Comprehensive Geriatric Assessment For FLW

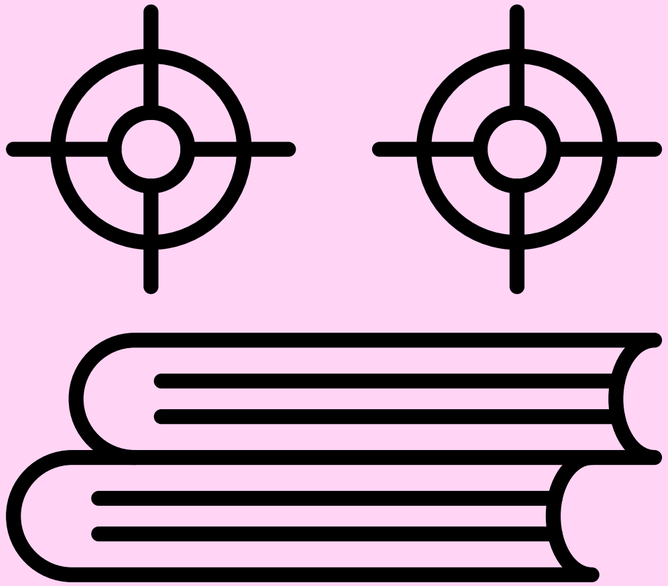
LEARNING OBJECTIVES

By the end of the Session participants will:

- Describe the Components/Domains that come under Comprehensive Geriatric Assessment

- Practice using the Comprehensive Geriatric Assessment (CGA).

- Discuss the role of MPW (M/F) and ASHA in CGA.



VIDEO –WHO INTEGRATED CARE

https://youtu.be/q2SdjlFQn3I






Cardiovascular Risk Assessment

Ophthalmic Assessment

Nutritional Assessment

COMPREHENSIVE HEALTH CARE FOR ELDERLY

Oral assessment

Mental Health Assessment

Non Communicable disease management

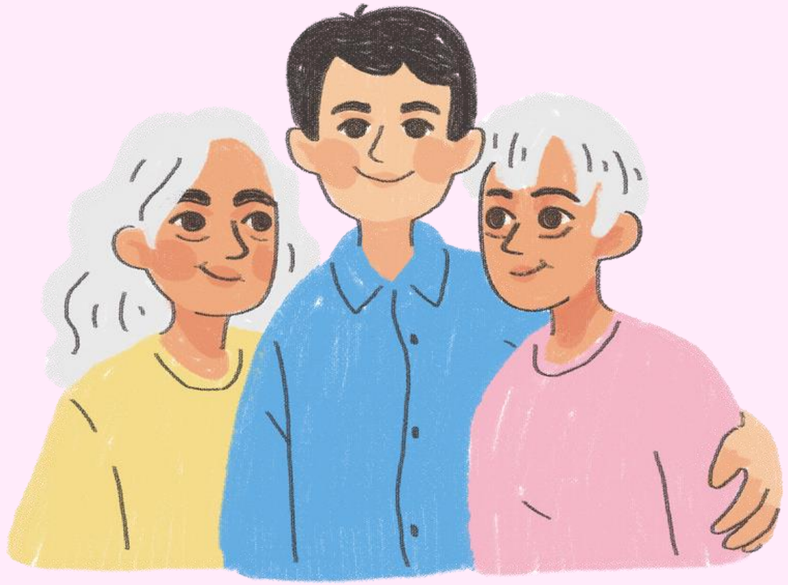
ASSESSMENT SCALES IN GERIATRIC CARE

- CBAC Form – Section B3
- General Comprehensive Geriatric Assessment (CGA)
- Screening for Geriatric Syndromes
- Geriatric Depression Scale
- General Practitioner Assessment of Cognition- GPCOG
- Nutrition Assessment Scale
- Assessment Tool for Activity of Daily Living
- Risk Assessment of Falls
- Assessment for Caregiver & Elderly Abuse -EASI

ROLE OF ASHA IN CBAC

- Completion of Community based assessment checklist (CBAC) for all the elderly for each village in the SHC-HWC area will be done by the ASHA.

- Section B3 is specific to the elderly. (persons 60 years and above)



FORMAT 1- SECTION B3 OF CBAC

B3: Elderly Specific (60 years and above)	Y/N	B3: Elderly Specific (60 years and above)	Y/N
Do you feel unsteady while standing or walking?		Do you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet?	
Are you suffering from any physical disability that restricts your movement?		Do you forget names of your near ones or your own home address?	
Note: A “YES” in any of the questions mean the ASHA must refer person to MPW			

COMPREHENSIVE GERIATRIC ASSESSMENT (CGA)

- CGA is a multi-disciplinary process where the information captured is used as a basis to plan care and treatment.
- It includes short term and long-term goals, follow up and rehabilitative services.
- CGA has 6 Sections to be completed by MPW, CHO, MO/Specialist

Overview of Components of CPHC-CGA		
Section	**Contents under each section**	**Person Responsible for each section**
Section 1: Basic details	A. Registration details B. Identification data of elderly person	MPW(M/F)
Section 2: History taking	A. Chief complaints B. Details of complaints C. Past medical history D. Drug history E. Consumption of addictive substance F. Nutritional history G. Family history H. Social & spiritual history I. Personal history J. Home safety environment	MPW(M/F)
Section 3: 10 Minute comprehensive screening	A. Screening for geriatric syndromes B. Screening for other age-related problems C. Functional assessment	CHO or SN at PHC
Section 4: physical examination	A. General examination B. Systemic examination	CHO or SN at PHC
Section 5: Syndromic specific toolkit for assessment of the problem identified in section 3	A. Memory loss B. Screening for cognitive impairment C. Screening for depression D. Fall risk evaluation E. Incontinence assessment & management guide	MO at PHC
Section 6: Comprehensive Geriatric Assessment Report		CHO or SN/MO at PHC

CGA – WHO DOES WHAT?

ASHA- identifies any elderly person in need of comprehensive assessment if the answer to any of the questions in Part B3 of the CBAC is '**Yes**'.

MPW (M/F)- preliminary assessment using Section 1 and 2 of the Comprehensive Geriatric Assessment (CGA) on these identified elderly individuals

CHO- assesses using Section 3 and 4 of the Comprehensive Geriatric Assessment (CGA) .

MO/Specialist : If required- CHO refers elderly individuals to the Medical Officer or Specialist who uses **Section 5** of the CGA and required tests for further assessments

FLOW

ASHA identifies any elderly in need of further assessment if the answer to any of the questions in Part B3 of the CBAC is 'Yes', and informs MPW(F/M).

MPW(F/M) conducts section 1 and 2 CGA-CPHC of these identified elderly individuals which includeschief complaint, past medical history, drug history, consumption of addictive substance, nutritional history, family history, social & spiritual history, personal history, home safety environment and informs CHO.

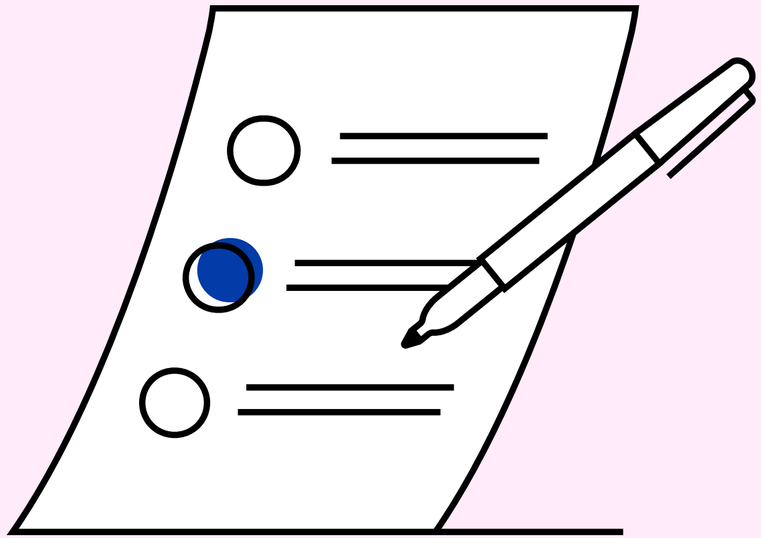
CHO conducts session 3 and 4 of CGA-CPHC of the identified elderly individuals which includes screening for geriatric syndromes, screening for other age related problems, functional assessment, general examination systemic examination. If required, CHO refers the individual to Medical Officer for detailed assessment.

Medical Officer conducts section 5 of CGA-CPHC detailed assessment of referred elderly individuals. if the individual has greater than 3 red flags.

If the individual presents to the PHC directly, **Staff Nurse** will conduct facility-based CGA and refer to the Medical Officer.

FORMAT 2 - COMPREHENSIVE GERIATRIC ASSESSMENT TOOL

Section 1:



A. Registration Details:

- Date of First Assessment
- Name , Designation and Contact No. of Health worker

B. Identification data of elderly person:

- Information about Socio-demographic & Socio-economic details of person

Section 2: History Taking

A. Chief Complaints -

B. Details of Complaints –

- Eye, ENT, Oro-dental condition
- Cardiac/ Respiratory, Gastro-intestinal, Genito-urinary symptoms
- Skin, Neurological, Muscles, bones or joint related problems
- Gynecological problems (Females only)

C.Past medical History

D.Drug History

E.Consumption of Addictive Substances

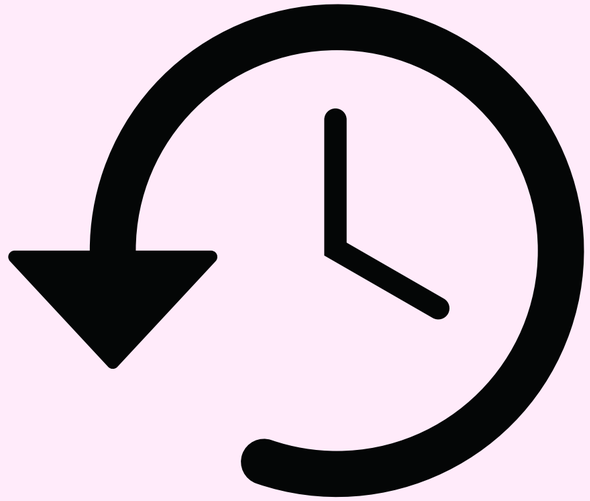
F.Nutritional History

G.Family History

H.A) Family support B) Social & Spiritual support

I.Personal History and

J.Home safety Environment



FORMAT 3- COMPREHENSIVE GERIATRIC ASSESSMENT

A. Scoring for Memory testing:

- Three-item recall **score**: 1 point is given for each word recalled without clues

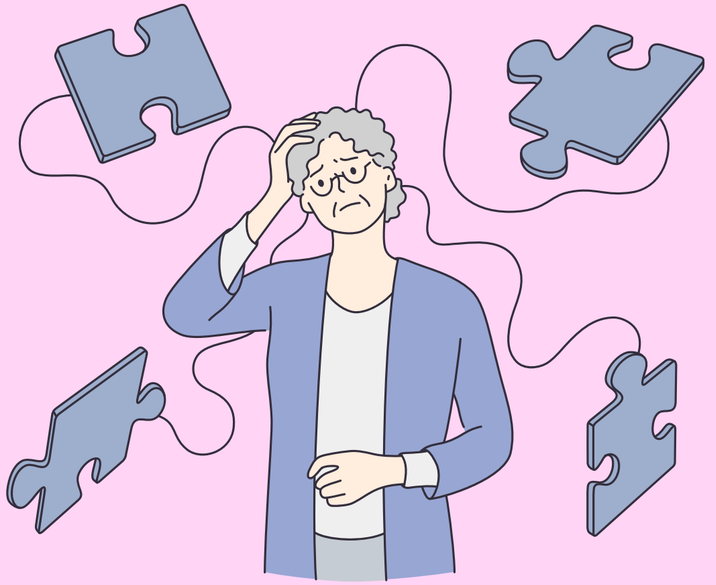
- Clock draw **score**: 2 points are given for a normal clock or 0 point for an abnormal clock

- Add the 3-item recall and clock drawing **scores** together

- If the **score** is < 3, refer to the toolkit for assessment of memory loss(Section 5a)

B. Screen for other age related problems:

- Vision
- Hearing
- Change in weight over past 6 months
- Constipation
- Insomnia



C. Functional Assessment:

Assessment tool for Activity of Daily Living

Role of ASHA/MPW for addressing Loss of Hearing and Vision:

- Fill out the assessment of difficulty in hearing/ seeing/ reading in the Community Based Assessment Checklist(ASHA) and CGA (MPW)
- Empathise with the elderly and assure them about sensory losses being normal during ageing
- Mobilise the elderly and family members to visit the nearby Health and Wellness Centre for getting checked by the CHO and further provision of any assistive device if needed

Section 4: Physical Examination

A. General Examination

B. Head to toe Examination

C. Systemic Examination

D. Current Treatment Details

Section 5: Syndrome specific Toolkit for assessment of the problems identified during Section 3

To conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening

a. Memory Loss

b. Depression

c. Incontinence

d. Falls

FORMAT 4-GERIATRIC DEPRESSION SCALE

Section 5 c: Screening of Depression

- Depression is assessed by ‘’**Geriatric Depression Scale (GDS)-** 15 item”

- The patients will be categorized into Normal, Mild, Moderate or Severe Depression based on the scores obtained

- Scoring- Score 1 point for each bolded answer. A score of 5 or more is suggestive of Depression

FORMAT 5- GPCOG

Section 5 b: Screening for Cognitive Impairment-

GPCOG- General Practitioner Assessment of Cognition- It includes tests of memory, orientation, language and other skills.

GPCOG Screening Test- It has two steps

Step 1: Patient Examination- It has a Total Score of 9

a.If patient scores 9, no significant impairment and further testing not necessary

b.If patient scores 5-8, more information required. Proceed with Step 2

c.If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigation

Step 2 of GPCOG- Informant Interview- It has a total score of 6

- It has 6 questions- How the patient is as compared to when s/he was well, say 5-10 years ago
- If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations

ROLE OF ASHA AND MPW IN ADDRESSING DEPRESSION, ANXIETY AND MEMORY PROBLEMS IN ELDERLY

- Form elderly support groups where elderly would get to interact with their peers.
- Conduct wellness activities for the support groups and encourage them to conduct wellness activities themselves.
- Communicate with the elderly about how they feel and how they have been for the past few days during the home visits.
- ASHA can complete the individual assessment (CBAC Part D: PHQ2). *If the total score is more than 3, CHO should be informed.
- MPW can complete CIDT directly and if ASHA refers elderly person

FORMAT 6- NUTRITIONAL ASSESSMENT

Assessed using Mini Nutritional Assessment Scale (MNA)

- Based on food intake, weight loss, mobility, neurological problems, stress, Body Mass Index (BMI) and calf circumference

- Blood Haemoglobin is also checked in addition to this scale to correlate with the Nutritional status

ROLE OF ASHA AND MPW IN ADDRESSING NUTRITION

- Notify the CHO if malnutrition is suspected in elderly individual
- Utilize Patient Support Groups for discussing nutritional provisions for the elderly. Exchange of recipes of local foods suitable for elderly can be facilitated on these groups
- Suggest the family and caregivers about soft, chewable foods for the elderly
- Talking to the elderly about lack of appetite being normal, listening to them compassionately about changed food habits

FORMAT 7: ASSESSMENT TOOL FOR ACTIVITY OF DAILY LIVING

Quality of life of elderly are the ability in evaluating Activity of Daily Living (ADL) performance.

- ADL refers to activities oriented toward taking care of one's own body.

- These activities are fundamental to living in a social world; they enable basic survival and well-being, such as bathing, toileting, dressing and eating.

- Score 6 = High (patient independent)

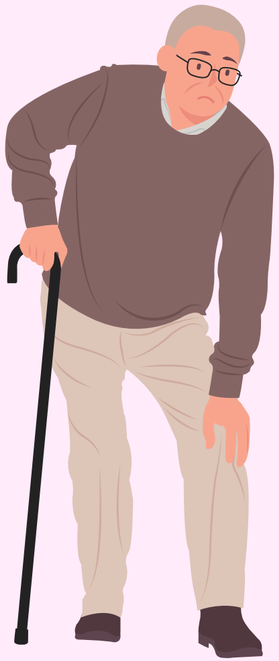
- Score 0 = Low (patient very dependent)

FORMAT 8 – ASSESSING FALLS

- Falls were identified as a “Geriatric Giant”
- Identification of those elderly persons at high risk of falls is essential
- Risk of falls
  - Gait balance abnormalities
  - Visual impairment
  - Arthritis
  - Medications etc

Geriatric Giants

- Immobility
- Instability
- Incontinence
- Impairment of Intellect



ROLE OF ASHA AND MPW IN ADDRESSING FALLS






- Advise family members for support to the elderly while carrying out routine activities
- Mobilise the elderly and family members to the nearby Health and Wellness centre for appropriate care
- Complete B3 (according to the latest version of CBAC) (ASHA). Complete risk assessment of fall for the elderly (MPW)
- Record keeping of provision of assistive devices to the beneficiary
- Follow up for the fall injury, working of assistive devices and compliance with them

FORMAT 9-ASSESSMENT FOR CAREGIVER & ELDERLY ABUSE

- Elderly abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".

- Elder abuse may happen in various forms like financial, physical, psychological and sexual.

- Abuse is suspected with the standard questionnaire “EASI- Elderly Abuse Suspicion Index”

WHAT SHOULD ASHA AND MPW DO IN CASE OF ELDERLY ABUSE?

- Talk to the elderly in distress – build trust and rapport and ask them about the issue
- Notify the HWC about any suspected case of abuse
- Identify and report any medical conditions in such suspected elderly abuse cases to the health and wellness centre HWC
- Talk to the family members
- Work as a part of HWC team to resolve and provide support
- Seek the community's help and support to prevent the act of abuse

ASHA AND MPW CAN PREVENT ELDERLY ABUSE

- Sensitize the family members about the various needs of the elderly
- Generate awareness in the community about various disorders of old age like decreased eyesight and hearing, dementia, geriatric depression, frail physical state in the elderly
- Provide support to the family and caregivers of elderly individuals to reduce stress
- Sensitize community against elderly abuse

ELDERLY ABUSE SUSPICION INDEX (EASI)

- Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? - 1. Yes 2. No 3. Did Not Answer

- Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with? - 1. Yes 2. No 3. Did Not Answer

- Have you been upset because someone talked to you in a way that made you feel shamed or threatened? - 1. Yes 2. No 3. Did Not Answer

- Has anyone tried to force you to sign papers or to use your money against your will?

  1. Yes 2. No 3. Did Not Answer

- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

  1. Yes 2. No 3. Did Not Answer

- Assessor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

  1. Yes 2. No 3. Not sure

- Note: Q.1-Q.5 asked of patient; Q.6 answered by assessor (Within the last 12 months)

- If the answer to any of the questions is ‘Yes’, refer the person to the CHO immediately

Section 6: Comprehensive Geriatric Assessment Report

Acute Illness	
Comorbidity	
Geriatric Giants/ Syndromes	
Other age-related problem	
Social problems	
Economic problems	
Suggested Prescription modification	
ADVICE/CARE PLAN	

GROUP ACTIVITY

- Participants to be divided in 5 groups
- Each group will be allotted a Case- Study
- The group will discuss the case- study and practice to fill the Form
- Each group will find the Score and suggest Action
- Group leader will present in plenary- Time: 5 minutes

CASE STUDIES FOR COMPLETING 5 SELECTED FORMS

1. Case Study for Assessment for Depression – Sohan's story
2. Case study for Risk Assessment For Fall - Vijaya's story
3. Nutrition Assessment- Raju story
4. Case study for Cognition –Ashok's story
5. Case study for ADL –Lovisha's story

GROUP 1- PHYSICAL ASSESSMENT AND DEPRESSION FORMAT – SOHAN'S STORY

Sohan, 72 years of age was living in Nawabganj village with his wife Parwati, his son Ramu and Ramu's wife Radha. He was living happily with his family but then suddenly he lost his wife in an accident. After that his life changed a lot, now he has no interest in life. Though the behaviour of his son and daughter- in-law towards him is good but still he feels lonely and prefers staying at home, in bed most of the times. He has also lost interest in many activities which he used to enjoy earlier. At times he feels emptiness in his life and gets bored.

Ramu thinks his father is sad due to his mother's death and things will be better after sometime. Meanwhile ASHA informs you about Sohan, You visit his home and after preliminary assessment you take him to CHO/MO for further assessment for depression.

On enquiring further Sohan tells that his situation is hopeless and he has no energy to do any work

GROUP 2 -RISK ASSESSMENT FOR FALLS- NITYA'S STORY

Part 1: Vijaya is 70-year-old lady, last year she lost her husband. She stays with her daughter. Nitya is diabetic and has high blood pressure. She is taking her medicine regularly. Three months back she fell down in the bathroom at night. When asked to describe her fall she told that she was brushing her teeth, then she felt some dizziness and fell down. Her forehead struck the wash basin and was injured a little. She was helped by her daughter for getting up. On enquiring further she told that her joints are fine and there is no foot problem. She has never fallen before and does not use any stick

Part 2: Describe Timed Up and Go (TUG) Test from module

GROUP 3 - NUTRITIONAL ASSESSMENT – RAJU'S STORY

Raju, a 70 year old man was brought by the community to the Health and Wellness clinic on a stretcher. He had gone to the well to collect water and had fallen on the way. His right leg and body was in pain. Three months later, after a hip replacement he was back home. ASHA goes on a house visit to meet him. She finds him lying alone in a corner floor mat. ASHA notices that he has lost weight and his clothes are torn. She noticed that his plate of food (rice and greens) was still on the floor, untouched, next to him. It was 3pm. She did not see any water nearby.

Raju smiled at seeing ASHA. Just then Raju's son barged in from outside and said, " Once again your pension is late. Such a burden you are." The son stopped on seeing ASHA. He left the room.

Raju smiled silently at ASHA. When he is alone, Raju shares, "Can you imagine, it was my son that pushed me and that's how I fell and broke my hip!" He gets angry very often. But he is my son. I still love him. He will be happy when my pension comes."

ASHA calculated his BMI to be 17 kg/m2. He said that he knows he has got thinner but does not know how much weight he has lost. His eating has been very less. He say it is because he is mostly in the bed after the fall.

GROUP 4- ASSESSMENT OF COGNITION- GPCOG– STEP 1 AND 2- ASHOK'S STORY

Ashok, 82 years of age, was a lawyer by profession. He has been behaving differently for last few years which has become aggravated since 3-4 months. He lives with his youngest son Ramesh.

When examined

He correctly remembers the date .

He could draw the clock but could not put the arms to mark 10 minutes past 11 o' clock.

He could vaguely tell about the things in recent news.

He remembered the name of person and city only when asked to repeat.

When his son Ramesh was asked about his father, he gave following information-

He was quite well few years back but now has lot of difficulty remembering things that happened few days earlier and also recalling conversation with family members few days later. He takes his medicines very regularly but he is very poor when it comes to managing finance. He also needs some assistance with transport as he got his ankle sprained two weeks back

GROUP 5- ACTIVITIES OF DAILY LIVING – LOVISHA'S STORY

70 years old Lovisha is staying with husband Ramesh and has a domestic help Indrani in the family. She gets up early in morning where Indrani takes her on a wheelchair to the toilet where she can clean herself and then Indrani brings her back . then she takes her for bathing . She is not able to get her clothes from closets and Indrani helps her in changing her clothes and taking bath too as she can't clean herself. She feels bad about not being able to move in and out of the bed without help but Indrani says" it is good that you at least have complete control over urination and defecation , moreover you can eat yourself from your own plate without my help and I am always there to cook for your family" .

Calculate the ADL assessment of Lovisha

EVALUATION

Fill in the Blanks:

1. Comprehensive geriatric assessment (CGA) is a multi-disciplinary process where the information captured is used as a basis to plan _____ and _____.

2. Completion of CBAC for all the elderly for each village in the SHC-HWC area will be done by the _____.

3. Preliminary assessments of these identified elderly individuals will be done by _____.

4. Name four **“Geriatric Giants”**

a) _____.

b) _____.

c) _____.

d) _____.

Fill in the Blanks-ANSWERS:

1. Comprehensive geriatric assessment (CGA) is a multi-disciplinary process where the information captured is used as a basis to plan **care** and **treatment**.

2. Completion of CBAC for all the elderly for each village in the SHC-HWC area will be done by the **ASHA.**

3. Preliminary assessments of these identified elderly individuals will be done by MPW (M/F).

4. Name four **“Geriatric Giants”**

a) Immobility
b) Instability
c) Incontinence
d) Impairment of Intellect

State True or False

1. Elderly individuals who need specialized management will be referred to the Medical Officer or Specialist by CHO.

2. For symptoms and signs which are suggestive of cardiovascular disease MPW will measure BP and RBS.

3. ‘Geriatric Depression Scale (GDS)’ will be administered by ASHAs in the community household level.

4. Measurement of Blood Haemoglobin is not needed in addition to Mini Nutritional Assessment Scale (MNA) to correlate with the Nutritional status.

State True or False

1. Elderly individuals who need specialized management will be referred to the Medical Officer or Specialist by CHO. **TRUE**

2. For symptoms and signs which are suggestive of cardiovascular disease MPW will measure BP and RBS. **TRUE**

3. ‘Geriatric Depression Scale (GDS)’ will be administered by ASHAs in the community household level. **FALSE**

4. Measurement of Blood Haemoglobin is not needed in addition to Mini Nutritional Assessment Scale (MNA) to correlate with the Nutritional status. **FALSE**

Thank You