Office-Based Geriatric Assessment: A Practical Approach

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What is geriatric assessment?

- A method of screening for and diagnosing impairments in the following domains:
  - physical
  - psychosocial
  - functional

- Assessments are made to develop a comprehensive plan for prevention, treatment and rehabilitation.

- Often employs interdisciplinary teams and standardized instruments for assessment.
Components of Geriatric Assessment

- Medical
- Cognitive
- Affective
- Functional
- Social Support
- Economic
- Environmental
- Advance Directives
- Prevention
- Patient Goals and Preferences
How to conduct office-based geriatric assessment in 30-60 minutes

- Pre-screening
  - delegate data collection
- Functional assessment by observation
- Directed medical history
- Directed physical examination
- Establish agreement on a plan of action
Pre-screening

- Ask patients to bring in old medical records and all medications they use to first visit

- Use a questionnaire targeted to older persons
  - send patient the questionnaire to complete prior to visit
Pre-visit Questionnaire

- Usual information (HPI, PMH, etc.) but pay particular attention to:
  - Common problems
    » sensory impairment, polypharmacy
  - Social history
    » living situation, social support, caregivers
  - Functional status
Functional Assessment by Observation

- Did patient fill out the questionnaire?
- Can the patient hear and see?
- Observe patient walk and get on the examining table
- What kind of detail does patient give you in the history?
- How would you judge the patient’s affect?
- Does the patient look put-together?
Directed Medical History

- Review questionnaire
- Balance focus on reason for visit with need to target identified problems in context of estimated life expectancy
- May follow-up identified problems with screening/diagnostic tests
  - some of these may be incorporated into pre-visit questionnaire
Directed Physical Examination

- Guided by the history/observation
- Doesn’t always have to be exhaustive
- In addition to basic physical exam, aim to evaluate:
  - Vision and hearing
  - Gait and balance/feet
  - Dentition/oral cavity
  - Mood and memory
  - Nutrition
  - Skin
Problems With Mobility Screeners

- Watch the person walk
- **Time the patient after asking:** “Rise from the chair, walk 20 feet, turn, walk back to the chair and sit down.”
  - Fail if takes > 15 seconds to complete the task
- History of falls in last 12 months
- **Performance-Oriented Assessment of Mobility-modified version**
  - Get up from chair, walk, 180 turn, walk back, balance test, sit
# Performance-Oriented Evaluation of Balance and Gait


<table>
<thead>
<tr>
<th>Abnormal Maneuver</th>
<th>Possible Etiologies</th>
<th>Possible Therapeutic or Rehabilitative Measure</th>
<th>Possible Preventive or Adaptive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty arising from chair</td>
<td>Proximal muscle weakness</td>
<td>Treatment of specific disease</td>
<td>High, firm chair with arms</td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>Hip and quadriceps exercises</td>
<td>Raised toilet seats</td>
</tr>
<tr>
<td></td>
<td>Parkinson’s syndrome</td>
<td>Transfer training</td>
<td>Ejection chairs</td>
</tr>
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<td></td>
<td>Hemiparesis or paraparesis</td>
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<td></td>
<td>Deconditioning</td>
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Depression Screeners

- **PHQ-2**

  Over the past two weeks, how often have you been bothered by any of the following problems?
  Little interest or pleasure in doing things
  Feeling down, depressed or hopeless

  » Responses: 0-Not at all to 3-nearly every day
  » Recommended cut-off is 3
Cognitive Impairment Screeners

- **Mini-Cog**
  - 3-Item recall
    - ask the patient to remember the names of three objects (pencil, truck, book)
    - Fail if can’t remember all 3 objects in one minute
  - Clock drawing test
    - ask patient to draw a large circle, fill in the numbers on a clock face, and set the hands at 8:20
Cognitive Impairment Screeners (cont)

- **Montreal Cognitive Assessment Instrument (MOCA)**
  8 domains (30 items) includes drawing, naming, abstraction plus usual items on MMSE

- **Saint Louis University Mental Status Examination (SLUMS)** (11 items) also identifies MCI
  Orientation, short-term memory, calculations, naming, clock drawing, recognition of geometric figures
Establish Agreement on Plan of Action

- Review reasons for visit/findings
  - utilize easily accessible information for decision making (e.g., PDA, computer-based information systems, books)
- Prioritize next steps
- Give out handwritten or pre-printed information and instructions
- Make follow-up visit to review/reassess plan and finish evaluation (if necessary)
- Make referrals as necessary (social work, PT/OT)
Conclusions

- It is possible to comprehensively assess older patients in office practice in a limited time.
- The methods one chooses must be tailored to individual and practice characteristics.
- Methods used in ACOVE (Assessing the Care of Vulnerable Elderly) study are another option:
  - Brief assessment and management tools for dementia, incontinence, falls.
Conclusions (cont)

- An initial investment in setting up a system for evaluation will help you and your patients.
- Pre-visit questionnaire and ACOVE forms can be found at:
  www.geronet.ucla.edu/centers/acove/office_forms.htm
- Another resource for geriatrics content and assessment tools:
  www.geriatricsatyourfingertips.org
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