 1
Assistance in walking	How much difficulty do you have walking across a room?	A lot or unable = 2
		None = 0
Rise from a chair	How much difficulty do you have transferring from a chair or bed?	Some = 1
		A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs?	None = 0
		Some = 1
Falls	How many times have you fallen in the last year?	A lot or unable = 2
		None = 0
		1-3 falls = 1
		4 or more falls = 2

From Malmstrom TK, Morley JE. *J Frailty and Aging* 2013;2:55-6.

### Rapid Cognitive Screen (RCS)

1. Please remember these five objects. I will ask you what they are later. [Read each object to patient using approx. 1 second intervals.]

**Apple Pen Tie House Car**

2. [Give patient pencil and the blank sheet with clock face.] This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock. [2 pts/hr markers ok; 2 pts/time correct]

3. What were the five objects I asked you to remember? [1 pt/ca]

4. I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

What state did she live in? [1 pt]

#### Miscellaneous

- Are you constipated? Y/N  
 Do you have worrisome incontinence? Y/N  
 Do you have an advanced directive? Y/N

From Malmstrom TK, Voss VB, Cruz-Oliver DM et al. *J Nutr Health Aging* 2015;19:741-744.

**Fig. 1.** Saint Louis University RGA. There is no copyright on these screening tools and they may be incorporated into the Electronic Health Record without permission and at no cost.

## THE PHYSICAL FRAILTY PHENOTYPE

Fried and her colleagues<sup>12</sup> developed a screening test for physical frailty consisting of self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity. Numerous studies have subsequently validated this as a screening test.<sup>13-15</sup> Subsequently, the FRAIL, a simple screening test<sup>16</sup> consisting of 5 questions, has been developed:

**F:** Are you fatigued?

**R (resistance):** Are you not able to walk up a flight of stairs?

**A (aerobic):** Can you not walk a block (200 m)?

**I:** Do you have more than 5 illnesses?

**L:** Have you lost 5% of your weight in the last 6 months?

One or 2 positive questions is categorized as prefrail, and 3 or more is frail.

This questionnaire's predictive value has been validated in Australia,<sup>17-20</sup> Asia,<sup>21-23</sup> Europe,<sup>24,25</sup> the United States,<sup>26-28</sup> and Mexico.<sup>29</sup> It has been shown to have similar sensitivity and specificity to the Fried (Cardiovascular Health Study) physical frailty phenotype and the Rockwood multi-morbidity scale.<sup>23,28</sup> In nursing homes, a variant of this scale (FRAIL-NH), has been shown to be equally predictive of poor outcomes.<sup>30,31</sup>

Early recognition of frailty is important as a combination of exercise, protein supplementation, and/or vitamin D has been demonstrated to reverse the frailty characteristics and decrease disability and hospitalization.<sup>32-36</sup>

The RGA computer-assisted management system not only recommends the exercise and nutrition program but if the person answers positive for fatigue suggests

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