Overview of Geriatric Assessment

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About Older Adults

- Every day, 11,000 people turn 65 in the U.S. (U.S. Census, 2019)
- Healthcare professionals should understand conceptual aging with a holistic perspective to be able to fully apply a realistic approach
  - Older adulthood is often perceived as a time filled with illness and physical decline (Webel et al., 2022)
  - While normal aging includes age-related physical and cognitive decline, it does not include dementia and extreme frailty
  - Well-being, relative to social determinants of health, must be recognized and assessed to gain meaningful insight into each patient
    - Social
    - Socioeconomic
    - Neighborhood/environment
    - Access to health
    - Education
  - Longevity is impacted by health span; therefore, deeper insight into stages of aging must be considered

Age-Related Muscular Changes

- Age-related muscular changes impact muscle composition and structure, as well as “progressive loss of strength, power, and physical function, affecting autonomy and quality of life” (Varesco et al., 2023)
  - Depending on overall health, mindset, and physicality, the following may occur with age
    - Muscle deterioration
    - Increased risk of frailty
    - Decreased ability to perform activities of daily living (ADL)
    - Hospitalization
    - Vulnerability to disease
    - Untimely death
- Age-related muscular change is dependent on individual condition and ability to engage in preventive health

Older Adults Cohorts

- It is important for healthcare providers to consider older adults age 65+ as multiple cohorts within a life stage
- Stage will be affected by age, activity level, diet, disease management, and reduction of modifiable risk factors
- Relative to age, the following groupings can provide some framework for consideration relative to age-related changes (Li et al, 2021):
  - Young-old (ages 65 to 74): Active, healthy, and engaged
  - Middle-old (ages 75 to 84): Active but some changes may become more evident; may be some changes in mobility and joint functionality and overall strength; health changes may start to be evident
  - Oldest-old (ages 85+): Often experience health challenges, including changes in cognition, increased frailty
- It is important to note that the above is a framework for observations, but generalizations should be limited

Health Span

- According to Kaeberlein (2018), healthspan (or health span):
  - Begins at birth and ends when an individual experiences suffering from health decline
  - Health span differs from life span, as it considers years in functional health and well-being
  - Health span can be adjusted over time should a person experience a decline in health that they recover from
  - Health span can be affected by:
    - Environment
    - Genes
    - Lifestyle

Age-Related Changes

- Aging is a leading driver of age-related changes such as (Li et al., 2021):
  - Neurodegenerative illness
  - Cardiovascular disease
  - Cancer
  - Immune system disorders
  - Diabetes
  - Depression
  - Arthritis
  - Musculoskeletal disorders

- Health span status can be accrued throughout the life span, but it does not equate to longevity

Different Needs of Older Adults

- In the 1980s as longevity trends became noticeable and it was evident that older adults would have different healthcare needs as they aged (Webel et al., 2022), comprehensive geriatric assessments (CGAs) became useful tools to evaluate patients throughout their life span
  - CGA has become a “cornerstone” of care for older adults in healthcare
  - Can be modified and expanded to assess the qualitative and quantitative aspects of life
    - Psychological health
    - Social well-being
    - Physical health
    - Specific vulnerabilities and aspects of age-related changes

Healthy Aging Outcomes

- Insights of older adults in the U.S. pertaining to a framework supporting healthy aging outcomes include (Teater & Chonody, 2020):
  - Reduced probability of disease and loss of physical functionality
  - Maintaining cognition and brain health
  - High levels of social activity with meaningful interactions
  - The belief that successful aging includes ongoing engagement in life
  - Ability to overcome inequities presented by potential illness or disability
  - Active participation in life
- Maintaining health and well-being is an expected part of the successful aging paradigm, especially with the increased number of people reaching older age

Older Adults in the U.S.

- By 2060, there will be over 98 million people in the U.S. age 65+ (Teater & Chonody, 2020)
  - There will be more older adults than children under age 5
  - Approximately 25% of those age 65+ will live past age 90
  - Women will continue to outnumber men
  - About 50% of women age 75+ will live alone
  - Americans age 85+ continue to be the fastest growing cohort of older adults
  - Older adults will continue to be a diverse demographic; the number of older adults who will identify as LGBTQ+ is expected to double by 2040
  - The white population of older adults will increase by 59% compared to 160% for older minorities; Latinos will comprise 22% of older adults by 2030
  - Nearly 10% of older adults will live in poverty, with women twice as likely as men to be poor
  - All older adults will continue to be vulnerable to age-related changes

Older Adults and Chronic Conditions

- According to the Centers for Disease Control and Prevention (Jaul & Barron, 2017):
  - 60% of adults in the U.S. have one chronic condition
  - 4 out of 10 adults in the U.S. have two or more chronic conditions
  - 90% of the U.S. annual healthcare costs ($4.1 trillion) are for managing chronic conditions
  - Most prevalent disease and conditions include:
    - Arthritis
    - Heart disease
    - Cancer
    - Respiratory disease
    - Alzheimer’s disease and related dementias
    - Osteoporosis
    - Diabetes
    - Influenza and pneumonia
    - Depression
    - Chronic obstructive pulmonary disease (COPD)

Modifiable Lifestyle Risks

- As more people live longer there will be move vulnerability to developing age-related conditions, some of which are correlated to Alzheimer's disease (Sheladia & Reddy, 2021), one of the leading causes of morbidity and mortality
- Lifestyle, preventive care, and proper disease management in coordination with a primary care physician can address modifiable lifestyle risks that can impair wellness and quality of life
    - Socioeconomic status
    - Education status
    - Physical activity
    - Functional mobility
    - Proper medication management
    - Tobacco cessation
    - Healthy nutrition
    - Minimal alcohol intake

Societal Aging

- The aging of society is impacting healthcare throughout the world and deeply affects (Maresove et al., 2019):
  - Economics
  - Social aspects
  - Medical issues
  - Transportation
  - Preventive health promotions
  - Communication

- Healthcare that focuses on disease management accounts for (Maresove et al., 2019):
  - 86% of all U.S. healthcare costs
  - Increased costs of (5.5-fold) for those living with multiple conditions

Healthcare Landscape

- Managing chronic disease, often from noncommunicable disease, shapes the healthcare landscape
  - Demand for services
  - Lowered ability to perform activities of daily living (ADL)
  - Increased need for long-term care
  - Impaired quality of life
  - Changing demands within healthcare environment
  - Increase rates of additional chronic conditions
    - Polypharmacy
    - Fall risk
    - Depression
    - Unmet needs

Maintaining Health

- Maintaining health throughout all stages of life is key, but it is essential for the best quality of life with maximum functionality during older adult years
  - Unaddressed psychological issues can lead to disease
  - Unmet physical and emotional needs can increase opportunity for adverse events
  - Increased range of potential disabilities
  - Age-related cognitive changes
  - Challenges with maintenance of oral hygiene
  - Minimal social interaction can lead to personal neglect
    - Poor nutritional choices
    - Dehydration
    - Lack of movement
    - Increased fall risk

Comprehensive Perspectives

- Creating a healthcare approach that includes an insightful, comprehensive assessment must be integrated as standard of care practices for primary care providers
  - Physical health maintenance
  - Preventive care
  - Disease management
  - Ongoing monitoring and evaluation

- Providing patient-centered care that integrates assessment insights into care plans can create the basis to evaluate current and future health

Physical and Mental Changes

- Changes in physical and mental well-being that are not monitored and evaluated may result in:
  - Impaired ability to maintain and manage lifestyle
  - Limited mobility
  - Limited communication and interaction
  - Higher fall and other unsafe incidents risk (Maresove et al., 2019)
  - Increased opportunity for wounds and mismanagement of medication
  - Reduced cognitive capability
  - Loss of independence

Assessing Change

- Performing assessments is part of preventive care and disease management

- Assessments are imperative to help older adults preempt:
  - Increased disability
  - Expanded opportunity for unmet needs
  - Increased rate of morbidity and mortality
  - Increased need for hospitalization
  - Increased rate of institutionalization
  - Development of additional chronic conditions

Assessing Change

- Assessing older adult patients whenever there is a health-related incident is important to diminish potential negative outcomes; for example:
  - If an older adult experiences a stroke that causes damage that leaves them unable to address their needs, an assessment to establish a new baseline and treatment plan can provide the framework for focused treatment
    - Patient may avoid chronic disability
    - Action steps may help with psychological aspects to avoid a sense of hopelessness and depression
    - Functional changes caused by stroke may be able to improve if addressed in a timely manner, limiting opportunity for (Maresove et al., 2019):
      - Loss of independence
      - Changes in relationships
      - Financial loss
  - Assessing joint and/or back pain may alleviate the chance of losing the ability to perform activities of daily living
    - Older adults in pain frequently become impaired after a pain-inducing trauma
    - Develop additional injuries and functional limitations

Socioeconomic Status and Aging

- Insight into an individual's socioeconomic situation can help clinicians know patients and their progress
  - ADL dependence is high with older adults who have sarcopenia (Wang et al., 2020) and lower socioeconomic class
    - Women may be more dependent on assistance
    - Loss of independence in performing ADL greatly increases for people age 80+

- Early insight into muscle weakness and financial abilities can be identified to prevent the need for some assistance
  - Identify health plans that provide fitness at no cost
  - Prescribe treatment plan to allay and avoid muscle weakness

Geriatric Assessments

- Geriatric assessments should be conducted by healthcare professionals to provide framework to evaluate the needs of older adults
  - Include pertinent information
    - Medical history
    - Functional status
    - Cognitive abilities
    - Psychological well-being
  - Information can be referenced by cross-functional care team
  - Provide treatment plan for protocol implementation
    - Interventions
    - Monitoring
  - Provide opportunity for modifications to treatment plan upon evaluation or situational change
  - Evaluate and measure outcomes
  - Designed for best practices, improved well-being, and drive to positively impact health span

Needs of Older Adults for Well-Being

Needs	Activities of Daily Living
Physical well-being and health needs	• Disability-related needs • Mobility-related needs • Nutrition-related needs • Incident-related needs • Wound-related needs
Psychological/mental health needs	• Communication needs • Cognitive needs • Psychological needs • Mental health, emotional well-being

(Maresova et al., 2019)

Geriatric Assessment Tools

- Schippenger (2022) explains that geriatric assessment:
  - Is a multidimensional and interdisciplinary diagnostic tool
  - Evaluates functional ability and impairment
  - Serves as the basis for therapeutic programs and protocols
  - Can include:
    - Diagnostic testing
    - Evaluation for disease-specific indicators
    - Disease management (comorbidities)
    - Lab testing
    - Imaging
    - Holistic analysis
    - Cognitive health
    - Depression
    - Functional status
    - Medication overview
  - Identifies geriatric syndromes: Delirium, incontinence, malnutrition, gait disorders, pressure ulcers, sensory deficits, fatigue, dizziness
  - Provides recommendations for best quality of life and safety

Benefits of Geriatric Assessments

- According to Sattar et al. (2014):
  - Historically, older adults have been generalized, which can include overdiagnosis and overtreatment, which led to the development of geriatric-specific assessment tools
  - To help older adults determine effective treatment plans for cancer, a multifunctional team aligned to develop integrated therapeutic plans
    - U.S. National Comprehensive Cancer Network
    - European Society of Breast Cancer Specialists
    - International Society of Geriatric Oncology
    - European Organization for the Research and Treatment of Cancer
  - The goal of the collaborative effort was:
  - Personalize cancer treatment, avoiding unnecessary redundancies and overtreatment
  - Reduce risk of adverse events and functional decline
- The benefits of geriatric assessments in cancer treatment have helped mitigate unexpected risks, thus reducing potential complications

Geriatric Assessments

- Sattar et al. (2014) found studies that showed the effectiveness of geriatric assessments (GA)
  - One study showed that 40% of patients had “previously unknown functional impairments,” including:
    - 38% malnutrition
    - 31% prior falls
    - 27% depression
    - 19% cognitive impairment
  - Another study showed that GA directly affected 39% of treatment decisions relative to a cancer protocol, two-thirds of which resulted in decreasing treatment intensity levels
  - Yet another study showed that integrating GA into practice resulted in pertinent information needed to embark on separate interventions that improved quality of life
- Sattar recommends that GA be integrated into all care plans for older adults

Geriatric Assessments

- Geriatric assessments can be designed to create integrated plans for all treatment protocols and patient follow-up
  - Designed to unveil other potential issues that have yet to be recognized
  - Can allay potential declines and functional issues
  - Can provide support for complex patients who present with multiple conditions (Sattar et al., 2014)
    - Clinical
    - Mental/psychological
    - Social
    - Functional
    - Potential unseen risks

Age-Related Issues for Older Adults

Potential Age-Related Issues for Older Adults for Evaluation and Monitoring	
Normal aging progression	Atypical frailty
Managing multimorbidity	Falls, balance, and gait
Cognitive function	Mild cognitive impairment (MCI)
Dementias: Signs and symptoms	Delirium
Mood disorders	Pain
Nutrition/malnutrition	Bowel and bladder management
Bone issues	Metabolic disorders

Types of Geriatric Assessments

Types of Geriatric Assessments

Measurable Domain	Assessment Tool
Functional abilities, including activities of daily living (ADL), independent ADL, gait, performance insight	• Timed up and go (TUG): Timed assessment of functional mobility • PT/OT evaluation: Prioritize patient goals and abilities to establish treatment plan • Lawson Personal Self-Maintenance Scale: Measures patient's ability to engage in self-care and perform activities of daily living • Barthel Index (measures ADL): Focused on 10 ADL to track rehabilitation • Short physical performance battery
Depression	• Hospital Anxiety and Depression Scale • Zung Self-Rating Depression Scale • Yesavage Geriatric Depression Scale
Cognitive function assessment	• Clock drawing test • MoCA (Montreal Cognitive Assessment) • MMSE (Mini-mental state examination)

(Saffar et al., 2014)

Types of Geriatric Assessments

Measurable Domain	Assessment Tool
Delirium (Mayo Clinic)	• 3-D-CAM (Confusion Assessment Method) • CAM-ICU (Confusion Assessment Method for Intensive Care Unit) • Memorial Delirium Assessment Scale
Polypharmacy	• Beers Criteria: List of medications that can be hazardous to older adults • STOPP/START Criteria: Categorizes medications to determine appropriateness

(Saffar et al., 2014)

Katz Index of Independence in Activities of Daily Living

- Evaluates activities of daily living (Yamada et al., 2021)
  - Dressing
  - Toileting
  - Transferring
  - Feeding

- Scores levels of independence and dependence, evaluating:
  - Can bathe independently or needs assistance (limited or extensive)
  - Ability to dress: Obtain clothing from closet and able to dress or needs help dressing
  - Ability to move independently out of bed or chair with or without assistance, or requires complete assistance
  - Ability to feed from plate into mouth, prepare of food or needs partial or total help

Lawton Instrumental Activities of Daily Living Scale (Self-Rated Version)

- Lawton Instrumental Activities of Daily Living Scale (Self-Rated; Tornero-Quinones et al., 2020)
  - Asks specific questions with the following responses
    - Without help
    - With some help
  - Questions include:
    - Can you use the telephone?
    - Can you get to places that are out of walking distance?
    - Can you go shopping for groceries?
    - Can you prepare your own meals?
    - Can you perform your housework?

Geriatric Assessments

- **Timed Up and Go (TUG)** (Kear et al., 2017)
  - Clinical assessment evaluating mobility and balance
  - Patient receives the “go” command and walks 10 feet, turns around, walks back to the chair, and sits
  - Clinician evaluates fall risk, tracks progress, and screens for needed assistance

Geriatric Assessments

- **PT/OT evaluation** (Pontius et al., 2021)
  - Physical therapy assesses physical function, musculoskeletal health, mobility
  - Occupational therapy focuses on patient's occupational needs, ability, challenges, executive function
  - Therapists evaluate, create, and implement treatment and revise as needed
  - Assesses the patient's current situation, reviews patient history, and creates therapeutic plan around patient's priorities

Geriatric Assessments

- **Hospital Anxiety and Depression Scale** (Annunziata et al., 2020)
  - Assessment tool that can be used in hospital settings to identify anxiety and depression
    - Quick to administer
    - Patients can do it on their own

Geriatric Assessments

- **Zung Self-Rating Depression Scale** (Cheng et al., 2023)
  - 20-item questionnaire to rate emotional well-being
  - Encourages self-reflection
  - Clinical use for screening patients for depression
  - Can be used to track changes

Geriatric Assessments

- **Yesavage Geriatric Depression Scale (GDS)** (Erazo et al., 2020)
  - Self-reported assessment tool for depression
  - 30 items related to feelings, behavior, and moods
  - Quick to administer
  - The higher the score, the greater the indication of depression

Geriatric Assessments

- **Clock Drawing Test** (Navakaite et al., 2024)
  - Dementia screening
  - Patient is told to draw a clock face with the numbers in the correct place and set the hands of the clock to a specific time
  - An evaluator monitors the person’s performance
    - Clock face
    - Numbers
    - Position of the hands
    - Score

Geriatric Assessments
Dementia

- **Montreal Cognitive Assessment (MoCA)** (Sattar et al., 2024)
  - Detects cognitive decline and early signs of dementia
  - Assesses language, memory, and executive and visuospatial function
  - Can be done in primary care office
    - 30 questions, 10-minute implementation
    - Evaluates 7 domains of cognition
    - Score indicates if more testing is necessary to determine dementia

Geriatric Assessments
Dementia

- **Mini Mental State Examination (MMSE)** (Jia et al., 2021)
  - 30-point questionnaire; takes 5 to 10 minutes
  - Evaluates ability to register, attention and calculation, recall, language, ability to follow simple commands
  - Unveils indication of dementia
  - Can be done bedside or in the primary care office
  - Lacks sensitivity to mild cognitive impairment

Geriatric Assessments

- **3-D-CAM (Confusion Assessment Method)** (Wang et al., 2020)
  - Cognitive assessment testing for delirium diagnosis and determination of severity:
    - Acute onset of changes in mental status
    - Inattention
    - Altered levels of consciousness
    - Disorganized thinking
  - Created to be used in nursing home environment

Geriatric Assessments

- **CAM-ICU (Confusion Assessment Method for Intensive Care Unit)**
  (Miranda et al., 2023)
  - Assesses four features while patient is in ICU:
    1. Acute onset of changes in mental status
    2. Inattention
    3. Altered levels of consciousness
    4. Disorganized thinking
  - Positive outcomes if patient is positive for 1 and 2, plus either 3 or 4

Geriatric Assessments

- **Memorial Delirium Assessment Scale** (Brietbart et al., 1997)
  - 10-item, 4-point scale
  - Includes behavioral observation and cognitive testing
  - Determines severity of delirium in older adults
  - Interpreted by trained clinician

Geriatric Assessments

- **Beers Criteria** (American Geriatrics Society, 2023)
  - Identifies potentially inappropriate medications (PIMs) for older adults
  - Also provides information pertaining to drug–drug interactions, dosing, and drugs that affect kidney function
  - Designed to limit older adult exposure to medication challenges
  - Applied to all older adults except in hospice and end-of-life treatment

Geriatric Assessments

- **STOPP/START Criteria** (O'Mahony et al., 2023)
  - Established, explicit criteria designed to prevent older adults from taking potentially inappropriate medications (PIMs) and potential challenges relative to prescribing medications

Geriatric Assessments

- **Mini Nutritional Assessment Short Form** MNA-english.pdf (mna-elderly.com
  - 18-item screening tool to identify older adults at risk for malnutrition
  - Short form has 6 questions and can be used to unveil potential malnutrition in older adults
  - Screening and assessment delivers malnutrition indicator score

Geriatric Assessments

- **Charlson Comorbidity Index (CCI)** (Charlson et al., 2023)
  - Tool designed to predict one-year mortality rate for patients with multiple chronic conditions
  - Helps providers manage chronic conditions to improve outcomes

Geriatric Assessments

- **Cumulative Illness Rating Scale–Geriatric** (Di Raimondo et al., 2023)
  - CIRS assesses illness severity and impact of comorbidities
  - Often a part of the comprehensive geriatric assessment scale
  - Assesses 14 organ systems

Geriatric Assessments

- **Social Determinants of Health Assessment (PRAPARE Tool)**
  (Howell et al., 2023)
  - Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool
  - Measures SDoH to identify areas of social concern impacting health and wellbeing
  - Used in community health centers to provide SDoH information for existing EMR
  - Identifies areas of patient need for social and environmental support for improved public health support

Geriatric Assessments

- **McGill Pain Assessment Questionnaire** (Hawker et al., 2011)
  - Pain rating index with 78 pain descriptor items and 4 subscales
  - A multidimensional pain questionnaire designed to evaluate aspects of pain and pain intensity

Geriatric Assessments

- Geriatric assessments are key tools for healthcare professionals to provide personalized care to address individual needs for continuum of care
  - Address specific chronic conditions and ailments
  - Address social determinants of health
  - Provide information about reducing modifiable lifestyle risk factors (Ng et al., 2020)
    - Excessive drinking
    - Obesity
    - Cigarette smoking
    - Diet
    - Physical activity
  - Provide patients with tools for disease prevention

Awareness of Age-Related Changes (AARC)

Awareness of Age-Related Changes (AARC)

- Addressing potential physical and behavioral changes to mitigate disease and minimize symptoms will be a significant contribution to an older adult's opportunity for improved health and well-being
- The concept of awareness of age-related changes (AARC) can be applied when creating an environment for personal change (Sabatini et al., 2023)
  - AARC gains: Recognition of positive gains obtained by aging
  - AARC losses: Recognition of negative aspects of life, or losses, experienced through the years
- Perceptions and realities of aging can impact quality of life during older age
  - These can be affected by potential aspects of aging
    - Feelings of depression
    - Transition or loss
    - Chronic pain

Views on Aging

- According to Sabatini et al. (2023), perspectives and/or views on aging (VoA) can directly impact:
  - Older age development
  - Health behavior

- A positive view on aging can empower a person to develop adaptive behaviors and strategies as they confront aspects of aging
  - Physical activity
  - Healthy diet
  - Stress reduction

- A positive view on aging is correlated to better long-term physical and mental health outcomes

Views on Aging

- Contrary to a positive view on aging, a person with a more negative view on aging is (Sabatini et al., 2023):
  - More likely to have a negative attitude toward health
  - Less likely to engage in healthy behaviors
  - More likely to engage in risky behaviors relative to health
  - At a greater risk for impaired health and well-being
  - At increased risk of mortality

Views on Aging

- A positive view on aging is definitely an asset to support outcomes of assessments, even with chronic conditions (Sabatini et al., 2023)
  - Improved self-care
  - Improved disease management
  - Symptom reduction and mitigation
  - Better health outcomes
  - Reduced rates of co-occurring illness
  - Reduced multimorbidity

Views on Aging

- Evidence suggests personal views on aging are correlated to improved physical health outcomes, including biomarkers for inflammation and mortality (Sabatini et al., 2023)
  - Individuals with mental health diagnosis and challenges are shown to have more negative views on aging
    - Experience higher rates of depression along with age-related chronic illness
    - Need further research on specific mental health disorders, other than depression and anxiety, that correlate with other chronic conditions
  - Current evidence supports the correlation between chronic back pain, hypertension, and rheumatoid arthritis and depression and anxiety
    - Strong relationship with greater incidence of negative attitudes toward aging

Views on Aging

- It should be noted that older adults may have both negative and positive views on aging at times, but there is a threshold of synergy between the views that can result in declining health status
    - Negative views on aging are more strongly associated with negative health outcomes (Sabatini et al., 2023)

- Awareness of age-related changes (AARC) should be considered when a healthcare professional evaluates and assesses an older adult

Awareness of Age-Related Changes (AARC)

- Awareness of age-related change considers that life experience and perception of impact of aging occur within the following domains (and their gains and losses incurred)
  - Cognitive functioning
  - Social-emotional and social-cognitive functioning
  - Health and physical functioning
  - Interpersonal relations
  - Lifestyle and engagement
- Sabatini et al. (2023) shared that following pertaining to a qualitative study researching older adults
  - Older adults ages 70 to 88 journaled daily, recording any positive or negative age-related experiences in any of the aforementioned domains
    - 70% of participants reported that they had negative age-related experiences that impacted physical health
    - 82.6% of the 70% reported illnesses and chronic conditions postexperience

Awareness of Age-Related Changes (AARC)

- Awareness of age-related change domains examples (Sabatini et al., 2023)
  - Cognitive functioning
    - AARC gains: I have insight and life experience to understand situations and people
    - AARC losses: I am having a senior moment and can’t remember
  - Social-emotional and social cognitive functioning
    - AARC gains: I know what I like and what matters
    - AARC losses: Since I am retired, I don’t know my purpose
  - Health and physical functioning
    - AARC gains: I have time to eat properly and work out
    - AARC losses: It’s too late to start exercising

Awareness of Age-Related Changes (AARC)

- The Awareness of Age-Related Change (AARC) Questionnaire, developed by Brothers et al. (2021)
  - 50-item questionnaire
  - Assesses positive and negative gains/losses within the domains
    - Cognitive function
    - Social-emotional functioning
    - Interpersonal relations
    - Social-cognitive and social-emotional functioning
    - Lifestyle and engagement

Awareness of Age-Related Changes (AARC)

- Awareness of Age-Related Change Domains examples (Sabatini et al., 2023) (continued):
  - Interpersonal relations domain
    - AARC gains: I love being able to spend more time with friends
    - AARC losses: I can’t see people because I don’t drive anymore
  - Lifestyle and engagement domain
    - AARC gains: I can come and go as I please
    - AARC losses: Sometimes I feel ok, other times I don’t, so I don’t make plans anymore

Views on Aging

- Research shows that individual awareness of age-related changes directly impacts views on aging, specifically (Brothers et al., 2021):
  - Physical health
  - Mental health
  - Well-being
  - Mortality

- *Views on aging* has become a catch-all phrase for various attitudes and perceptions that impact:
  - Ageist perspectives
  - Aging process and effects of disease and development of chronic conditions
  - Perceptions of aging: Fear, discomfort, unrealistic expectations

Views on Aging

- Two types of views on aging can impact health and shape clinical outcomes affecting physical and mental health (Brothers et al., 2021):
  - Age stereotypes
  - Self-perception of aging

Views on Aging

- More specifically, negative self-perception of aging correlates to (Brothers et al., 2021):
  - Decline in physical health
  - Decline in functional abilities
  - Increased depressive symptoms
  - Negative mood and outlook
  - Negative reaction to stressful situations
  - Higher risk of obesity
  - Development of new physical and mental health symptoms
  - Increased mortality

Views on Aging

- Positive self-perception of aging correlates to:
  - Improved functional well-being
  - Lower rates of depressive symptoms
  - Improved psychological well-being

Age-Related Changes

- Comprehensive geriatric assessments (CGA) should be considered holistic and multidisciplinary in approach (Bosold et al., 2022)
  - Should integrate patient perspectives relative to awareness of age-related changes
  - The collective information can be used to identify and address quality of life issues as well as any complexities of chronic illness
  - A traditional CGA is typically conducted by the primary care physician or other physician in the specific healthcare setting
    - Skilled nursing facility
    - Assisted living
    - Memory care
    - Hospital
    - Rehab
  - It should be understood that the setting of the CGA can impact the actual assessment and therefore affect outcomes (Veronese et al., 2022)

Geriatric Assessments

- Veronese et al. (2022) assert that comprehensive geriatric assessments performed in the following settings traditionally produce beneficial outcomes and information
  - Home setting
  - Hospital
- CGAs performed in the following settings are less effective
  - Following hospital discharge
  - Outpatient consultation
  - Some inpatient consultation
- Research suggests that the setting in which the assessment is performed should correlate to the situation the older adult will be confronting when it is implemented

Comprehensive Geriatric Assessments

- Traditional comprehensive geriatric assessments were developed 30 years ago (Veronese et al., 2022)
  - High level of certainty in producing the following outcomes
    - Reduced nursing home admissions
    - Reduced fall risk
    - Reduced bed sores
    - Reduced delirium

- Some research suggests that CGAs should be implemented with older adults in the hospital to reduce postdischarge risks

Delirium

- Delirium can occur with older adults, notably when undergoing surgery for hip fractures (Veronese et al., 2022)
  - It is correlated to:
    - Higher rates of disability
    - Prolonged hospitalization
    - Higher rates of mortality
    - Increased hospital utilization
    - Increased costs
- Due to the correlation between delirium and hip fractures, the CGA should be implemented when an older adult has a fall, with evidence supporting that a CGA at that time can benefit:
  - Improved mobility
  - Lower rates of disability
  - Lower mortality due to falls
  - Reduced rates of frailty

Barriers to Comprehensive Geriatric Assessments

- Barriers to the traditional 30-year-old comprehensive geriatric assessment include (Veronese et al., 2022):
  - Lack of guidelines
  - Lack of professional training
  - Challenges with patients
  - Need for professional collaboration
  - Lack of organizational support due to extensive nature of the CGA
    - Understanding social aspect
    - Legal, ethical, and compliance factors
    - Economic aspects of the outcomes/recommendations
  - Need to get more geriatricians and clinicians trained on CGA

Healthcare Professionals

- Integrating other healthcare professionals into the practice of geriatric assessments (Bosold et al., 2022)
  - Physicians/PAs/ARNPs: do thorough medical and lifestyle history; insight into medical information, medical status; necessary clinical interpretation and oversight, including medication management
  - Pharmacists: Can address specific medication management, clinical interactions, issues of polypharmacy, identification of symptoms of prescription cascade; can reconcile medications and provide insight relative to counterindications or other risks

Healthcare Professionals (continued)

- Integrating other healthcare professionals into the practice of geriatric assessments (Bosold et al., 2022)
  - Social workers: Can perform assessments relative to mental and behavioral health, as well as address social determinants of health and the need for supportive services to improve health outcomes; can address nonclinical resources and interactions as a part of the clinical team
  - Assisted living staff: Can collect information relative to older adults' living situation; may or may not be able to participate in clinical oversight (depends on credentials) but may be involved with managing older adults' care in the community; assessment should include nonclinical lifestyle insight and information to ensure that older adult needs related to living situation are met

Impact of Ageism

- Properly implemented assessments in the community, especially where the older adult lives, are important to meet individual needs
- Some research shows that ageism targeting older adults impacts between 77% and 93% of people over age 65 (Allen et al., 2023)
    - Very common discrimination that is often considered socially acceptable
    - Decisions and determinations are made relative to an older person in a manner that is considered:
        - Discriminatory
        - Prejudicial
        - Filled with inaccurate stereotypes
        - Able to affect health decisions and outcomes
    - It is a social construct that affects the healthcare system and community, guided by “dominant beliefs, attitudes, and expectations about life at different ages and stages within the life course” (Allen et al., 2023)

Assessing Older Adults

- Assessing individual older adults can eliminate some ageist perspectives (Allen et al., 2023)
- Ageism:
  - Can be presented as routine perspectives of older adults
  - Shapes everyday beliefs, often inaccurately
  - Can create social and environmental cues that perpetuate the inaccurate messaging; often seen in media
  - Can cause perpetuation of ageist stereotypes that shapes awareness of age-related changes
  - Can become targeted age-based discrimination
  - Can increase risk of adverse events and vulnerabilities

Ageist Perspectives

- Ageist perspectives can also shape how healthcare professionals deliver care and tend to older adult patients
- “[H]ealthcare professional can show … negative attitudes toward older patients, influencing the care they provide and giving hostile responses. These attitudes are also described, even among health sciences students” (Martinez-Angulo et al., 2023)
- It should be noted that with or without intention, ageism among healthcare professional impacts treatment plans, including access to additional services that may be available (Martinez-Angulo et al., 2023)
    - Physicians
    - Allied healthcare providers
    - Nurses
    - Social workers

Considering Individual Perspectives

- For best practices and outcomes, as well as overall care delivery, it is important to consider individual perspectives and language use prior to delivering geriatric assessments

- Healthcare providers can directly impact a patient's perception of their aging experience (Martinez-Angulo et al., 2023), which can affect:
  - Disease prevention
  - Disease management
  - Ability to thrive
  - Sense of independence
  - Self-care
  - Personal validation

Patient-Centered Care

- Creating an effective geriatric assessment (comprehensive or utilizing a specific tool) is predicated on the foundation that information gleaned will be interpreted by a healthcare professional focused on delivering patient-centered care
- According to Edgman-Levitan and Schoenbaum (2021), patient-centered care:
  - Is care delivered in partnership between clinicians, care team, patient, and caregivers
  - Ensures that patients' preferences, desires, and needs are met
  - Is built on effective communication delivered in a manner that the patient understands; this leads to delivery of best outcomes and care
- In support of patient-centered care delivery, all healthcare professionals should ensure that their care delivery and treatment plans are void of ageist stigma and language that can negatively shape patient self-perception
- All older adults should have the opportunity to recognize that they can make choices to empower and improve their sense of well-being

Age-Related Changes

- We recognize that awareness of age-related changes can impact self-awareness; ageist and biased perspectives may further impact AARC by (Ben-Harush et al., 2016):
  - Reminding older adults of future deterioration
  - Triggering death anxiety

- Healthcare professionals whose experience is primarily with older, frail, and cognitively impaired adults may have “self-aging anxiety” (Ben-Harush et al., 2016)

- Recognizing this is important to having a broader-based perspective about the range of aging experiences that may be unveiled through varied assessments

Potential Situations of Ageist Perspective

- Ben-Harosh et al. (2016) share the following situations that can present due to an ageist perspective
  - Older adults with lung cancer experience reduced rates of surgical procedures, despite the understanding that recovery is not predicated on age; due to providers' "reluctance to carry out intrusive diagnoses among older patients" (Ben-Harosh et al 2016)
  - While many breast cancer cases are diagnosed in older women, in one survey, only 7% of physicians performed breast cancer screening examinations in routine exams; the study showed that this was due to a lack of physician awareness, combined with their concern that older women would respond less favorably to any treatment
  - Physicians are less willing to intervene therapeutically with older adults who are expressing suicidal thoughts and ideation, even when assessed; the study showed there was a belief that suicidal tendencies "among older adults is logical and normal" (Ben-Harosh et al 2016)
  - There is evidence that clinicians are less likely to engage older adults in actual medical decisions; clinicians have expressed less optimism for positive outcomes with older adults

Communication Techniques

- Establishing effective means of communicating and interacting with older adults (and their different cohorts within older age) is imperative for healthcare professionals in all areas of expertise

- Tone of voice and overall approach toward older adults should be revisited to effectively conduct patient care and assessments
  - Studies show that “low expectations for rehabilitation” (Cheng et al., 2023) can create a sense of detachment for the patient
  - Attitudes about aging must also be addressed to improve care delivery and avoid ageist perspective

Assessing with Clarity

Geriatric Assessments

- Geriatric assessments are the necessary diagnostic tools to provide specific insights in a multidimensional, interdisciplinary approach to addressing the needs of an older adult patient (Schippinger, 2022)
  - Identify risks and potential ways to mitigate
  - Create opportunities for older adult to modify risk factors

- Geriatric assessments provide much needed information and insight for the clinician to address specific needs of the individual patient
  - Evaluate functional capability
  - Identify impairment
  - Enable different perspectives from experts to create multidisciplinary approach

Geriatric Assessments

- Geriatric assessments are a tool in the toolkit for older adult person-centered care, partnering with:
  - Diagnostic test
  - Physical examination
  - Laboratory tests
  - Imaging
  - Cutting-edge trials and diagnostics

- According to Schippinger (2022), geriatric assessments accompanied by treatment plans:
  - Increase opportunities for preventive care
  - Improve disease prognosis
  - Increase opportunities for an independent life
  - Increase home discharge following hospital admission due to serious illness

Assessments and Older Adults

- Societal demographic changes are happening quickly with the growth of the aging population
  - Public health systems must create a broad-based response to address older adult patient needs, with the insight needed to meet the potential challenges of this large, multifaceted group of cohorts
  - Potential complexities of old age will impact disease treatment (Molinari-Ulate et al., 2022), including:
    - Evaluation and understanding of multimorbidity
    - Aspects of polypharmacy
    - Cognitive impairment
    - Dementia
    - Interventions
  - Social aspects of life that directly affect health must also be considered
    - Socioeconomic status
    - Effects of ageism
    - Housing and transportation
  - Understanding the older adult within the context of healthy living

Giants of Geriatrics

- Sugimoto et al. (2022) refer to the “giants of geriatrics” that should be recognized and considered when treating older adults due to their potential impact on body system functionality
  - Frailty: Increased vulnerability to age-related decline; may or many be evident
  - Vulnerability: Can cause frailty and can be unveiled in assessment (lack of movement, limited exercise, poor diet)
  - Cognitive impairment: There is correlation between this and frailty
  - Incontinence: Involuntary urine loss can impact quality of life, ability to socially connect
  - Fall risk: Maintaining safe environment and strength can help mitigate falls; however, risk increases with age

Integrated Care Approach

- Types of services to address issues of aging will be needed to support the older adult as their bodies change (Molinari-Ulate et al., 2022)
  - Case management from a patient-centered care approach
  - Comprehensive care plans, including:
    - Clinical treatment
    - Proper nutrition
    - Healthy environment
    - Access to socialization
    - Effective communication

Integrated Care Approach

- Supporting the above, the World Health Organization recommends that geriatric assessments provide the framework to unveil an “integrated care approach” that will (Molinari-Ulate et al., 2022):
  - Create flow for coordinated care
  - Ensure a multidisciplinary approach
  - Develop a personal care plan that includes clinical oversight

Multidimensional Evaluation

- Implementing a multidimensional evaluation of an older adult is key to exploring overall health and well-being
    1. Physical health
        - Vision and hearing
        - Continence issues
        - Balance, gait, and functional mobility
    2. Functional ability
        - Activities of daily living
        - Instrumental activities of daily living
    3. Cognitive assessment
    4. Social support
        - Social determinants of health
    5. Emotional and psychological health
    6. Interdisciplinary needs

Comprehensive Geriatric Assessments

- The aims of a comprehensive geriatric assessment(s) are:
  - Improve health outcomes
  - Create a meaningful treatment plan
  - Obtain diagnostic accuracy
  - Recognize functional status
  - Deliver patient-centered approach
  - Improve quality of life
  - Improve health span

Comprehensive Insights

> “To detect older adults with reversible cognitive impairment, it is necessary to assess multi-cognitive domains. These include executive function, attention, processing speed and memory.” (Sugimoto et al., 2021)

Wrap-Up and Recap

- Aspects of old age bring complexities (Webel, 2023)
  - Health issues due to multiple causes
  - Age-related decline of body systems
    - Disease
    - Environment
    - Social context
    - Awareness of age-related changes
    - Ageist views
- The provision of healthcare must consider these factors when conducting geriatric assessments
- Proper geriatric assessment should be utilized across the disciplines to provide comprehensive treatment

Wrap-Up and Recap

- According to Webel (2023), the “traditional disease-oriented model used in medicine, focusing on the diagnosis and cure of a disease or ailment, does not fit the needs of older patients with their non-disease specific problems”
- Analyzing specific health issues and changes to physical and mental health should be done in a manner that addresses:
  - Physical well-being
  - Mental well-being
  - Social well-being
  - Environmental well-being
- Geriatric assessments provide the basis of each of the domains to effectively treat the older adult patient

Case: Agnes

92-year-old Agnes lives alone in an older adult retirement community. She goes to the activities and programs but lately has been having her dinner alone in her apartment instead of going to the dining room with her friends. Agnes has recognized that she can't hear as well as she used to, her hearing aids are uncomfortable, and she no longer enjoys being in loud rooms. The community services director was concerned about Agnes and asked her to visit the ARNP in the community for an updated assessment. Agnes agreed to go to the visit and learned that there was an audiologist who did hearing aid fitting every Monday in the community. The ARNP made the appointment for Agnes and within a week, she received properly fitting hearing aides and was able to resume meals in the dining room. Almost immediately, she was back to herself, laughing and engaging with her friends—and wishing she had visited the nurse sooner.

Case: Steve and Bonnie

Sixty-six-year-old Steve is married to 65-year-old Bonnie, and they recently retired and began playing pickleball. When they began to receive their health insurance through Medicare, they switched to a new physician who only took patients ages 65+. They scheduled their first appointments to follow each other, and Bonnie was first. Steve felt as though he was waiting forever for his physical and then he was called in. Their new doctor saw only 10 patients per day, and each visit was scheduled for 40 minutes. Steve now understood what was taking Bonnie so long—he couldn't believe a doctor spent so much time with each patient. It turned out that the visit was a physical, plus a detailed assessment of what seemed like everything that could potentially happen to a 65-year-old person, as well as everything that had happened to him and his parents. Steve was completely annoyed initially—he felt like he was being treated like an old person because he was healthy. The doctor reviewed every aspect of Steve and Bonnie's lives. They recognized this was a super thorough approach, and they left the office determined to live their best lives and take care of themselves. Signing up for pickleball was just the beginning! Meal prep, daily walks, and joining a book club worked for Bonnie. Steve decided that he wanted to work part-time, so he got a job as a ranger at a local park. Today they are living on their terms, recognizing that should their health change, they have a doctor who knows everything about them!

Case: Nurse Jones

Nurse Jones is thoroughly exhausted. At age 49, she still has a teenager at home, plus her father is living with them and has chronic pain and COPD. She has been a nurse, primarily working with older adults in a hospital setting. She has seen all types of situations, but she mostly sees sickly old people who have no visitors, feel terrible, hate the food, and often appear to be worse off when they leave her unit than they were when they arrived. Nurse Jones is sad about her father, mad at the people who don't visit their loved ones in the hospital, and scared for her own future. She doesn't have time to do anything for herself, and even if she did, she is just too tired. Her hospital has a new employee assistance program (EAP) that is starting a peer support group for healthcare professionals who are also caregiving for a loved one. She decides to go to a session. Nurse Jones learns that this group is flexible with meeting times, and she shares a suggestion to have weekly coffee meetings 30 minutes prior to a shift. Everyone agrees that this could be a great idea, and they move forward with these meetings.

Case: Nurse Jones (continued)

About two months after going to weekly meetings with her colleagues, Nurse Jones has a patient (who had been readmitted twice!), and this time she sits with her for five minutes each day to chat. She realizes that the patient lives alone and the only time she sees people is when she is hospitalized. Nurse Jones lets the social worker in the hospital know about this patient. The social worker connects the patient with a local church that meets her, brings her weekly fresh food, and does welfare checks in the home. This patient hasn't been readmitted since. Nurse Jones remembers why she is a nurse.

You have completed the course:
Overview of Geriatric Assessment

Thank you!