Collaborative Care for Older Adults

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Disclosures

None

Goals

1. Describe rationale for assessment approach of a geriatric patient in primary care and psychiatry.
2. Understand the goals of the comprehensive geriatric assessment (CGA).
3. Appreciate the major components of the CGA and how they apply to the work of a care manager, PCP, psychiatrist.

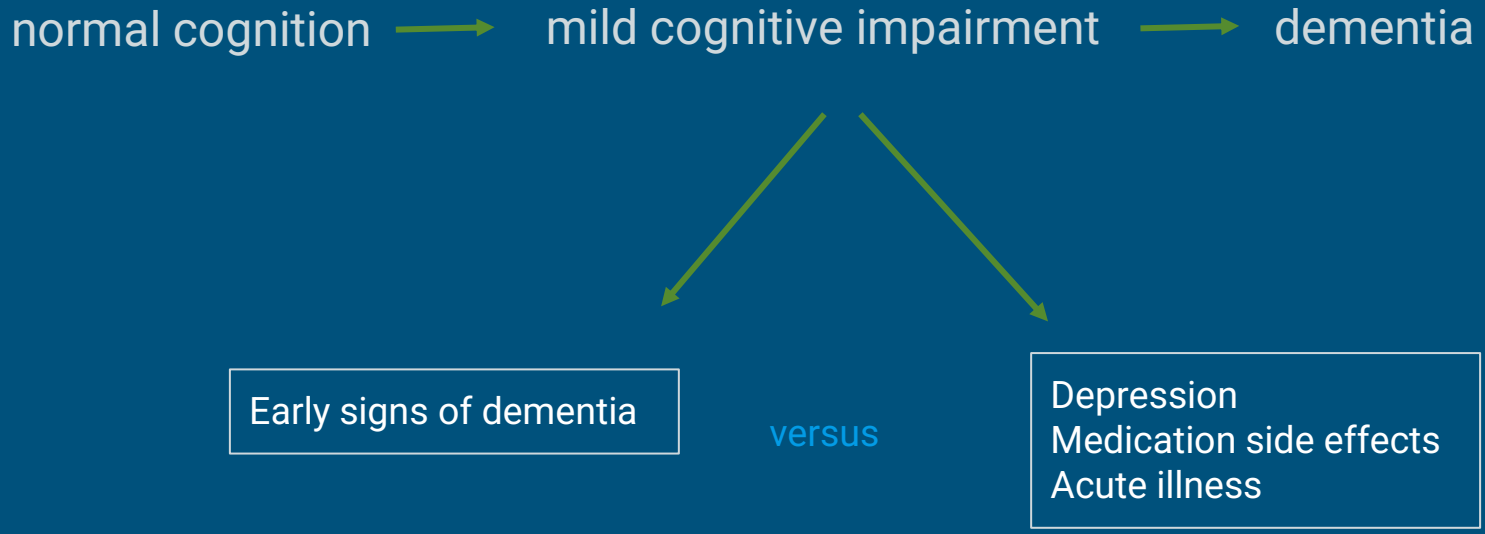
Comprehensive geriatric assessment

- “Geriatric syndrome”: a term that is often used to refer to common health conditions in older adults that do not fit into distinct organ-based disease categories and often have multifactorial causes.
- Comprehensive geriatric assessment (CGA) is defined as a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of a frail older person in order to develop a coordinated plan to maximize overall health with aging

Major Components of CGA

- Core components of comprehensive geriatric assessment (CGA) that should be evaluated:
  - Functional capacity
  - Fall risk
  - Cognition
  - Mood
  - Polypharmacy
  - Social support
  - Financial concerns
  - Goals of care
  - Advance care preferences
- Additional components may also include evaluation of the following:
  - Nutrition/weight change
  - Urinary continence
  - Sexual function
  - Vision/hearing
  - Dentition
  - Living situation
  - Spirituality

Cognition


normal cognition
mild cognitive impairment
dementia
Early signs of dementia
versus
Depression
Medication side effects
Acute illness

Dementia

- Forgetfulness, plus difficulty with:
  - Retaining new information
  - Handling complex tasks
  - Reasoning
  - Spatial ability and orientation
  - Language
  - Behavior
- No routine screens of asymptomatic older adults for cognitive impairment. However, observed cognitive difficulty in a patient encounter and family or patient concerns for memory and cognition require thorough evaluation.

Dementia

- Dementia screening
  - Takes longer than 30 minutes
  - Generally necessitates collateral
  - Components
    - Cognitive testing
    - Screening for depression
    - Physical exam
    - Lab testing
    - Neuroimaging
- Dementia mimics
  - delirium
  - depression

Mood Disorders

- Depressive illness in the elderly is a serious health concern.
  - Unnecessary suffering
  - Impaired functional status
  - Increased mortality
  - Excessive use of health care resources
- Late-life depression remains underdiagnosed and inadequately treated.
  - PHQ-2 screener
  - Geriatric Depression Scale
  - PHQ-9
  - Cornell Scale for Depression in Dementia

Risk Factors for Late-Life Depression

- Female sex
- Social isolation
- Widowed, divorced, or separated marital status
- Lower socioeconomic status
- Comorbid general medical conditions
- Uncontrolled pain
- Insomnia
- Functional impairment
- Cognitive impairment

**Depression is not a normal consequence of aging*

Treatment of Geriatric Depression

- Aspects of history with special importance:
  - Suicidality
  - Psychotic symptoms, hopelessness, insomnia, and malnutrition
  - Use of medications with depressant side effects and alcohol use
  - Consideration of other medical conditions commonly associated with depressive symptoms
  - History of prior depressive episodes
  - Family history of depression and response to medication
- First-line treatment of depression consists of psychotherapy and somatic therapy.
  - Psychotherapy is a useful but frequently underutilized treatment for elderly depressed patients
  - Antidepressants are efficacious for late-life major depression, though efficacy may be less robust in older patients than younger patients
- Other considerations for treatment:
  - Exercise
  - Collaborative care interventions

Suicide Risk

- Depression is a major risk factor for suicide in the elderly.
- Elderly patients attempt suicide less often than younger patients, but are *more successful at completion*.
- Particular care should be taken with elderly patients at acute risk for suicide and comorbid presentation with:
  - hopelessness
  - insomnia
  - agitation or restlessness
  - impaired concentration
  - active psychosis
  - active alcohol use or intoxication
  - untreated unremitting pain
- Compared with usual care, collaborative care interventions for depressed older primary care patients can lower rates of suicidal ideation.

Polypharmacy

- Older persons are often prescribed multiple medications by different health care providers.
  - Increased risk for drug-drug interactions
  - Increased risk for adverse drug events
- Clinicians should review patient's medications *at each visit*.
- Elder patients should also be asked about alternative medical therapy
- Goals of deprescribing:
  - Reduce medication burden
  - Reduce risk of falls
  - Improve and/or conserve cognitive function
  - Reduce risk of hospitalization and death

Questions?