Care of the Older Adults- 5Ms of Geriatrics

Ria Paul MD
Objectives

- To understand Geriatric Principles in Primary Care
- To increase understanding of 5 Ms of Geriatrics
What are the Geriatrics 5Ms?

Mobility  Mind  Medications  Multicomplexity  Matters Most

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Modifications by: Ria Paul MD

Tinetti et al, JAGS 2017
Module 1: Mobility

Geriatrics 5M’s: Tinetti, Molnar and Huang, JAGS 2017
Mobility

Fall Prevalence

Unintentional Fall Death Rates, Adults 65+

2005 - 2014, United States
Unintentional Fall Death Rates per 100,000
All Races, Both Sexes, Ages 65+
Source: www.cdc.gov/injury/wisqars

CDC, 2017; Hafner, 2014
Objectives

Mobility

- Differentiate between intrinsic and extrinsic fall risk factors
- Become familiar with Timed Up and Go (TUG) Test
<table>
<thead>
<tr>
<th>Intrinsic Fall Risk Factors</th>
<th>Extrinsic Fall Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced age</td>
<td>Footwear or foot problems</td>
</tr>
<tr>
<td>Cardiovascular abnormalities</td>
<td>Home hazards</td>
</tr>
<tr>
<td>Chronic conditions</td>
<td>Improper use of assistive device</td>
</tr>
<tr>
<td>Cognitive impairment</td>
<td>Multifocal eyeglasses</td>
</tr>
<tr>
<td>Functional limitations</td>
<td>New glasses prescription</td>
</tr>
<tr>
<td>Gait and balance problems</td>
<td>Substance use</td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Orthostatic hypotension</td>
<td></td>
</tr>
<tr>
<td>Vision problems</td>
<td></td>
</tr>
</tbody>
</table>

M. E. Tinetti & Kumar, 2010; STEADI, CDC 2017.
# Timed up and go test

## Normative Reference Values by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Time in Seconds (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 – 69 years</td>
<td>8.1 (7.1 – 9.0)</td>
</tr>
<tr>
<td>70 – 79 years</td>
<td>9.2 (8.2 – 10.2)</td>
</tr>
<tr>
<td>80 – 99 years</td>
<td>11.3 (10.0 – 12.7)</td>
</tr>
</tbody>
</table>

## Cut-off Values Predictive of Falls by

<table>
<thead>
<tr>
<th>Group</th>
<th>Time in Seconds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Dwelling Frail Older Adults</td>
<td>&gt; 14 associated with high fall risk</td>
</tr>
<tr>
<td>Post-op hip fracture patients at time of discharge(^3)</td>
<td>&gt; 24 predictive of falls within 6 months after hip fracture</td>
</tr>
<tr>
<td>Frail older adults</td>
<td>&gt; 30 predictive of requiring assistive device for ambulation and being dependent in ADLs</td>
</tr>
</tbody>
</table>

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# CDC Home Safety Checklist

Use this checklist to find and fix hazards in your home.

## STAIRS & STEPS (INDOORS & OUTDOORS)

- **Are there papers, shoes, books, or other objects on the stairs?**
  - \(\square\) Always keep objects off the stairs.
  - \(\square\) Fix loose or uneven steps.

- **Are some steps broken or uneven?**
  - \(\square\) Fix loose or uneven steps.

- **Is there a light and light switch at the top and bottom of the stairs?**
  - \(\square\) Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.

- **Has a stairway light bulb burned out?**
  - \(\square\) Have a friend or family member change the light bulb.

- **Is the carpet on the steps loose or torn?**
  - \(\square\) Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

- **Are the handrails loose or broken? Is there a handrail on only one side of the stairs?**
  - \(\square\) Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs.

## FLOORS

- **When you walk through a room, do you have to walk around furniture?**
  - \(\square\) Ask someone to move the furniture so your path is clear.

- **Do you have throw rugs on the floor?**
  - \(\square\) Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won’t slip.

- **Are there papers, shoes, books, or other objects on the floor?**
  - \(\square\) Pick up things that are on the floor. Always keep objects off the floor.

- **Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?**
  - \(\square\) Coil or tape cords and wires next to the wall so you can’t trip over them. If needed, have an electrician put in another outlet.

## BEDROOMS

- **Is the light near the bed hard to reach?**
  - \(\square\) Place a lamp close to the bed where it’s easy to reach.

- **Is the path from your bed to the bathroom dark?**
  - \(\square\) Put in a nightlight so you can see where you’re walking. Some nightlights go on by themselves after dark.

## BATHROOMS

- **Is the tub or shower floor slippery?**
  - \(\square\) Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

- **Do you need some support when you get in and out of the tub, or up from the toilet?**
  - \(\square\) Have grab bars put in next to and inside the tub, and next to the toilet.

## KITCHEN

- **Are the things you use often on high shelves?**
  - \(\square\) Keep things you use often on the lower shelves (about waist high).

- **Is your step stool sturdy?**
  - \(\square\) If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

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STEADI, CDC 2017.
Module 2: Medications
Objectives

− Identify when a patient is experiencing polypharmacy

− Utilize evidence-based tools for deprescribing

− Review the Beers Criteria
POLYPHARMACY PROBLEM

- Disability
- Frailty
- Drug-drug interactions
- Impaired cognition
- Slowed gait speed

Adverse drug events: 5th leading cause of death

How many meds? > 5

Confidential – For Discussion Purposes Only
Deprescribing

Planned or supervised process of dose reduction or stopping medication(s) that may be causing harm or no longer providing benefit

Scott IA et al. JAMA. 2015; 175(5):827-834.
Deprescribing Protocol

1. Reconcile all medications
2. Consider risks/benefits of use
3. Assess eligibility
4. Prioritize
5. Implement and monitor deprescribing

Use Medication Assessment Tools!

- American Geriatrics Society Beers Criteria
- Medication Appropriateness Index
- Anticholinergic Risk Scale
- STOPP and START
Module 3: Mind
Objectives

- Apply the Mini-Cog as a screening tool for dementia
- Formulate the initial diagnostic evaluation for dementia
Some Dementia Warning Signs

Mind

- Trouble remembering
- “Poor historian”
- Appointment mix-ups
- Can’t follow instructions
- Getting lost

- Defers to family
- Problems with self-care
- Unexplained weight loss
- Vague symptoms

Alzheimer’s Association and National Chronic Care Consortium, 2003.
Normal Aging vs Dementia

Cognitive Decline vs Time (years)

- Normal Aging
- Preclinical
- Mild Cognitive Impairment
- Dementia

Confidential – For Discussion Purposes Only
Primary Care Evaluation of Cognitive Impairment

Screen → Evaluate → Manage
Mini-Cog Test

Instructions for Administration & Scoring

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies. For repeated administrations, use of an alternative word list is recommended.

- Version 1: Banana, Sunrise, Chair
- Version 2: Leader, Season, Table
- Version 3: Village, Kitchen, Baby
- Version 4: River, Nation, Finger
- Version 5: Captain, Garden, Picture
- Version 6: Daughter, Heaven, Mountain

Step 2: Clock Drawing

Say, "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say, "Now, set the hands to 10 past 1." Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say, "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: ______ Person's Answers: ________________________ ________________________ ________________________

Scoring

<table>
<thead>
<tr>
<th>Word Recall: ______ (0-3 points)</th>
<th>1 point for each word spontaneously recalled without cueing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clock Draw: ______ (0 or 2 points)</td>
<td>Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximate correct position. Hands are pointing to the 11 and 2 (10:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.</td>
</tr>
<tr>
<td>Total Score: ______ (0-5 points)</td>
<td>Total score = Word Recall score + Clock Draw score. A cut point of 3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of 4 is recommended as it may indicate a need for further evaluation of cognitive status.</td>
</tr>
</tbody>
</table>
Neuropsychology (if available)
- Can provide comprehensive, objective information about which cognitive functions are affected and establish a baseline for future re-evaluations
- Most helpful for MOCA 19-27, SLUMS 18-27, MMSE 18-28

Specialty physicians
- Geriatrics
- Neurology

Resource referral
Medications for dementia

- Acetylcholinesterase Inhibitors (AChI)
- NMDA Antagonists

<table>
<thead>
<tr>
<th>Early/mild</th>
<th>Middle/moderate</th>
<th>Late/severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start AChI</td>
<td>Start AChI ± NMDA antagonist</td>
<td></td>
</tr>
</tbody>
</table>
Module 4: Multicomplexity and Matters Most

Geriatrics 5M’s: Tinetti, Molnar and Huang, JAGS 2017
Challenges in caring for older adults

- Multiple chronic diseases
- Limitations of current clinical guidelines
- Limited or no data on older adults
- Multifactorial nature of geriatric problems and syndromes
- Range of patient preferences
American Geriatrics Society
Approach to Older Adults with Multimorbidity

Patient preferences → Look at the evidence → Estimate prognosis → What is feasible → Communicate a plan

What Matters Most?

Mobility
Mind
Medications
Multimorbidity

Matters Most
What Matters Most?

Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

Part 1
Choose a medical decision maker, Page 3

A medical decision maker is a person who can make healthcare decisions for you if you are not able to make them yourself. They are also called a healthcare agent, proxy, or surrogate.

Part 2
Make your own healthcare choices, Page 6

This form lets you choose the kind of healthcare you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3
Form, Page 11
What Matters Most?

- Resources for patients
  - www.prepareforyourcare.org
  - www.theconversationproject.org

- Resources for providers
  - www.vitaltalk.org
  - https://eprognosis.ucsf.edu/communication/
WHAT WOULD YOU LIKE TO SCREEN FOR?

- Colorectal Cancer
- Breast Cancer
- Both Cancers

http://cancerscreening.eprognosis.org/
Questions?