
Office-Based Geriatric Assessment

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Components of Geriatric Assessment

- u Medical
- u Cognitive
- u Affective
- u Functional
- u Social Support/Caregiver
- u Economic
- u Environmental
- u Advance Directives
- u Prevention

Evidence for Case Finding

- u Veterans Administration Medical Clinic
- u Data collected by non-physicians
- u 56% of patients had ≥ 1 impairment
- u Cost: \$2-\$10 per case

Miller DK, et. al JAGS 1990

Evidence for Case Finding

- u Rural Family Practice Office Setting
- u Testing done by trained office assistant
- u 109 patients evaluated--69 new diagnoses or treatments
- u Cost: \$1 to \$68 depending on diagnosis

Miller DK, et al. JAGS 1995

Evidence for Case Finding

- u Community based physicians randomized
- u Staff administered screen versus usual care
- u 261 patients over 70 years of age
- u Hearing loss more commonly detected and evaluated with screen

Moore AA, et al. Am. J Med. 1997

How to conduct office-based geriatric assessment in 20 minutes (Hall)

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

Pre-screening

- u Ask patients to bring in old medical records and all medications they use to first visit
- u Develop a questionnaire targeted to older persons to have available at first visit

Pre-screening Questionnaire

- u Usual information (HPI, PMH, etc.) but pay particular attention to:
 - Polypharmacy/ bad drugs
 - Social history
 - » living situation, social support, caregivers
 - » finances
 - » alcohol

Pre-screening Questionnaire (cont.)

- u ROS

- sensory impairment, dentition, mood, memory, urinary sx's, problems with gait, balance, falls, sexual dysfunction, nutrition, pain

- u Functional status

- BADLs, IADLs, AADLs

Basic Activities of Daily Living (BADLs)

- u Bathing
- u Dressing
- u Going to the toilet
- u Transferring
- u Continence
- u Feeding

Intermediate Activities of Daily Living (IADLs)

- u Using telephone
- u Shopping
- u Preparing meals
- u Housekeeping
- u Doing laundry
- u Using public transportation
- u Taking medication
- u Handling finances

Advanced Activities of Daily Living (AADLs)

- u Patient-specific functional activities (e.g., recreational, occupational, community service)

Pre-screening Questionnaire (cont.)

- u Prevention
 - flu shot, Pneumovax, tetanus, mammogram, stool for occult blood, aspirin, exercise, HRT, calcium and vit D, seat belts
- u Advanced Directives
 - DPAHC, preferences for care

Functional Assessment by Observation

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

Directed Medical History

- u Review questionnaire
- u Balance focus on reason for visit with need to target identified problems
- u May follow-up identified problems with screening/diagnostic tests
- u Ask patient for their views on problems/sxs
- u Relationship building/active listening/empathy

Directed Physical Examination

- u Guided by the history/observation
- u Doesn't always have to be exhaustive
- u Try to evaluate:
 - Vision and hearing
 - Gait and balance/feet
 - Dentition/oral cavity
 - Mood and memory
 - Nutrition
 - Skin

Vision Loss Screeners

- u Questions: “Do you have difficulty driving or watching television or reading or doing any of your daily activities because of your eyesight?” (If they wear glasses, add “Even while wearing your glasses?”)
- u Snellen Eye Chart or Jaeger Card. The patient fails if s/he can’t read the 20/40 line with the better eye

Hearing Loss Screeners

- u Audioscope: set at 40-dB
 - patients fail if they are unable to hear 1000-Hz or 2000-Hz tones
- u Whisper test: whisper 3 letters/numbers at distance of 1 foot from ear being tested
 - patients fail if they are unable to hear 50% after three repetitions

Problems With Mobility Screeners

- u Watch the person walk
- u Time the patient after asking: “Rise from the chair, walk 20 feet, turn, walk back to the chair and sit down.”
 - patient fails the screen if s/he takes > 15 seconds to complete the task
- u History of falls in last 12 months
- u Performance-Oriented Assessment of Mobility

Depression Screeners

- u Ask: “Do you often feel sad or depressed?”
 - Sensitivity 69-85%
 - Specificity 65-90%
- u Geriatric Depression Scale (2 short forms):
 - 15 items or 5 items
 - Sensitivity 97%
 - Specificity 85%

Cognitive Impairment Screeners

- u Mini-Mental State Exam (MMSE) (30-items)
 - Sensitivity 80-100%
 - Specificity 46-100%
 - With Alzheimer's, expect 2-5 point decline per year
 - Education, Age, Social Class, Socio-economic status all affect score

Cognitive Impairment Screeners

- u 3-Item recall
 - ask the patient to remember the names of three objects (pencil, truck, book)
 - the patient fails the screen if s/he is unable to remember all 3 objects in one minute
- u Clock drawing test
 - Sensitivity 87%
 - Specificity 93%
 - Predicts future cognitive decline

Cognitive Impairment Screeners

u Time and Change Test

- identify correct time from clock set at 11:10
- sort out a dollar in change from 3 quarters, 7 dimes and 7 nickels
- Timed cut-points: 3 seconds for time, 12 seconds for change
- Sensitivity 94%
- Specificity 46%

Froehlich TE, et al. JAGS 1998

Incontinence Screeners

- u Ask: “In the last year, have you ever lost your urine and gotten wet?”
- u If the patient says yes, then ask: “Have you lost urine on at least six separate days?”
- u If the patient replies yes to both questions s/he fails the screen

Establish Agreement on Plan of Action

- u Review reasons for visit /findings
- u Prioritize next steps
- u Give out handwritten or pre-printed instructions
- u Make follow-up visit to review/reassess plan and finish evaluation (if necessary)
- u Make referrals as necessary (social work, PT/OT)
- u Touch patient in closing

Conclusions

- u It is possible to comprehensively assess older patients in office practice in a limited time
- u The methods one chooses must be tailored to individual and practice characteristics
- u An initial investment in setting up a system for evaluation will help you and your patients