

Comprehensive Geriatric Assessment (CGA)

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Geriatrics assessment is a term used to evaluate older patients, emphasizing on components apart from the standard medical evaluation. It is a multi-dimensional interdisciplinary diagnostics process with an objective of formulating a comprehensive plan for treatment and long term follow up. The primary aim is to improve the functional status and quality of life especially in frail elderly patients. Quality of life includes health status, socioeconomic and environmental factors. Health status is assessed by the disease status and functional status. A comprehensive geriatric assessment should be able to evaluate and plan in all these areas.

The concept of specialized geriatric assessment was formulated by British geriatrician, Major Warren during the 1930's while in charge of a large London infirmary. The infirmary was filled with bed fast, chronically ill and neglected elderly patients. By good nursing care, constant evaluation, mobilization and rehabilitation Warren was able to get most of the patients out of bed and discharged home. The first published reports of geriatric assessment came from Warren's work.

Over the years geriatric assessment programmes have evolved varying in structure and function catering to differing local needs and populations. Assessment programmes can be done in different settings like acute hospital inpatient units, chronic rehabilitation hospital units, outpatient and office based programmes and home visit outreach programmes. Most of the programmes combine the assessment with intervention like rehabilitation, counselling and placement.

The geriatric assessment can range from assessment by a primary care physician in office setting to a more **thorough evaluation by a**

multidisciplinary team (comprehensive geriatric assessment)

Comprehensive Geriatric Assessment (CGA) is a systematic evaluation of frail elderly by a team of health professionals. Evaluation may uncover treatable health problems and lead to better health outcome and quality of life.

Evaluation includes four dimensions

1. Physical health
2. Functional health
3. Psychological health including cognitive and affective status
4. Socio environmental factors

CGA is a 3 step process

1. Screening and targeting appropriate patients
2. Assessment and formulating recommendation
3. Implementation of recommendation

First step is to identify elderly who are appropriate and likely to benefit from CGA. Most of the programmes have included chronological age, functional disability, physical illness, geriatric syndromes, psychological conditions and predicted health care utilization. Most CGA programmes exclude patients who are unlikely to benefit because of terminal illness, severe dementia, complete functional dependence and inevitable nursing home placement. Patients who are too healthy are also excluded.

Second step is the assessment process which is highly variable across programmes. In many settings CGA relies on the core team of physician, nurse, social worker and when needed the extended help of physiotherapist, occupational therapist, nutritionist, pharmacist, psychologist, dentist, podiatrist and opticians are sought. CGA is moving towards a virtual team concept- in which members are included as needed. The core team conducts initial brief assessment and screening which is subsequently aided by in depth evaluation by

additional professionals and recommendations are formulated

Third step is implementation of recommendations

Components of CGA

The components of CGA has six elements

1. Data gathering : In Earlier studies of CGA, data gathering process identified the members of the team and mentioned that each conducted an evaluation. Variability of evaluation is the problem with this method. A formal training and standardizing the assessment is necessary to reduce variability. Standard assessment can use instruments developed specifically for clinical purpose or use instruments that have been previously studied for validity and reliability.

Example. One of the Multidimensional case-finding instruments used in CGA

Problem Instrument

Vision impairment	Hand-held snellen chart
Hearing impairment	Whisper test
Recent weight loss	Review of weights in chart
Malnutrition	Mid-arm circumference using specific criteria
Urinary incontinence	Specific question
Cognitive impairment	Mini-mental state examination
Depression	Geriatric depression scale
Gait instability	Performance oriented assessment of mobility

2. Discussion among the team: Following the data gathering, the team should meet to identify and discuss the problem that need action and that will respond to treatment.

3. Treatment plan: Based on the discussion CGA team formulates the treatment plan goals for the patient. If the Recommendations are many it should be prioritized. Plan for implementation of each recommendation must be developed after assessment. Team must plan for monitoring the patient progress as the intervention is started.

4. Implementation: Implementation can range from direct implementation of recommendation by the team or advising the primary care physician or patients either verbally or in the notes. Ambulatory patients can be advised to approach their physician

to discuss CGA recommendations (patient empowerment). The primary care physician can be instructed by fax, mail or telephone contacts, etc.

5. Monitoring : Patients should be monitored directly by CGA team or by primary care physicians. In some situations The CGA may temporarily assume primary care before handing over the patient to primary care physicians for followup

6. Revising treatment plan: If the progress is not upto expectations the team may re-evaluate the patient and resume team discussion. Treatment recommendation and implementation plan may be revised.

Geriatric assessment screening can be performed in all old people, when resources are limited, programmes can be targeted to frail and high risk group.

Controlled trials have documented many benefits of CGA like improved diagnostic accuracy, improved functional status, increased survival, decreased hospitalization reduced cost of medical care.

Further research is needed to determine the most effective and efficient method for performing CGA in developing countries.

References

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