Comprehensive Geriatric Assessment (CGA)

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What will be covered

- 5 Ms of Geriatrics
- Components of CGA
- Case-based example with screening assessments and approach described
The 5 Ms of Geriatrics

- Mind
- Mobility
- Medications
- Matters Most
- Multi-Complexity

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The 5 Ms

- Matters Most
  - Knowing and acting upon each person’s own health outcome goals and care preferences

- Mind
  - Identifying and managing cognitive impairment, dementia, depression, delirium.

- Mobility
  - Identifying impairments in gait and balance, implementing an individualized fall prevention program and creating an environment that enables mobility.
The 5 Ms (continued)

- Medications
  - Optimal prescribing, adjusting doses, and deprescribing to reduce polypharmacy, adverse medication effects and medication burden.

- Multi-complexity
  - Identifying and managing multimorbidity, complex bio-psycho-social situations.
What is CGA?

- A multidimensional assessment to evaluate the 5 Ms of Geriatrics.
- Assessments are made to develop a comprehensive plan for prevention, treatment and rehabilitation.
- Often employs interdisciplinary teams and standardized instruments for assessment.
Components of CGA

- Medical
- Neurocognitive
- Psychiatric
- Polypharmacy
- Social Support/Caregiver
- Functional
- Prevention
- Patient Goals and Preferences/Advance Directives
Sample geriatric 5 Ms screening/assessment tools

**MIND**
- Cognitive impairment/dementia
  - Mini-cog, Montreal Cognitive Assessment (MoCA), International HIV Dementia Scale
- Delirium
  - A-test, Confusion Assessment Method (CAM)

**MOBILITY**
- Falls and gait and balance
  - Falls question, Timed up and go (TUG), Tinetti Gait and Balance Test
Sample geriatric 5 Ms screening/assessment tools (cont.)

MEDICATIONS

- Polypharmacy/inappropriate drugs
  - American Geriatrics Society Beers Criteria

MATTERS MOST

- Advance care planning
  - prepareforyourcare.org, theconversationproject.org, POLST
Sample geriatric 5 Ms screening/assessment tools (cont.)

MULTICOMPLEXITY

- **Functional status**
  - Activities of Daily Living (ADLs) Instrumental ADL (IADLs)

- **Frailty**
  - VACS Index, Fried frailty phenotype
Mr. Jones

Mr. Jones is a 60 year old male, former IV drug user, virally suppressed, LWH for 25 years. His niece accompanies him to the visit.

- **Medical history**
  - HIV, COPD, peripheral neuropathy, lipodystrophy, insomnia
Mr. Jones

- **Medications**
  - ART, fluticasone inhaler, gabapentin, and zolpidem
  - Smokes marijuana a few times a week to reduce pain

- **Beers criteria**
  - Zolpidem is to be avoided as ↑ risk falls, delirium.
  - Zolpidem + Gabapentin + Marijuana = ↑↑↑ risk falls, delirium.
Review of Systems/Social Assessment

▪ Hearing and vision, dentition, mood, memory, sleep, urinary symptoms, gait, balance, falls, sexual function, nutrition, pain.

▪ Social history, living circumstances, support
Mr. Jones

- **Review of Systems**
  - Memory loss, not sexually active/interested, trouble sleeping for years, burning pain in feet and low body mass index (BMI 18) but this is stable, two falls in past year.

- **Social history**
  - Never married, no partner or children. He lives alone in an apartment. Niece is supportive. He has been on disability for many years. He was a computer programmer. Two years college. Marijuana is only substance used.
Mr. Jones

- **Neuropsychiatric/substance**
  - Mr. Jones scores 20 of 30 on the MoCA
  - Missing items on trail-making B (1), clock drawing (2), short-term recall (5), naming (1), and abstraction (1).
  - PHQ-2 is 0.
  - CAGE-AID score is 0.
Mr. Jones: Interim Assessment

- **Major issues identified thus far**
  - Pain (treating with medications/cannabis)
  - Insomnia (treating with medications)
  - Fall risk (PN, falls, medications/cannabis)
  - Cognitive impairment (MoCA, medications/cannabis)
  - Safety (falls, lives alone, cognitive impairment)
Basic Activities of Daily Living (BADLs)

- Bathing
- Dressing
- Getting to the toilet
- Transferring
- Continence
- Feeding
Instrumental Activities of Daily Living (IADLs)

- Using telephone
- Shopping
- Preparing meals
- Housekeeping
- Doing laundry
- Using public transportation or driving
- Taking medication
- Handling finances
Mr. Jones’ Functional Status

- He can do all of his BADLs.
- He is still able to use the bus but is having some trouble with getting out regularly to do his shopping.
- He isn’t able to keep his apartment as clean as before and is not completely sure about what medicines he is taking.
- His niece has been handling his finances for about six months now as he had forgotten to pay his utility bill.
Mr. Jones’ Mobility

Modified Tinetti Gait and Balance Test

- Gait testing: He needs to use his arms to rise from the chair, lifts his whole foot when he takes a step, takes multiple steps when asked to turn around and needs to use his arms to sit back down.

- Balance testing: he is unable to do semi-tandem or tandem stance.

Timed Up and Go (TUG)

- He takes 20 seconds to stand, walk 20 feet, turn, walk back and sit down (>15 sec ↑risk falls)
Mr. Jones’ Other Physical Exam

- **VITAL SIGNS**: BMI 18, BP 110/60, P 82 regular, RR 14, O2 sat 90%
- **HEENT**: Temporal wasting, facial fat loss, poor dentition, buffalo hump
- **LUNGS**: Reduced breath sounds
- **NEURO**: Reduced grip strength, unable to feel monofilament on feet
- **EXTREMITIES**: Callus on feet
Mr. Jones: Interim Assessment

- Major issues identified thus far
  - Pain (treating with medications/cannabis)
  - Insomnia (treating with medications)
  - Fall risk (PN, falls, medications/cannabis)
  - Cognitive impairment (MoCA, medications/cannabis)
  - Safety (falls, lives alone, cognitive impairment)
  - Has IADL limitations, unclear if he is taking his medications as prescribed, safety is greater concern
  - Demonstrated increased risk for falls on Modified Tinetti and TUG.
  - Physical exam notable for evidence of lipodystrophy, COPD, peripheral neuropathy, frailty.
Prevention and Advance Care Planning

- Prevention
  - flu shot, Prevnar (PCV13), Pneumovax (PPSV23) Td or Tdap, Shingrix, HepB, colon cancer screening, breast cancer screening, exercise, seat belts (no live virus vaccines if CD4 not 200 +)

- Advanced Directives
  - Discussion of Goals and Preferences, Durable Power of Attorney for Health Care (DPAHC), Physician Order for Life-Sustaining Treatment (POLST) form
Mr. Jones: Prevention and Advance Directives

- Mr. Jones’ immunizations and other recommended health care maintenance are up to date.
- He doesn’t exercise. He wears seat belts regularly.
- He does have a DPAHC (niece is agent).
Mr. Jones: Assessment

- Pain (treating with medications/cannabis)/Insomnia
- Fall risk (PN, falls, medications/cannabis)
- Cognitive impairment (MoCA, medications/cannabis)
- Safety (falls, lives alone, cognitive impairment)
- Has IADL limitations, unclear if he is taking his medications as prescribed, safety is greater concern
- Demonstrated increased risk for falls on Modified Tinetti and TUG.
- Physical exam with evidence of lipodystrophy, COPD, peripheral neuropathy, frailty.
- No exercise, He has no POLST and need discussion of what matters.
Plan of Action

- **Pain:** stop smoking marijuana to protect lungs/brain, adjust gabapentin dosing, add capsaicin cream.
- **Insomnia:** taper/stop zolpidem, discuss if pain is disrupting sleep, melatonin, sleep hygiene
- **Fall risk:** medication adjustments, physical therapy referral for strengthening and assistive device, discuss exercise for brain and body health
- **Cognitive impairment:** medication adjustments, refer for more complete assessment of possible dementia, ask if niece can supervise medication administration.
Plan of Action continued

- **Safety**: social work/home health referral for assistance with IADLs, safety assessment.
- **What matters**: Give Mr. Jones and his niece information on prepareforyourcare.org (paper and website) and follow up at next visit.
Sharing Plan of Action

- Review assessment findings and concerns
- Use shared decision making approach to prioritize next steps
- Written information and instructions
- Make follow-up visit to review/reassess plan and finish evaluation (if necessary)
- Make referrals as necessary (e.g., social work, physical therapy)
The 5 Ms of Geriatrics

- MIND
- MOBILITY
- MEDICATIONS
- MATTERS MOST
- MULTI-COMPLEXITY

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Conclusions

- Comprehensive geriatric assessment is a means of assessing the 5Ms of Geriatrics.

- The particular methods one chooses to conduct CGA can be individualized to your practice.

- Another resource for geriatrics content and assessment tools: geriatricsatyourfingertips from the American Geriatrics Society
Thanks!

- Questions?
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