

How much time does it take to do a Comprehensive Geriatric Assessment?

The length of time needed to complete a Comprehensive Geriatric Assessment varies based on the individual and their health needs. Generally, it can take anywhere from 2-3 hours for a basic assessment, to multiple sessions if a more complex assessment is required.

What are the benefits of a Comprehensive Geriatric Assessment?

- A Comprehensive Geriatric Assessment is a multidimensional, interdisciplinary diagnostic process used to determine a senior's medical, functional, and psychosocial problems and capabilities.
- It can help identify problems that may otherwise be overlooked, assess the impact of those problems on the senior's daily functioning, and develop a plan of care that addresses the senior's needs and goals.
- The assessment can provide valuable information for the senior, their family, and the healthcare team to ensure the senior is receiving the best care possible.



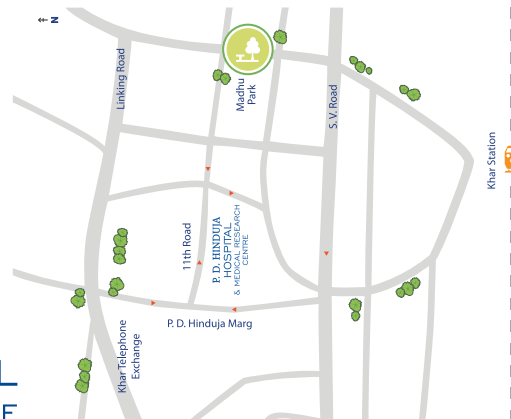
**Comprehensive Geriatric Assessment
is done on 8th Floor, OPD building.**

Clinic Days: Monday to Saturday
Time: 9.00 am to 5.00 pm

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INTRODUCES

GERIATRIC RISK ASSESSMENT CLINIC



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What is a Comprehensive Geriatric Assessment?

A Geriatric Assessment gives us the true biological age of a person. It helps us find out if an elderly patient is feeling emotionally low, if he or she has problems walking, or if there is a need for social support. A geriatric care assessment creates a comprehensive matrix for determining treatment and follow-up plans, long-term care arrangements, caregiver responsibilities, family requirements, primary care and rehabilitative services, medical needs, and more. Simply put, it is a way to determine how life should be lived moving forward in a manner ensuring care and comfort.



How does a Comprehensive Geriatric Assessment Clinic benefit elderly cancer patients?

A Comprehensive Geriatric Assessment help predict life expectancy for patients and their risk of side effects from treatments, particularly chemotherapy.

What are the components of a Comprehensive Geriatric Assessment?

- **Functional status** - Functional status refers to a patient's ability to perform routine daily tasks. A more comprehensive understanding of an older patient's functional state can be obtained by the Activities of Daily Living (ADL) and IADL scales.
- **Comorbid medical conditions** - Comorbidity represents the extent of an individual's physical and psychological disease in addition to the disease for which they are seeking treatment.
- **Cognition** - An assessment of cognitive status is important prior to beginning cancer treatment in order to ensure that the patient can comply with instructions regarding supportive medications or oral chemotherapy, and in order to understand and remember to seek medical attention if side effects develop.
- **Nutritional status** - Nutritional status is an important prognostic factor in all geriatric patients. Older adults with malnutrition were more likely to have major depression and frailty.
- **Psychological state and social support** - Approximately one-third of older patients with cancer experience psychological distress. This most typically takes the form of depression. The consequences of depression in this group include an increased risk of subsequent functional decline and an increased utilization of healthcare resources. The patients who are most vulnerable to psychological distress are those with inadequate social support.



- **Polypharmacy and a review of the patient's medications** - Regular and comprehensive review of all medications (both prescription and over the counter) is needed to remove any unnecessary or potentially inappropriate medications and to assess for potential drug interactions. Also physiologic changes associated with aging can have a major impact on drug pharmacokinetics and pharmacodynamics. This combination of age-related changes in physiology and polypharmacy is associated with an increased risk of adverse drug events in the older patient.

Who should undergo a Comprehensive Geriatric Assessment?

- Community-dwelling older patients with functional disability, frailty, increased fall risk, cognitive decline, depression, or those at high risk for high health care utilization are appropriate candidates for CGA
- All patients above a certain age (eg, 85 years) or above a threshold on instruments predicting hospital readmission receive preliminary screening to determine whether a full multidisciplinary evaluation is needed.
- Older patients admitted for a specific medical or surgical reason (eg, fractures, failure to thrive, recurrent pneumonia, pressure sores)
- Patients with major illnesses (eg, those requiring hospitalization or increased home resources to manage medical and functional needs) particularly for functional status, fall risk, cognitive problems, and mood disorders.

Who will conduct the Geriatric Assessment?

The Geriatric Assessment process relies on a core team consisting of a clinician, nurse, and social worker and, when appropriate, draws upon an extended team of physical and occupational therapists, dietitians, pharmacists, psychiatrists, psychologists, dentists, audiologists, podiatrists, and opticians. Traditionally, the various components of the evaluation are completed by different members of the team, with considerable variability in the assessments. The medical assessment of older persons may be conducted by a physician, nurse practitioner, or physician assistant. The core team (geriatrician, nurse, social worker) may conduct only brief initial assessments or screen for some parameters. These may be subsequently augmented with more in-depth evaluations by additional professionals. As an example, a dietitian may be needed to assess dietary intake and provide recommendations on optimizing nutrition, or an audiologist may need to conduct a more extensive assessment of hearing loss and evaluate an older person for a hearing aid.