A Practical Approach to Conducting Comprehensive Geriatrics Assessments (CGAs)

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Presented by: Ontario’s Geriatric Steering Committee
Overview
Comprehensive Geriatrics Assessments (Dr. Samir Sinha)
Overview

- What is a Comprehensive Geriatrics Assessment (CGA)?
- Why do we do Comprehensive Geriatrics Assessments (CGA)?
- What do we Specifically Assess and Why?
- How Best to Conduct a CGA and its Parts?
- Useful Pearls to Maximize the CGA’s Impact.

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WHAT IS A CGA?

- Multidimensional interdisciplinary diagnostic process focusing on determining a frail older person’s medical, psychological and functional capabilities in order to develop an integrated and coordinated care plan to guide immediate and long-term treatment decisions and follow-up care.
WHAT DISTINGUISHES CGAs?

CGAs differs from Standard Single Issue Medical Evaluations:

1. Provides a comprehensive evaluation of existing medical, functional and social needs in frail older adults.
2. Emphasizes an interdisciplinary approach to manage complex and often inter-related issues.
3. Emphasizes improving a person’s functional abilities and quality of life in line with their goals of care.
4. Considers the needs of involved family and caregivers.
CGAs Allow Clinicians to:

1. Manage Issues to Prevent Decline in the Independent Performance of ADLs and IADLs
2. Screen for Preventable Diseases and Issues.
3. Support Appropriate Diagnostic Processes and Clinical Decision Making that Considers a Patient’s Values and Preferences
4. Suggest Interventions that Can Improved a Person’s Functional Abilities and Overall Quality of Life
5. Empower Patients, Caregivers and Families
Who Should We Assess?

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1. Targeting appropriate patients
2. Assessing patients and developing recommendations
3. Implementing Recommendations
WHO NEEDS A CGA?

All Older Persons

Applying Targeting Criteria

Too Sick to Benefit

Appropriate and Will Benefit

Too Well to Benefit

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WHO NEEDS A CGA?

- **TWO WELL TO BENEFIT**
  - One or a Few Medical Conditions
  - Needing Prevention Measures Only

- **TWO SICK TO BENEFIT**
  - Terminally, Critically Ill or Medically Unstable
  - Disorders with No Effective Treatment

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WHO NEEDS A CGA?

PERFECT CANDIDATES...

– Multiple interacting biopsychosocial problems that are amenable to treatment
– Patients with functional decline that is amendable to rehabilitation therapy
– Previous or Predicted High User of Health Care
– Individuals at Risk of Losing Independence

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How To Do Them…

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THE CGA PRE-ASSESSMENT

WHY DO THEM?
- Saves time.
- Can help all parties identify issues that need to be addressed in advance.
- Can sometimes allow pre-assessment interventions or arrangements to take place.

HOW TO DO THEM?
- Can be facilitated by a team member ie Nurse
- Can be done with a Self-Administered Questionnaire
PRIOR TO THE ASSESSMENT...

- Advise patients to bring medications, and wear loose clothing and how to find you...
- Ensure everyone understands the purpose of the CGA, the time it will take and what it will involve.
- Establish what the patient and their family and/or caregivers are hoping to get out of the assessment.

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ESTABLISHING THEIR CONTEXT

SOCIAL HISTORY

– Who were they and who are they now?
– Education and Occupation are helpful for Cognitive Assessment.
– Whose at Home? And Who Can they Call on for Support? And How are their Caregivers Coping?
– Do they have an Advanced Care Plan, Established Goals of Care and POAs?
– Are they OK Financially? Are they a Veteran?
FUNCTIONAL HISTORY

- Includes IADLs and ADLs, Hearing and Vision
- If they Can’t Do Something Why is That?
  - If they aren’t doing something, is it because they can’t?
  - Is it Pain or Cognition that Limits them?
- Anyone Helping with ADLs/IADLs?
- What Aids do they Have to Support their ADLs?
ESTABLISHING THEIR CONTEXT

HABIT HISTORY

- Smoking Use?
- Alcohol Use and Abuse?
- Sleeping Aids?
BEST POSSIBLE MEDICATION HISTORY

- Look at what they bring you or what is available to look at...
- Prescription and NON Prescription Items
- What does their Pharmacy or Pharmacist Have to Say?
- What is their Prescription History Adding to the Overall Picture?
MEDICAL/SURGICAL/PSYCHIATRIC HISTORY

– Multiple Relevant Sources including Patient, Family, Other Providers and the Old Records (AKA Chart Biopsy)
– Sometimes their Prescriptions and Old Scars Reveal Historical Clues
– Don’t Believe Everything You See or Hear…

ESTABLISHING THEIR HISTORICAL CONTEXT
ESTABLISHING THEIR CONTEXT

**HISTORY OF PRESENTING CONCERNS**

- What are the major issues of concern to them or others and why?
- How is this affecting them?
- What matters most to them or others around the management of these issues?
ESTABLISHING THEIR CONTEXT

**COLLATERAL HISTORY**

– This can be very helpful especially when your primary patient may have mental health or cognitive concerns.

– One must always respect the autonomy of the patient, but getting their permission to ask others about them is often welcome and worthwhile.

– Beyond Family Members and Friends, think other Care Providers, Landlords, and Google Street View!
ESTABLISHING THEIR CONTEXT

GERIATRIC REVIEW OF SYSTEMS

- Falls (Any Falls in the Past 6 Months?)
- Incontinence (Bowel and Bladder) Any Accidents?
- Cognition (Any Concerns About Your Memory?)
- Mood (How Would You Describe Your Mood?)
- Any Issues with Pain?
- Any Changes in Your Appetite or Weight?
- Any Vision or Hearing Difficulties?

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ITS TIME TO GET PHYSICAL

IN ADDITION TO THE STANDARD EXAM

- Let the History Guide What You Examine…
- Examine What You Can When You Can.
- Orthostatics Vitals Useful in Fallers or those on Anti-hypertensive Medications.
- Gait and Balance Assessment Useful in Fallers
- Don’t Forget to Assess Hearing and Vision
ITS TIME TO GET PHYSICAL

GAIT AND BALANCE EXAM TIPS

– Most Useful When They Don’t Know You are Examining their Gait and Balance.
– Timed Up and Go (TUG) and Sitting to Stand from a Chair Most Useful Manoeuvers
– If Possible Watch Them Do Natural and Important Things. What Limits Them?
– How Do they Use their Gait Aids if At All?

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MENTAL STATUS EXAMINATION

**COGNITIVE ASSESSMENT OPTIONS**

- Normalize this as a Standard Part of the CGA.
- **MINI-COG** – 3 Item Recall and Clock
- **MMSE** – Standard but Can Miss Things
- **RUDAS** – Cross Cultural and Less Education Dependent
- **MOCA** – Helpful in Discriminating MCI vs Dementia

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WHAT TESTING IS HELPFUL FOR MANAGEMENT

**Labwork**
- CBC, Lytes, Creatinine, B12, 25-Vitamin D, TSH, HgA1C
- Liver Panel, Ferritin, Lipids, Extended Lytes

**Imaging that Matters**
- CT vs MRI, Echo (Only if Will Change Management or Resolve Diagnostic Dilemma)
IMPRESSION AND PLAN

- THIS IS THE FIRST PART THAT IS READ BY OTHERS
  - Use this as a Way to Explain Your Findings, Thinking and Rationale for Your Suggestions.
  - If there is a PLAN B – Don’t Hide It.
  - Explain Who is to Do What?
  - Give Everyone Parameters for Follow-Up.
  - Engage the Patients and Caregivers with their Own Version of the Plan.
WELLNESS AND PREVENTION OPPORTUNITIES

- Exercise and Falls Prevention
- Vaccinations (Flu, Pneumonia, Shingles and Tetanus)
- Bone Health (Calcium and Vitamin D)
- Advance Care Planning
- Staying Meaningfully Engaged with Others
PAST MEDICAL HISTORY

– Sets the Context for the Overall Assessment
– Position it Early and Use it to Convey the Necessary Information Efficiently...

• Diabetes – HgA1C 6.8% on Metformin and Glyburide
• AFIB – Rate Control Only after Recent Subdural Bleed
• Osteoprosis – Prior Vertebral Fracture, on Bisphosphonate
MEDICATIONS + ALLERGIES

- If you mention medications MENTION Allergies
- Your colleagues LOVE reconciled medication lists

- List CURRENT MEDICATIONS AFTER THIS ASSESSMENT
  - Metformin 1000 mg PO BID (Increased from 500mg PO BID)
  - ASA 81mg (Reduced from 325mg)
  - Vitamin D 1000 IU (NEW)

- List MEDICATIONS DISCONTINUED AFTER THIS ASSESSMENT
  - Glyburide
Benefits

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BENEFITS OF CGAs

- CGAs PRODUCE REAL BENEFITS
  - Improved detection and documentation of geriatric problems
  - Improved functional status
  - Fewer prescription medications
  - Decreased nursing home placement
  - Improved Survival
  - Improved Quality of Life

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Conclusions
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CONCLUSIONS

CGAs ARE OUR MOST POWERFUL INTERVENTION

– They Are Time Consuming but Super Useful for Patients with Complex Needs and their Providers.
– Pre-Assessment Preparation Can Make it More Efficient
– Be Systematic and Thoughtful in Your History, Physical and Cognitive Evaluations
– Present Your Findings and Suggestions in a Way that Helps Care Providers and Your Patients and their Caregivers Most over Time.

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Thank you!