



Key Principles of Geriatric Medicine and Other Pearls

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Every Clinician a Geriatrician

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Disclosures

Currently I work for and with Intermountain Healthcare at the Southridge Senior Clinic in Riverton, UT.

This views and opinions expressed in this presentation are those of Dr. John Lassere and do not represent the official position of Intermountain Healthcare and it partners.



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- Harper, G. M., MD, Lyons, W. L., MD, & Porter, J. F., MD. (2019). *Geriatrics Review Syllabus (10th Edition)*. American Geriatrics Society.

Every provider a Geriatrician!

Become a Geriatric Champion 😊

Goals for Life and Medical Care

At the *beginning* of each new patient appointment (and subsequent annual wellness exams), I ask the patient:

**“What are your goals for your health and life now
and for the coming decades?”**

Goals for Life and Medical Care (cont.)

These questions help to understand what the patient's (and family-encouraged to be present) definition and expectations are for **Quality of Life** and **medical care**.

It gives an opportunity to learn, clarify, and adjust to reality -

Cure vs Care.

Goals for Life and Medical Care (cont.)

- Life has a 100% Mortality Rate
- Functional decline is inevitable/certain, as we get older-not just Death and Taxes! I am **surprised** by how many of my patients are **unaware** of this!
- Our Goal is to **prepare for and slow functional decline!** To squeeze every bit of **Quality out of Life**
- We have to **change** how we **measure** quality of life as we age. So do those around us!



Human Life Cycle-Function

Birth

Onset of Functional Decline

~70 yo

Frailty

~80 yo

Terminal Frailty

~85-95 yo

Death

?

Varies greatly from individual to individual.

Human Life Cycle- Team Based Medical Care

Obstetrician	Birth
Pediatrician	Youth
Internist	~ 18 yo
Geriatrician	~ 65 -75 yo – Functional decline?
Palliative Care	Care not Cure
Hospice	Terminal Frailty

GP/FP's also treat Cradle to Grave
Team-based care assumed.

What is Function?

The **purposeful** doing of tasks needed to live **instrumental** and **basic** activities of daily living (**ADL's**).

Functional Inventory

Mowing the grass
Removing snow from the driveway
Taking out the trash
Driving
Managing transportation
Shopping
Scheduling, and getting to and from medical appointments
Paying bills and managing finances
Doing housework and laundry
Preparing meals
Taking medications
Using the telephone
Walking outside, upstairs, or room-to-room

Basic or Self-Care

Dressing
Bathing
Toileting
Transferring from bed to chair
Feeding oneself

Function, Function, Function

What sets Geriatric Medicine apart from other specialties is a subtle **change in emphasis** from **disease** to **function**.

The **focus** and **goal** of Geriatrics is to:

- **Preserve** and **improve** the **functional status** of the individual
- **Treat** disease only as it **impairs** or **threatens** to **impair** function

Function, Function, Function (cont.)

Caring for the patient is more important than **curing** the disease.

When asked, Geriatric patients choose an **improved quality of life** rather than an **increased lifespan**.

Cure versus Care

In geriatric medicine, one must change the way one measures success and quality of life.

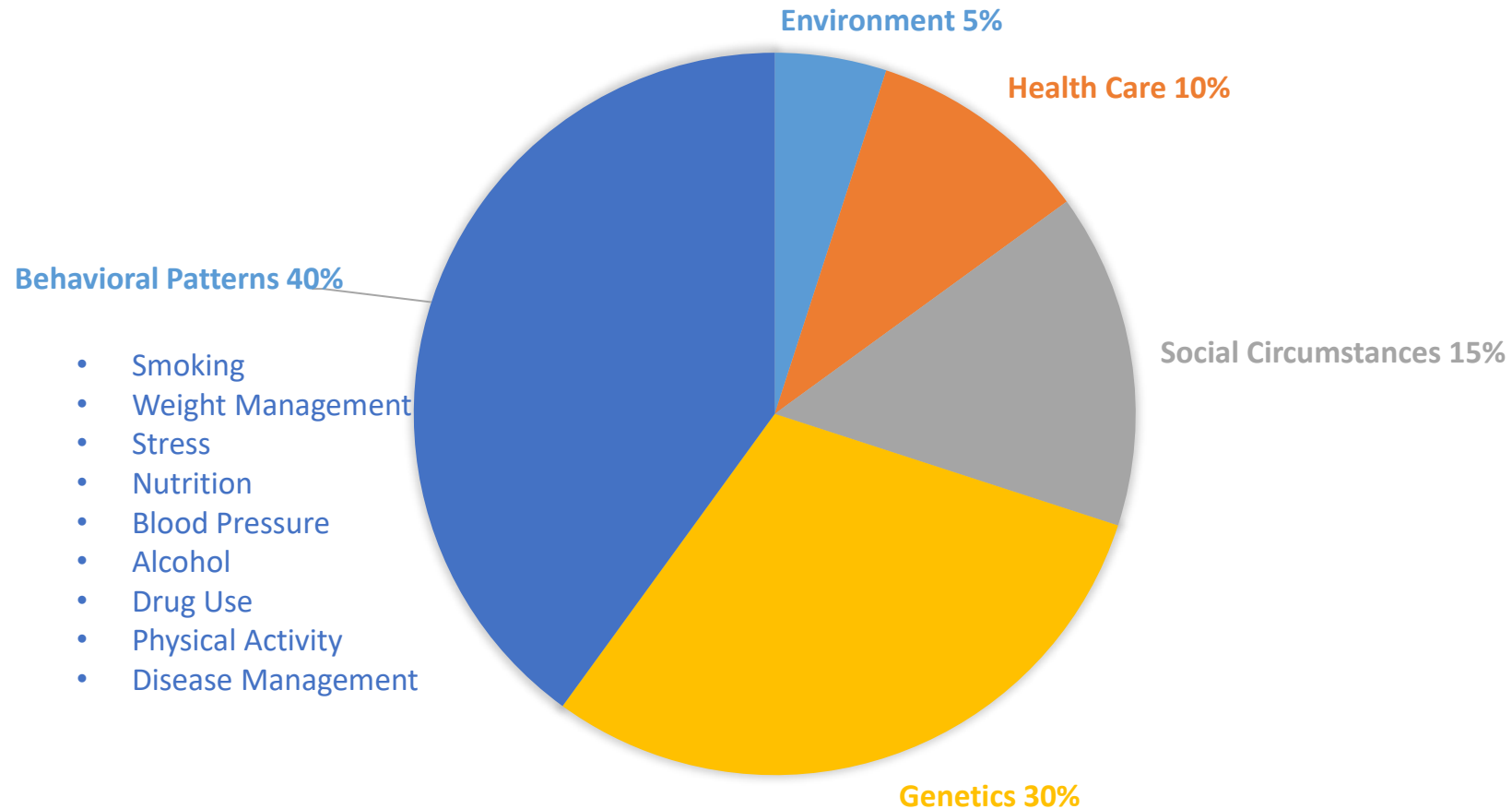
IN MANY WAYS GERIATRICS IS PEDIATRICS IN REVERSE!

Why Does Function Decline?

Age-related changes and chronic disease burden.

**Of patients older than 65 years of age, 85% have at least one chronic disease--
30% have three or more chronic diseases.**

Determinants of Health



Schroeder, Steven A., *We Can Do Better - Improving the Health of the American People*, N England J Med 2007 357:1221-1228

INDIVIDUAL VARIABILITY -- HETEROGENEITY

Age related changes and the prevalence of disease vary from individual to individual, and within different organ systems within the same individual.

Thus the impairment in function varies from individual to individual, and organ system to organ system with the aging process.

Individual Variability – Heterogeneity (cont.)

One may encounter a healthy and functional 85-year-old or an impaired 65-year-old.

- 30% of patients greater than 85 years of age are impaired in any activity required for daily living
- Only 20% live in a nursing home.

Chronological vs Physiological age

Plan for Functional Decline

- Just as older patients plan financially for retirement, and for end of life issues through living wills/advance directives, they should plan for functional decline.
- We need a similar instrument to give to all of our 65 yo patients/Medicare.

Plan for Functional Decline

1. *Who* will assist you when you need help with activities of daily living-instrumental and/or basic?
2. *How* is that help going to be provided?
3. *Who* is going to pay for it

So who is helping older patients now?

- **Caregiving** is attending to another individual's health and other needs, often including one or more ADL's, such as bathing or dressing.
- **85% of unpaid help provided to older adults in the US is from family members.**
- In 2014, caregivers for people with Dementia provided an estimated **17.9 billion hours** of assistance, with an **estimated value of \$217.7 billion**-nearly equal to the cost of direct medical and long-term care.

Life Expectancy for Women 1997 US Life Data Tables (in years) (Walter and Covinsky 2001)

	70	75	80	85	90
Top 25%	21.3	17	13	9.6	4.8
Middle 50%	15.7	11.9	8.6	5.9	2.7
Lowest 25%	9.5	6.8	4.6	2.9	1.1

Life Expectancy for Men 1997 US Life Data Tables (in years) (Walter and Covinsky 2001)

	70	75	80	85	90
Top 25%	18	14.2	10.8	7.9	5.8
Middle 50%	12.4	9.3	6.7	4.7	3.2
Lowest 25%	9.5	4.9	3.3	2.2	1.5

How do we bend the curve?

Small improvements in treating each disease and system can lead to significant overall improvement in function and, thus, quality of life. We need to identify all problems (including diseases and risk factors) and initiate interventions--treat all at one time.

Thus the benefit of **Comprehensive Geriatric Assessment (CGA)**

CGA (Comprehensive Geriatric Assessment) with **AWV**- A Key tool or platform of outpatient geriatric medicine and foundation for future or longitudinal care!

What is CGA?

COMPREHENSIVE GERIATRIC ASSESSMENT.

DEFINITION— (WHAT) The 1987 National Institute of Health Consensus Development Conference: "A **multidiscipline evaluation** in which the **multiple problems** of older persons are **uncovered, described** and **explained**, if possible, and in which the **resources and strengths** of the person are **cataloged**, the **need for services assessed**, and a **coordinated care plan developed** to focus interventions on the person's problems."

"An **interdisciplinary approach** to the **evaluation of older persons'** **physical and psychosocial impairments** and **their functional disabilities.**"

CGA continued

A systematic screening evaluation for diseases, functional impairments, and risk factors.

Where is the patient right now, in terms of diseases, function, quality of life, and support systems?

Not an end in itself, but a tool to help the patient!

DOMAINS:

Medical (including medications, vision and hearing)

Functional (ADL's including mobility, driving)

Cognitive

Affective (Mood)

Social (Support)

Nutritional

Advanced Care Preferences

Geriatric Pearls

- For all New Patient Visits (NPV) do Comprehensive Geriatric Assessments (CGA), including AWV (if due)!
- Do a screening Physical Exam (PE) on patients at all CGA's and AWV's
- Do an EOV (follow up visit for chronic medical problems) at least every 6 months (more often, if they are frail) and with all AWV's-time and bill appropriately (one level lower E/M code and modifier 25).

Geriatric Pearls-continued

- Talk to the patient first and look them in the eye, even if they have dementia. Let the family, talk or answer only after the patient has had the opportunity.
- Be more of a **Maximalist**, not a **Minimalist**. Have a robust DDX for each problem, symptom or sign.
- Think through problems with **Pathophysiology!** Don't just use evidence based medicine, as it may not exist for this age group.

Geriatric Pearls-continued

- Geriatrics is a team sport! Use team based care! Welcome family to all visits! They are providing 85% of custodial care to dementia patients. Lead from the middle or rear, or better yet, let others lead.
- Everyone is part of the team-PSR's, MA's, Care Guides, Clinical RN's, RN Caremangers, Social Workers, Pharmacist (Clinical and Retail), Home Health Nurses, PT/OT, Medical and Surgical Specialist, and Administrators.
- Have good access for your patients! Work on your schedules. Be involved-work with your staff to find a spot to see a patient, if they can't find an opening in the schedule (especially for TOC appointments).

Geriatric Pearls-continued

- Polypharmacy-biggest bang for the buck on helping your patients-reducing falls, hospitalizations (and readmissions).
- Do medication reconciliation at each visit. If 6 or >, meds engage pharmacist if possible.
- Ask why is this patient on this medication and why can't I **deprescribe** or reduce the dosage?
- Know the latest update to the AGS Beers' Criteria.
- Reduce or eliminate Opiates and Benzos

Geriatric Pearls-continued

- Know about your patient's life! Where do they live and with whom? What are their limitations and needs (met and unmet)? Who helps them? How do they spend their time? What are their hobbies, what do they do for fun? Are they active or exercise?
- Encourage your patients to be active or exercise! Even walking with walker 3 to 5 minutes per day is helpful. Consider recommending water walking for those with arthritis and other limitations. Goal is 4400 to 7500 steps per day.

Geriatric Pearls

- Think and teach Fall Prevention at every visit! Falls are the number one reason for trauma presentations to the Emergency Department!
- Often they are the single greatest risk to the patient's quality of life and functioning!
- Measures-Timed up and Go, Walking Speed.
- Check orthostatic BP on all patients with Fall Hx, and at every AWW.

Geriatric Pearls

- Most of our patients have some degree of Cognitive Impairment-Age Related Memory Loss (often unrecognized), Mild Cognitive Impairment or Dementia.
- Do a Mini Cog at each CGA and AWW, and reflex to MoCA, if positive.

Geriatric Pearls continued

Pay attention to screening for Social Determinants of health, and refer appropriately.

For patients, “What can I do to stay more function and live longer- Bend the Curve”-go from 25 to 75%tle

- Move, be active, exercise, stretch, strength training, walk (on land or in the sea), Tai Chi, Yoga, Adult Zumba
- Eat smart-Mediterranean Diet, more protein, carb based on activity
- Don't Fall-the above, plus use trekking poles, walking stick, cane, orthostatic precautions, good vision and hearing, Home safety
- Stay hydrated
- Vitamin D 1000 IU's per day
- Get your vaccines
- Preventive medicine and Chronic Disease Management

The GOLDEN YEARS

Can Be Golden

Tips to Enjoy Your Older Years

Although getting older can present many challenges, it can also be a time of special joys, such as holding a new grandbaby or great grandbaby for the first time, spending quality time with family and friends, traveling, holding the hand of your spouse/partner of 60+ years, or enjoying the beautiful sky and mountains on a sunny day.

As a person ages, however, functioning declines due to age-related changes and an increase in chronic diseases. In patients over 65 years of age, 85 percent have at least one chronic disease and 30 percent have three or more chronic diseases. Activity varies greatly from person to person. Some 95-year-olds play golf three times per week while some 65-year-olds are significantly impaired.

The good news is that most older individuals can do a lot for themselves and others and enjoy life. Only 30 percent of those over 85 years of age are impaired in any activity required for daily living and only 20 percent live in nursing homes.

So, what are some tips for making the golden years more golden?

1 Focus on the quality of life, not just the quantity. There are many things that improve your quality of life. Much of it is attitude. Wake up every day and choose to be happy. The glass is half full, not half empty. Look at what you can do, not what you can't.

2 Focus on preserving function (the ability to perform tasks required for daily living), not just curing disease. Most older individuals can do activities independently until quite advanced in age. Seniors usually start to have trouble

with tasks such as paying bills and taking medications. Many elderly people need help with shopping and housecleaning due to advanced arthritis or difficulty with balance. Use the inventory on the next page to check how you or a loved one are functioning.

3 Make plans. The two things that seniors hate to give up most are driving and living in their own home. Thus, the goal is getting assistance to safely stay in one's own home as long as possible. Often seniors plan for their financial future, i.e. retirement as well as their end of life plans such as Living Wills and Advanced Directives. But often seniors don't plan ahead for functional decline. It's helpful to plan for assistance in areas of need such as lawn care, driving support, or housecleaning. Plan ahead who may be able to assist and how you will pay for the service. Once individuals need assistance in transferring from bed to chair or have incontinence, many people and their families do not have the resources to assist 24/7. That is the point that many consider a change in living arrangement, either to assisted living or a nursing home. Planning for functional help is proactive, cost-effective and much less stress than reacting to a crisis.

4 Incorporate teamwork. You have built teams over your life—family, friends, church, community and healthcare. When you recognize that you have a functional impairment and may need help, you need to discuss it openly with them. Your family wants to help. Open and honest communication can make it easier for you and them. You are the Center of that team, but accept help when needed, especially when it involves your safety.

5 Tap into community resources. Learn what is available in your community. The following are some resources to consider:

- Salt Lake County Aging and Adult Services: 385.468.3200 slco.org/aging. Ask for their book, 55+ 2015 Senior Resource Directory, or visit 55plusbook.slco.org.
- Alzheimer's Association: 800.272.3900
- VA Geriatric Clinic: 801-582-1565 ext 1883

6 Develop a great healthcare team. Establish a primary care provider and clinic team with whom you can develop a good rapport. They will help you develop a network of specialty providers. Also, see that they connect you with a hospital system that has both basic and advanced services.

7 Be active. Exercise! Just walking has great health benefits. It increases your aerobic capacity and tolerance so you can do more without getting short of breath. Walking also strengthens your bones, improves your balance and reduces your risk of

falling. If you can't do 20-30 minutes of exercise per day at one time, start out with 3-5 minutes, two times per day. Try to do strength/resistance training two times per week. Also do 10-20 minutes of stretching or yoga almost every day. If you have arthritis or another impairment that prevents you from walking normally, try walking in the shallow end of a pool or try water aerobics. Also, optimize your vision and hearing. Doing so improves balance and reduces falls.

8 Nurture your spirituality. As we face our own mortality, we can't help but ask what

happens after we die. No matter what our organized religion is, or whether we have one or not, we all face this question. Making peace with this can be comforting, and it can contribute to making our golden years golden.

If you or someone you care for is struggling with changes in lifestyle due to aging, don't hesitate to discuss your concerns with a primary care provider. Internal Medicine or Geriatric physicians can be a great resource. To find a physician near you, visit the index at the back of this publication or IntermountainClinics.org.

FUNCTIONAL INVENTORY

Periodically, ask how you or a loved one are functioning in the areas below. If needed, arrange for additional support services.

- ✓ Mowing the grass
- ✓ Removing snow from the driveway
- ✓ Taking out the trash
- ✓ Paying bills and managing finances
- ✓ Driving
- ✓ Taking medication
- ✓ Using the telephone
- ✓ Preparing meals
- ✓ Doing laundry
- ✓ Doing housework
- ✓ Shopping
- ✓ Managing transportation
- ✓ Walking outside, upstairs, or room-to-room

BASIC OR SELF-CARE

- ✓ Dressing
- ✓ Bathing
- ✓ Toileting
- ✓ Transferring from bed to chair
- ✓ Feeding oneself



ONLINE READERS:
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