

A large, faint background graphic consisting of several stylized human figures in various colors (purple, orange, green, blue, red) arranged in a circular pattern, suggesting a community or group of people.

Comprehensive Geriatric Assessment: what's it all about?

Deborah Mayne, City Hospitals Sunderland Clinical Lead for Frailty

What is Comprehensive Geriatric Assessment (CGA)?

- Gold standard for management of frailty
- Multidimensional, interdisciplinary diagnostic process
- Identifies medical, social and functional needs
- Creates a coordinated and integrated plan for treatment, rehabilitation, support and long term follow up

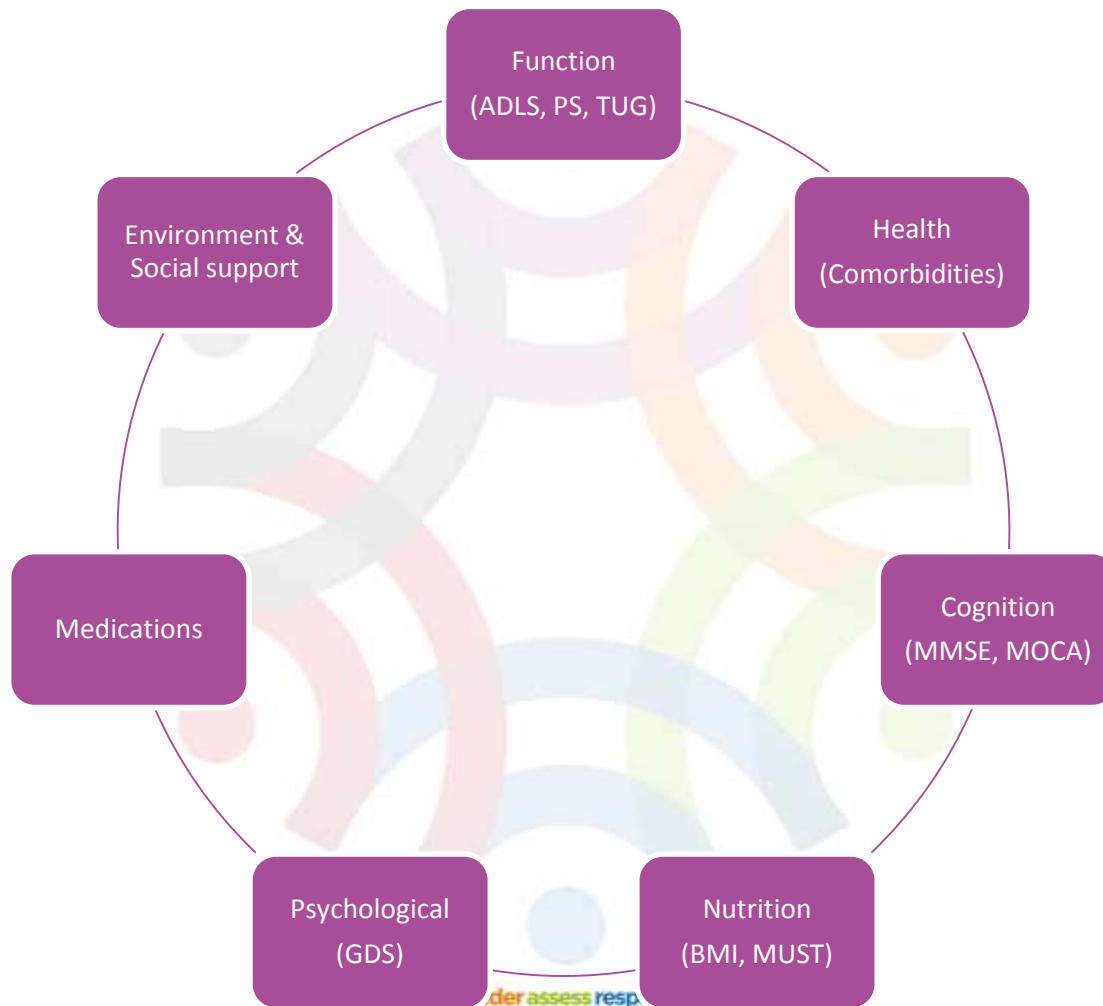
What do we mean by multidimensional?

- Integrated, holistic assessment
- Accurate problem list
- Troponin negative chest pain in a patient with cognitive impairment and compliance issues
- Fall in a patient with a previous stroke, ischaemic heart disease and osteoarthritis
- Confusion in a patient with a urinary tract infection who has a history of LUTS but otherwise fit and well

What do we mean by interdisciplinary?

- Removal of hierarchal structure
- Continual reassessment
- Comprehensive management plan

- Therapist admits patient due to risk of falling at home- patient falls on admission unit, sustains #NOF
- Therapist reports patient deemed MFFD appears more SOB - medical review reveals PE



What should the individualised care plan look like?

- Health and social care summary
- Optimisation and/or maintenance plan
- Escalation plan/Urgent care plan
- Advance care plan or end of life care plan

- Named individual who coordinates care
- Recorded and kept with the individual with a review date
- Shared with appropriate others (ambulance, social worker, emergency department)

What are the principles of CGA?

- The older person is central to the process
- Assess the patient's capacity to be involved. If unable to demonstrate capacity for a decision, follow best interest decision making.
- Assessments should be standardised and carried out to a reliable standard
- Relies on adequate links between health and social care

When is CGA appropriate?

- Acute illness associated with significant change in functional ability
- Transfers of care for rehabilitation/re-enablement or continuing care
- A frail patient prior to surgery or experiencing two or more “geriatric syndromes” of falls, delirium, incontinence or immobility.

What evidence is there for CGA?

- ↓ mortality, ↓ functional deterioration, ↓ institutionalisation
- Patients more likely to be alive in their own homes at longer term follow-up
- NNT=13 to avoid one death or admission to residential care

Ellis G, et al, (2011). Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials. BMJ.

CGA in hospital and community

Table 1| Selected comprehensive geriatric assessment based programmes with favourable effects according to results of systematic analyses or individual randomised controlled trials

Setting	Patient group	Programme description
Hospital ²	Patients at acute care hospital admission	Acute care for the elderly unit ^{4*}
	Patients staying in acute care hospital selected for subsequent subacute care	Inpatient geriatric rehabilitation; orthopaedic geriatric rehabilitation ^{3*}
Ambulatory	Patients admitted to emergency department	Short assessment in emergency department [†]
	Patients with chronic conditions	Interdisciplinary primary care models; outpatient assessment and geriatric evaluation and management programmes; proactive ambulatory rehabilitation programmes ^{6*}
	Patients in end of life situation	Palliative care programmes ^{6†}
	Older non-disabled people living in the community	Preventive home visits ^{7*} ; health risk appraisal for older people ^{6†}

*Favourable effects according to results of systematic analysis.

†Favourable effects according to randomised controlled trials.



Case Studies

Phyllis, Ethel, Bob

- Please complete CGA on your patients
- Be prepared to present back to the group after 15 mins



Phyllis, 89

- Presents with a fall
- Lives in residential care
- Background: IHD, CABG, HTN, previous stroke
- Meds: Bisoprolol 2.5mg od, Ramipril 5mg od, Simvastatin 40mg od, Bendroflumethazide 2.5mg od
- Lying BP 132/75, Standing BP 98/62
- HS soft ESM non radiating
- GCS 15 AMTS 8
- Right upper limb resting tremor and cogwheeling
- Weightbearing, no evidence of injury

Ethel, 82

- Presents bit muddled, smells of urine
- Lives alone
- Background: Osteoarthritis, Osteoporosis
- Meds: Adcal, Alendronate, Paracetamol 1g qds, Codeine 30mg prn, Amitriptylline 75mg on
- Afebrile
- Palpable bladder, impacted rectum
- GCS 15, AMTS 7, no neurology
- Urine dip +protein

Bob, 72

- Presents with confusion, hallucinating, cough
- Lives in nursing home
- Background: Alzheimers dementia, HTN, Heart failure
- Meds: Donepezil 10mg od, Ramipril 5mg od, Furosemide 40mg od
- EHCP states not for hospital admission
- Pyrexial, RR 28, Sats 93% OA
- Creps right base
- Drowsy, GCS 13 (E3, V4)
- No focal neurology

Comprehensive Geriatric Assessment

- Gold standard for management of frailty
- Multidimensional, interdisciplinary diagnostic process
- Identifies medical, social and functional needs
- Creates a coordinated and integrated plan for treatment, rehabilitation, support and long term follow up

Resources

- Welsh TJ, et al, (2013). Comprehensive Geriatric Assessment- a guide for the non specialist. Int J Clin Pract .
- BGS, (2014). Fit for Frailty: Consensus best practice guidance for the care of older people living with frailty in community and outpatient settings.
- Ellis G, et al, (2017). Comprehensive geriatric assessment for older adults admitted to hospital. Cochrane Database of Systematic Reviews.
- Parker SG, et al, (2018). What is Comprehensive Geriatric Assessment (CGA)? An umbrella review. Age and Ageing.