COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) INDICATIONS & CONTRAINDICATIONS

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Case Presentation

- An 80-year-old man was brought to clinic by his son due to new-onset generalized weakness and dizziness. He was recently hospitalized for two weeks with a urinary tract infection. Before hospitalization, he was fully independent in his daily activities. Now, he is unable to walk, requires help for basic activities, and has a Foley catheter. He refuses to take medications, has become irritable and aggressive.
- PMH: CKD, HTN
- DH: Finasteride 5, Tamsulosin 0.4, Prazosin 1, Allopurinol 100, Nephrovit, Calcitriol 0.25, Calcium D, Ferfolic, Hematinic, Alprazolam 0.5, Valsomix 5/80, Furosemide 40, Pantoprazole 40, Tolterodin

- **Physical Exam:**
  - BP 100/50; PR 72; Weight 75; Heigh 185
  - Alert and oriented
  - Generalized muscle weakness
  - Pedal edema
  - Other examinations: within normal limits
- **Lab Data:**
  - Cr 1.6, Urea 80, Uric Acid 4.6
  - Other labs unremarkable
- **Sonography：** Unremarkable

Questions?

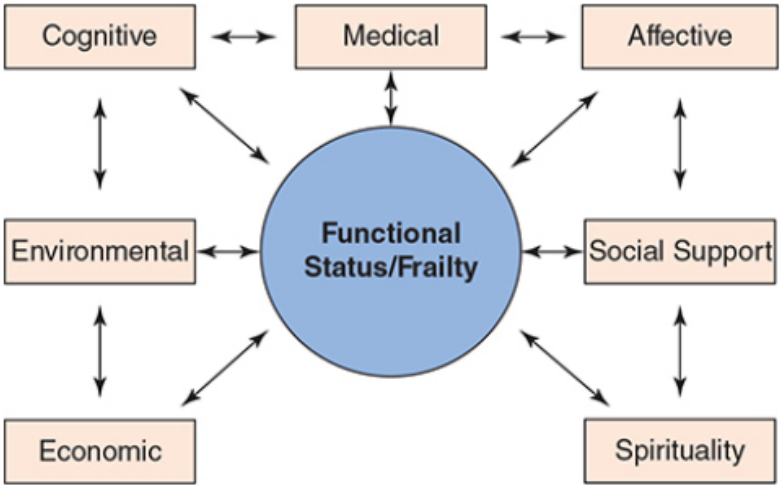
- What is your Diagnosis?
- What is your next Step?

Introduction

Traditional Medical

Disease-oriented Medical

Geriatric assessment



Components of the Geriatric Assessment

1. Visual Impairment
2. Hearing Impairment
3. Malnutrition/Weight Loss
4. Urinary Incontinence
5. Balance and Gait Impairments and Falling
6. Polypharmacy
7. Cognitive Assessment
8. Affective Assessment
9. Assessment of Function
10. Frailty
11. Sleep Assessment
12. Assessment of Social Support

In the hospital setting

- The initial assessment is usually directed at the acute medical problem that precipitated the hospitalization and change from baseline.
- For discharge, other components (eg, social support, environment)
- Problematic: because of the rapidly changing status of several key dimensions.

Nursing Home

- Selected aspects of assessment:
  - Nutritional Status and Self-care Activities
- Less relevant: IADL

Home

- Environmental factors
- Functional status

Comprehensive Geriatric Assessment (CGA)

- A systematic evaluation of frail older persons by a team of health professionals.
- Four Dimensions:

1. Physical Health
2. Functional Status
3. Psychological Health
   - Cognitive and Affective Status
4. Socioenvironmental Factors

Is CGA Useful?

- In hospital-based and rehabilitation units, which typically required several weeks of treatment, could lead to:
  - Better survival rates
  - Improved functional status
  - More desirable placement (eg, home rather than nursing home)
- Prevention Levels:
  - Primary Prevention
  - Secondary Prevention
  - Tertiary Prevention

Three-step Process

Who are most appropriate for CGA

- Chronological Age
- Functional Disability
- Physical Illness
- Geriatric Conditions
- Psychosocial Conditions
- Previous Or Predicted High Health Care Utilization

Patients who are unlikely to benefit

- Terminal Illness
- Severe Dementia
- Complete Functional Dependence
- Inevitable Nursing Home Placement
- Too Healthy

What are your answers?

Reassessment

Visual Impairment: Neg	Cognition: Intact	Social support: Insurance
Mod Hearing Loss	Mood & affect: Depression	Economic: Good
Malnutrition: Pos	ADL: Semi depend IADL: Depend	Environmental
Urinary Incontinence? Constipation: Pos	Frailty: Mod Sarcopenia: Pos	Polypharmacy
Gait & Balance: Orthostatic Change: Pos Sitting Balance: Nl Stance Balance: Imp Gait: Needs help Falls: Pos	Sleep: Daily Drowsiness Start & Continence: Nl	Family Support: Excellent

Impressions

Treatment

- **Patient's Wishes:**
  - Removal of Foley catheter
  - To walk again
  - Discontinuation of all medications
- **Family's Preference:**
  - Restoration of basic functional abilities
- **Goals:**
  - Improve functional status
  - Prevent progression of frailty and sarcopenia
  - Enhance mood and behavioral symptoms
  - Prevent falls

Care Planning

- Discontinuation of inappropriate medications; adjustment and dose reduction of some drugs
- Education on Foley catheter removal
- Prescription of a nutritional plan and dietary supplements
- Initiation of rehabilitation exercises
- Telemedicine Follow Up
- Reassessment one month Later

Outcome

- A patient who initially had no trust in doctors and refused to visit the clinic, returned two months after treatment, walking independently with a cane, well-dressed in a suit, and with a satisfied smile.
- He had resumed gardening and was able to walk in the park with his friends again.