Geriatric Periodic Health Exam in Primary Care

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Geriatric Periodic Health Examination for Primary Care

Learning Objectives
At the end of the sessions participants will:

- Appreciate the value of Periodic Health Examination of the Elderly
- Be familiar with criteria for identifying elderly at “higher-risk” of adverse outcomes
- Appreciate the value of an interprofessional model for PE of elderly within primary care

Outline
- Definition of Periodic Health Exam (PHE)
- Evidence and Benefits of using the PHE
- Detail an assessment and management strategy in primary care - IPEA:
  - Identify
  - Prepare
  - Evaluate
  - Action
- Showcase the GPHE Toolkit
What is a Geriatric Periodic Health Exam (GPHE)?

- An assessment that is aimed at preventing, detecting, and controlling specific conditions or risk factors.
- The GPHE speaks specifically to those conditions and risk factors that affect the geriatric population (65+ years of age).
- A process to detect many of the common geriatric issues which require further assessment and/or early intervention.

The Evidence for GPHE

- Canadian Task Force on the PHE has examined relevant clinical evidence and published a guide to clinical preventative health care targeting seven main screening areas in geriatrics: cognition, physical injury, elder abuse, visual impairment, hypertension, hearing and bacteriuria (updated 2003).
- The tools presented incorporate the findings and recommendations from the Canadian Task Force.

Why use a Geriatric Periodic Health Exam (GPHE)?

- Targets high-risk "Geriatric Issues"
- Early identification and review of Chronic Diseases
- Opportunity for screening for risky behaviors
- Opportunity for Education and Health Promotion
- Applicable to Interprofessional Primary Care Practice
- Potential System Benefits
Why use a Geriatric Periodic Health Exam (GPHE)?

Targets high-risk “Geriatric Issues”

- Frailty
  - Predictors
    - Extreme age
    - Vision loss
    - Limb weakness
    - Abnormalities of gait and balance
    - Sedative use
    - Multiple chronic diseases
  - Applies to approximately 10% of all seniors or perhaps 30 in a 2000 person primary practice or 60% of all visits by seniors to ER

- Sensory Loss (Hearing and Vision) - B

- Cognition (MCI, Dementia, Delirium)
  - Symptoms + reported decline – A
  - Symptoms – B
  - Asymptomatic – C
  - High risk profile – age + vascular risk/family history
Why use a Geriatric Periodic Health Exam (GPHE)?

Targets high-risk "Geriatric Issues"
- Frailty
- Sensory Loss (Hearing and Vision)
- Cognition (MCI, Dementia, Delirium)
- Depression
  - Screening with Self-rating tool – D
  - High index suspicion
- Falls/Mobility
  - High risk profile – A
    - seeking medical help
    - Multiple falls
    - Fear of falls
- ADL/IADL/Caregiver Support
- Urinary Incontinence
- Medications (Polypharmacy)
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Summary of some Benefits from Chronic Disease Management

- Chronic diseases, if left undiagnosed and untreated, such as diabetes and depression are causally related to other diseases (MOHLTC, 2006).
- 90% of type 2 DM and 80% of coronary heart disease can be avoided with good nutrition, regular exercise, smoking cessation and stress management (MOHLTC, 2006).
- 20% reduction in cancer rates with daily diets high in vegetables and fruit (MOHLTC, 2006).
- Mammography screening for 70% of women (aged 50-69) would prevent 1/3 of breast cancer deaths in Ontario over a 10-year period (MOHLTC, 2006).
- 90% of cervical cancer is preventable with regular screening (MOHLTC, 2006).
- FOBT in those aged 50-75 could reduce colorectal cancer mortality by 19%-33% (MOHLTC, 2006).
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Opportunity for screening for risky behaviors
- smoking
- obesity
- nutrition
- medications
Why use a Geriatric Periodic Health Exam (GPHE)?

- Opportunity for Education and Health Promotion:
  - Thorough screening of common geriatric issues the GPHE reduces patient worry and may be a powerful motivator for action on the part of the patient (Boulware et al, 2007).
  - One-to-one doctor/patient relationship serves to reinforce large-scale public education and
  - Community wide health promotion efforts, ultimately leading to a change in individuals' behaviour (Boulware et al, 2007).

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Why use a Geriatric Periodic Health Exam (GPHE)?

- Applicable to Interprofessional Primary Care Practice:
  - Initial targeting, preparation and evaluation takes no more than 30 minutes to complete.
  - Parts of the GPHE can be self-administered and/or completed by other professionals within the primary care setting leading to better structuring of a physician assessment.
- Potential System Benefits
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The Potential Benefits from use of GPHE

- Improved management of chronic diseases.
- Better clinical outcomes with a longer life engaged in functional occupations.
- Increased efficiency of “the system”, quality care in the right setting, by the right person at the right time.
- Reduced hospitalizations, reduced ED use and reduced service duplication.
- Increased healthy behaviours.
- Better use of resources.
- Improved satisfaction of patients, families and personnel.

GPHE– Case-finding and targeting

A Comprehensive Periodic Health Exam for those >65 needs to address:

- Geriatric Issues (vision, hearing, incontinence, depression, polypharmacy, cognition, ADL’s/IADL’s, driving and falls/mobility).
- Common Co morbidities (osteoarthritis, cardiovascular disease, obesity, diabetes, asthma/COPD, stroke, cancer and arthritis).
- Other Issues (advanced directives, immunization, nutrition, dental, lifestyle, communication & pain).
Prepare - Efficiency

Identify  Prepare  Evaluate  Action

Self-report forms.
Self-report forms.
Structured gathering of information that guides evaluation and action.

Patient Screening Questions

Ask all patients about:
- Health History
- Medications
- General Health (e.g. ER visits, immunizations, oral health, changes in weight and appetite)
- Mental Health (e.g. 5-item GDS screen, memory and sleep disturbance)
- Lifestyle
- Safety
- ADL’s and IADL’s

Prepare - Efficiency

Efficient use of professional time.
Engages patients and families.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Find Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>T. Angina</td>
<td>T. Pain (static)</td>
</tr>
<tr>
<td>T. Dyspnea</td>
<td>T. Palpitations</td>
</tr>
<tr>
<td>T. Syncope</td>
<td>T. Edema</td>
</tr>
<tr>
<td>T. Carotid</td>
<td>T. Hypotension</td>
</tr>
<tr>
<td>T. Orthostatic</td>
<td>T. Arrhythmia</td>
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**Counseling Issues:**
- Identify issues that may require additional counseling.
- Focus on areas that may benefit from further support or referrals.
- Consider the patient's social and emotional needs in addition to their physical concerns.

**Follow-Up:**
- Schedule a follow-up appointment within the next 3 months.
- Review progress and make necessary adjustments to the treatment plan.
- Encourage the patient to keep track of symptoms and report any changes.

**Next Steps:**
- Refer to other specialists or services as needed.
- Provide resources and support for ongoing care.
- Monitor for any complications or signs of worsening condition.
Evaluate – Example Interprofessional Components

- Weight, height and BMI
- Cardio Vascular System – BP and HR
- Hearing – Whisper Test
- Snellen Eye Chart
- Cognition, mood/affect and behaviour
- Timed Up & Go, gait, balance and mobility
- Social history details
- Caregiver Support
- History and risk factors for common co morbidities
Evaluate – Example Physician Components

- Comprehensive medication review
- Vision – fundus
- ENT external – otoscopy, thyroid palpation
- Respiratory – percussion, auscultation
- Cardiovascular System – auscultation heart, carotids
- Abdomen – palpation
- Musculoskeletal – range of motion, strength, joints
- Neurologic - tone, cranial nerves, coordination, reflexes, sensation

Action Framework For Identified Causes / Modifiable Risk Factors

1. Further Investigation
2. Multi-dimensional Management
3. Education of client and Family

Interprofessional Practice and the GPHE

- What is the role for other health professionals and who might be involved?
  - Audiologist and Speech Language Pathologist
  - Chiropractor
  - Dental Hygienist
  - Dental Surgeon
  - Denturist
  - Dietician
  - Health Promoter / Educator
  - Kinesiologist
  - Massage Therapist
  - Medical Laboratory Technologist
  - Medical Radiation Technologist
  - Naturopath/Drugless Practitioner
  - Nurse
  - Occupational Therapist
  - Optician
  - Optometrist
  - Orthotic / Prosthetic
  - Pharmacist
  - Physiotherapist
  - Podiatrist
  - Psychologist
  - Respiratory Therapist
  - Social Worker
  - Specialist Physician and Surgeon
Take Home Message

Primary care of the elderly is complex and there are often pre-existing co-morbidities superimposed on acute conditions, therefore, requiring a structured multi-dimensional approach to assessment and treatment using the Identify, Prepare, Evaluate and Action framework and a comprehensive Geriatric Periodic Health Exam (GPHE).

Accessing the GPHE Toolkit (www.sagelink.ca)
Your Take Home Toolkit

- Canadian Task Force Recommendations with quick reference sheets and summary charts.
- GPHE Interprofessional Screening Form.
- GPHE Patient Tracking Form.
- GPHE Patient Health Questionnaire Form.
- Patient information and handouts for specific geriatric health issues and general health education.

Geriatric Periodic Health Exam (GPHE)

Geriatric Issues:
1. Hearing
2. Vision
3. Cognition
4. Depression
5. Falls/Mobility
6. ADL/IADL/Caregiver Support
7. Urinary Incontinence
8. Medications (Polypharmacy)

Common Co-morbidities:
9. Asthma/COPD
10. Cancer
11. Diabetes
12. Nutrition/Obesity
13. Cardiovascular Risk Factors
14. Stroke
15. Arthritis
16. Osteoporosis
Geriatric Periodic Health Exam (GPHE)

Other Issues:
17. Driving
18. Immunization
19. Advanced Directives
20. Dental
21. Lifestyle Issues
22. Communication
23. Bowel
24. Pain

References


Further Resources

Reports


Tooltiks
