Geriatric Assessment for Primary Care Providers

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KEYWORDS

- Geriatric • Assessment • Function • Elder • Geriatric syndrome • Older adult

KEY POINTS

- Cognitive deficits, delirium, functional decline, falls, incontinence, pressure ulcers, and frailty are examples of geriatric syndromes.
- A comprehensive geriatric assessment evaluates multiple domains, including social, functional, economic, psychosocial, cognitive, and environmental, and uses interdisciplinary teams to develop a coordinated plan of care for the older adult.
- In the geriatric population, the initial sign of a medical problem may be a change or decline in function and mental status, rather than a clinical or laboratory abnormality.
- Assessment tools can help reduce the burden of work in performing comprehensive geriatric assessments; additionally, office staff can be trained to take larger roles in assessing and monitoring older adults.

INTRODUCTION

Because of a growing, aging population and worsening shortage of geriatricians in the United States, the care of geriatric patients will mostly devolve to primary care providers. In 2004, there was an estimated 1 fellowship-trained geriatrician for every 10,350 Americans aged 75 years and older.[1] Hence, it is imperative that primary care providers be trained and comfortable with managing geriatric syndromes and multiple chronic medical conditions, as well as delivering high-quality, cost-effective care to the elderly. In 2011, the first cohort of the American baby boomers (those born between 1945 and 1966) reached age 65 years and, by 2030, 1 in every 5 Americans will be 65 years of age and older.[1] Medicare beneficiaries with 4 or more chronic conditions generate 80% of all Medicare spending.[1] Preparing primary care physicians to provide expert geriatric chronic care and increasing the workforce of primary care physicians can help older adults receive better access to skilled providers and

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help improve the Medicare budgetary crisis. This article focuses on geriatric assessment for primary care providers.

MULTIFACTORIAL AND MULTIDISCIPLINARY APPROACH

The geriatric medical assessment is an important diagnostic tool to use while assessing the elderly. Older individuals may have more comorbidities and impairments that contribute to functional decline, and recognizing how various disciplines work together to affect outcome can guide decision making and medical management. The assessment goes beyond just medical conditions to include a spectrum of systems including social, functional, economic, psychosocial, cognitive, and environmental conditions.[2] Ranging from brief screens to more extensive evaluations, the geriatric assessment addresses how the domains interplay to affect functional status.

The functional evaluation is a fundamental concept in the framework of the geriatric assessment. Functional status can be seen as a measure of overall health impact in the context of an individual's environment and social support network. As individuals live longer, they survive longer with functional impairments. In the geriatric population, the initial sign of a medical problem may be a decline or change in function rather than a clinical abnormality. Effective medical management accounts for overall function instead of management of acute symptoms.

PHYSICAL HEALTH AND INTRODUCTION TO GERIATRIC SYNDROMES

When assessing the physical health of geriatric patients, different components need to be taken into account, such as acute and chronic medical issues, vision and hearing, continence, nutrition, gait, and sleep disorders.

Geriatric syndrome is a term used to describe unique health conditions in elderly patients that are multifactorial in cause and do not fit into discrete organ-based categories. Examples of geriatric syndromes include functional decline, falls, frailty, incontinence, and pressure ulcers.[3] Cognitive deficits and delirium are geriatric syndromes that are discussed elsewhere in this issue. Frailty is an impairment in mobility, balance, endurance, physical activity, muscle strength, nutrition, and cognition; it is the overarching geriatric syndrome.[3] The constellation of other geriatric syndromes (such as falls, delirium, functional decline, and/or pressure ulcers) can lead to frailty, and frailty itself can feed back to result in the development of more risk factors and, in turn, even more geriatric syndromes, with the final outcomes being disability, dependence, and death.[3]

MEDICAL

Primary care providers need to be adept at diagnosing and managing the geriatric syndromes (mentioned earlier) and common medical conditions in older adults. The geriatric assessment should be comprehensive and holistic; however, time constraints may limit the realistic ability to perform thorough evaluations. The medical assessment of older adults can be done by physicians, nurse practitioners, or physician assistants; efficiency in the office visit can be achieved by using medical assistants and/or nurses to help with data gathering and performing standardized assessments.

Older adults often present with vague complaints, such as dizziness, and may have cognitive deficits that affect their ability to provide a concise, accurate history. They may under-report or over-report symptoms. In a brief office encounter, it may be difficult to obtain all the relevant details in a timely manner. Hence, eliciting collateral information from the patient's family or caregivers can greatly help the primary care