

Comprehensive Geriatric Assessment

Case study



Authors

Bimba Wickramarachchi - University of Ruhuna, Sri Lanka
Pavithra Nanayakkara - University of Ruhuna, Sri Lanka
Pramudika Nirmani Kariyawasam - University of Ruhuna, Sri Lanka
V. Lokeesan - Eastern University of Sri Lanka
S. Sujendran - Eastern University of Sri Lanka
Christiane Silva - Santa Maria Health School, Portugal

Consortium CAPAGE

1. University of Applied Sciences FH JOANNEUM, Austria
2. JAMK University of Applied Sciences, Finland
3. Santa Maria Health School, Portugal
4. University of A Coruña, Spain
5. Eastern University, Sri Lanka
6. General Sir John Kotelawala Defence University, Sri Lanka
7. University of Colombo, Sri Lanka
8. University of Jaffna, Sri Lanka
9. University of Peradeniya, Sri Lanka
10. University of Ruhuna, Sri Lanka



All content is licensed [CC-BY-SA-4.0](https://creativecommons.org/licenses/by-sa/4.0/)

Case study

Mrs Kumari, 81-year-old woman brought in by her daughter because of recent forgetfulness. Her history includes the following:

- Difficulty finding words, missed appointments, repeating questions
- Unintentional 10 Kg. weight loss over the past year
- Treatment for hypertension with diuretic
- Treatment for hypothyroidism
- History of coronary artery disease (myocardial infarction and coronary bypass surgery in the past, with no recent symptoms)
- Wrist fracture in a fall 3 years earlier
- Living alone; driving short distances to shop
- Two recent traffic tickets for moving violations
- Two falls without injury in last 4 months
- Reluctance to leave the house because of urinary urgency and incontinence
- Care by a primarycare nurse and two specialist physicians
- Seven prescription medications

History and Examination

Findings from physical examination

- Vagueness about medical history, difficulty giving clear answers
- Gaunt, with clothes a bit too big; fragile appearance
- Slightly elevated systolic blood pressure (BP)
- Difficulty hearing whisper
- Difficulty getting onto exam table
- Unsteadiness walking; poor balance
- Kyphosis

Findings from functional assessment

- Independent with ADLs; difficulty with all IADLs except light housekeeping and using the telephone
- MMSE (Mini-Mental State Examination): 22/30 (abnormal), losing points for short-term memory, visuospatial ability, orientation, attention, and calculation
- Clock-drawing: numbers all present but unequally spaced on clock; hands incorrectly drawn (abnormal)
- Inability to understand words spoken in whisper test
- Required 29 seconds to get up, walk 10 feet, and return to seat
- Unsteadiness turning around while walking
- Daily episodes of urinary urgency or incontinence
- Concern by family about ability to prepare meals—eating cereal for most meals

- Good social support but has not asked relatives for help
- Has not specified advance directives

Partial problem list

- Impaired cognition: problems noted with memory, orientation, visuospatial and possibly executive function
- Weight loss: evidence of difficulty preparing whole meals
- Probable osteoporosis: kyphosis (physical exam) and history of fracture
- Impaired balance and mobility
- Nonadherence to medication regimen (mixing up medications, forgetting what she has taken)
- Urge incontinence
- Social isolation
- Possible unsafe driving
- No advance directives specified or surrogate decision maker named

Possible recommendations by the interdisciplinary team for the patient

1. Cognitive impairment

- Further evaluation (diagnosis and monitoring) of the problem
- Treatment as indicated (e.g., improving antihypertensive treatment, stroke prevention, dementia-specific intervention)
- Monitoring of cognition and behavior by family
- Discontinuing inessential medications; simplifying regimen
- Assistance with medications by family, using compartmentalized pill box

2. Weight loss

- Assistance from family or home health aide as needed with shopping, food preparation
- Trial of adequate diet (and possible stabilization of weight) before medical workup for problem

3. Hearing impairment

- Audiology evaluation for possible hearing aids

4. Osteoporosis, risk of falls and fractures

- Referral to physical therapy
- Calcium and vitamin D; further evaluation as needed

5. Urinary urgency and incontinence

- Consider change to nondiuretic antihypertensive medication
- Bladder training if memory allows; scheduled toileting

6. Absence of advance directives

- Clarify goals of care
- Assist with written advance directives, including appointment of durable power of attorney for healthcare

7. Driving and transportation

- Possibly unsafe because of impaired cognitive function, mobility
- Arrange for professional evaluation of driving safety
- Help family arrange for alternate forms of transportation if needed

8. Impaired mobility, balance, falls

- Refer to physical therapy for gait and balance training, training with gait aid (e.g., cane), if needed
- Home evaluation for safety to check for hazards

9. Social isolation

- Discuss with family
- Discuss participation at senior centers, adult day programs, other social settings

