RHODE ISLAND SENIOR BEAT

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GERIATRIC ASSESSMENT CAN GET TO THE ROOT OF SENIOR PROBLEMS

CRANSTON--- As a family member or friend, you may begin to notice some changes in an older person that you have known for many years, perhaps all your life. They may be losing weight; perhaps they appear moody or their physical appearance or personal grooming is causing you concern. It’s time to find out what’s going on. It’s time for a geriatric assessment.

A geriatric assessment is a multi-dimensional approach to determining the root of marked changes in a senior’s physical or mental health. A geriatric assessment is a holistic tool that involves many health care professionals. The assessment is designed to evaluate a person’s functional ability, physical health, mental health and their social and environmental status. The results of an assessment are crucial in developing a plan for long-term care, either in the community, or in a long-term care facility. This tool differs from a medical assessment because it uses a variety of factors to determine the causes of decreased function.

In some cases, a primary care doctor or specialist will suggest an assessment. In some cases, the assessment can be initiated by a family member or caregiver. An assessment, in a sense, is a one-stop shopping center for answers. You won’t have to contact several different medical professionals or social workers to put the pieces of the puzzle together. An assessment saves time, money and anxiety.

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A geriatric assessment usually contains these elements:

Functional ability: This includes a review of the person’s ability to perform activities of daily living such as eating, dressing, bathing, transferring from a bed to a chair or the ability to use the toilet. It also includes an assessment of independent activities of daily living, such as doing housework, preparing meals, managing finances, taking medications as prescribed or using the telephone.

Physical health: This part of the assessment incorporates all facets of medical history including current symptoms, past and/or current medical or chronic conditions, a review of current treatments and documenting family medical history.

Screening for disease: Putting aside the normal aging process, chronic disease such as heart disease, hypertension, diabetes or glaucoma may be significant factors in reduced function and well-being. Screening for these diseases, if not already present, may be advisable. Screening for cancers or other malignancies may be included in the assessment. Osteoporosis could possibly be a factor.

Nutrition: Poor eating habits and inadequate nutrition can contribute to diminished physical and emotional health for seniors. Medical studies have shown that significant deficiencies in vitamins A, C, D, B12, and other trace minerals such as iron or zinc, may be culprits in deteriorating health. Poor fitting dentures or sub-par oral health can affect a person’s ability to eat, negatively impacting their nutritional intake.

Urinary incontinence: Urinary incontinence and frequent re-occurrence of conditions such as urinary tract infections, and other toileting challenges may not only affect the senior’s health, but they can also affect self-esteem. Urinary problems could result in reduced social interaction and increasing isolation. It may also be a factor in the onset of anxiety or depression.

Balance and falling: The National Centers for Disease Control and Prevention reports that 2.3 million persons 65 and older were treated in emergency rooms for falls in 2010. It’s estimated that half of elders 85 and older will suffer a fall in a given year, especially if they live alone, as 30 percent of elders in Rhode Island do.
Falls can result in permanent injury, impaired mobility, and even death, but they can also affect quality of life and independence in more subtle ways. Elders, especially those who have fallen previously, whether they were injured or not, often develop a debilitating fear of falling that causes them to curtail physical activity and become increasingly isolated.

Medication interaction: The use of multiple medications, common in many older persons, can contribute to confusion, loss of balance, loss of appetite or drowsiness. A review of medications and vitamin and mineral supplements (both prescription and over-the-counter), dosages, how often they are taken and a list of all pharmacies the senior uses, is indicated.

Vision and hearing: Screening for conditions such as glaucoma, cataracts, diabetic retinopathy, or macular degeneration should be part of any geriatric assessment. The assessment should also include screening for hearing problems.

While testing for dementias or Alzheimer’s disease is a part of any assessment, early detection often helps in the management of symptoms. It’s also recommended that seniors be screened for depression.

Social and environmental circumstances: The U.S. Census reported that approximately 70 percent of persons 65 and older who do not live in long-term care facilities live with their spouses or extended families. This means that 30 percent live alone and are at risk of becoming socially isolated. Factors included this type of assessment include housing, current social interaction with family and friends, available support systems and home safety.

When all of the information is collected, a care plan can be assembled based on each person’s individual needs. If you have concerns about your elder’s ability to function effectively, independently and safely, ask your doctor or health care professional about a geriatric assessment.
The Rhode Island Department of Human Services, Division of Elderly Affairs (DEA) is responsible for the development and implementation of a comprehensive system of programs and services for Rhode Islanders ages 60 and older and for adults with disabilities. Questions or requests for additional information on the issues of growing older in Rhode Island should be directed to: Larry Grimaldi, Rhode Island Senior Beat, Rhode Island Department of Human Services, Division of Elderly Affairs, 74 West Road, Cranston, RI 02920 or faxed to 462-0503. Information may also be requested via e-mail at lgrimaldi@dea.ri.gov.

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