COMPREHENSIVE ASSESSMENT OF GERIATRIC SUBJECTS FROM DIFFERENT SETTINGS OF AN INDIAN HOSPITAL

Prof. Vinod Kumar

Emeritus Professor

St. Stephen's Hospital, Delhi

INTRODUCTION

- Main concern of an elderly subject is his physical and mental independence and fitness, more than a specific disease that he may be having. Traditional medical training, however is disease oriented and ignores functional, psychological, and socioeconomic determinants of quality of life of the aged.

- A holistic or comprehensive geriatric assessment (CGA) addresses these concerns so that the timely detection of handicaps by CGA and their management can decrease the use of hospital services, length of long term care and mortality.

INTRODUCTION-Contd.

- CGA is a widely used tool in western countries and can be employed for a variety of functional states e.g. frail elderly, ambulatory elderly, hospitalized elderly, recently discharged elderly etc.

- CGA can be applied in various settings e.g. in the community, family, hospital, nursing homes etc. so that management can be done or referals made.

- Present study was undertaken to carry out CGA in geriatric subjects from indoor, outdoor and health checkup facilities of a tertiary hospital to detect medical morbidities and physical, psychological, and socio-environmental impairments.

METHODS

- **150 elderly subjects (80 males, 70 females) visiting St. Stephens Hospital, Delhi (50 outdoor, 50 indoor and 50 health checkup subjects) were comprehensively assessed.**

- **History, physical examination and when required laboratory work up was done and a clinical diagnosis was made in each case.**

- **CGA included assessment of physical (vision, hearing, arm & leg function, BMI, urine control, ADL), psychological (memory, depression) and socio-environ parameters (home environ, social support, living arrangement, financial & marital status etc.)**
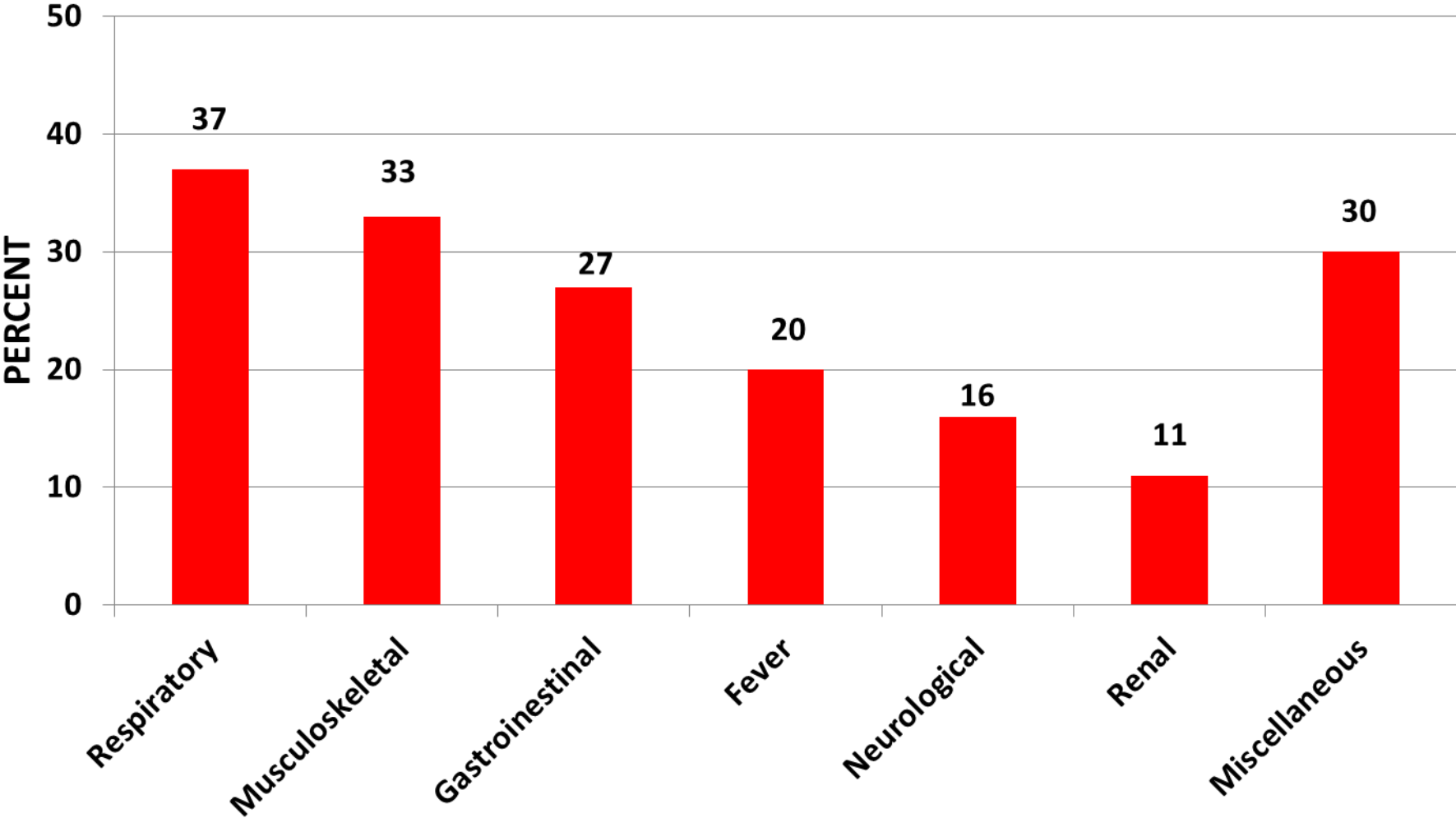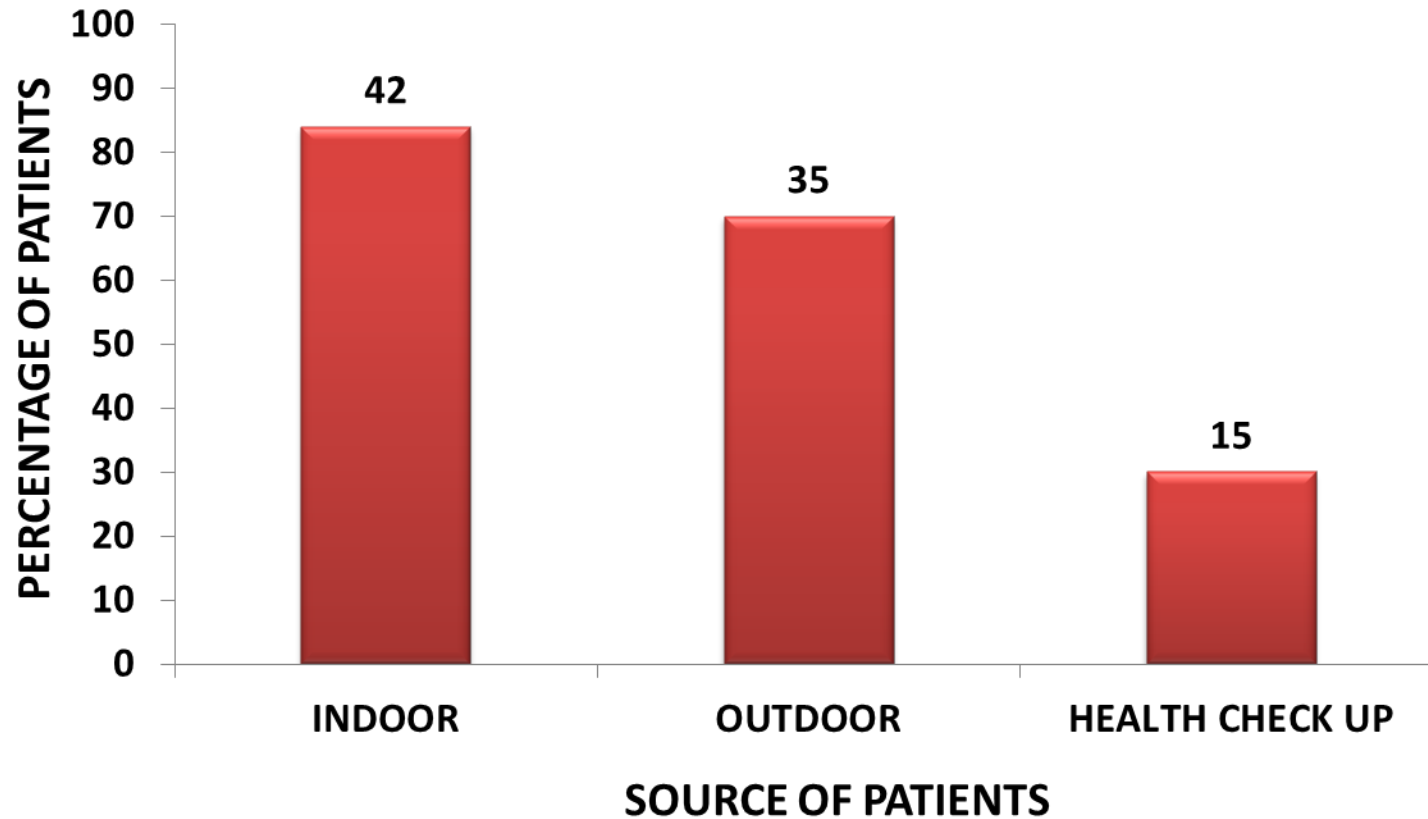
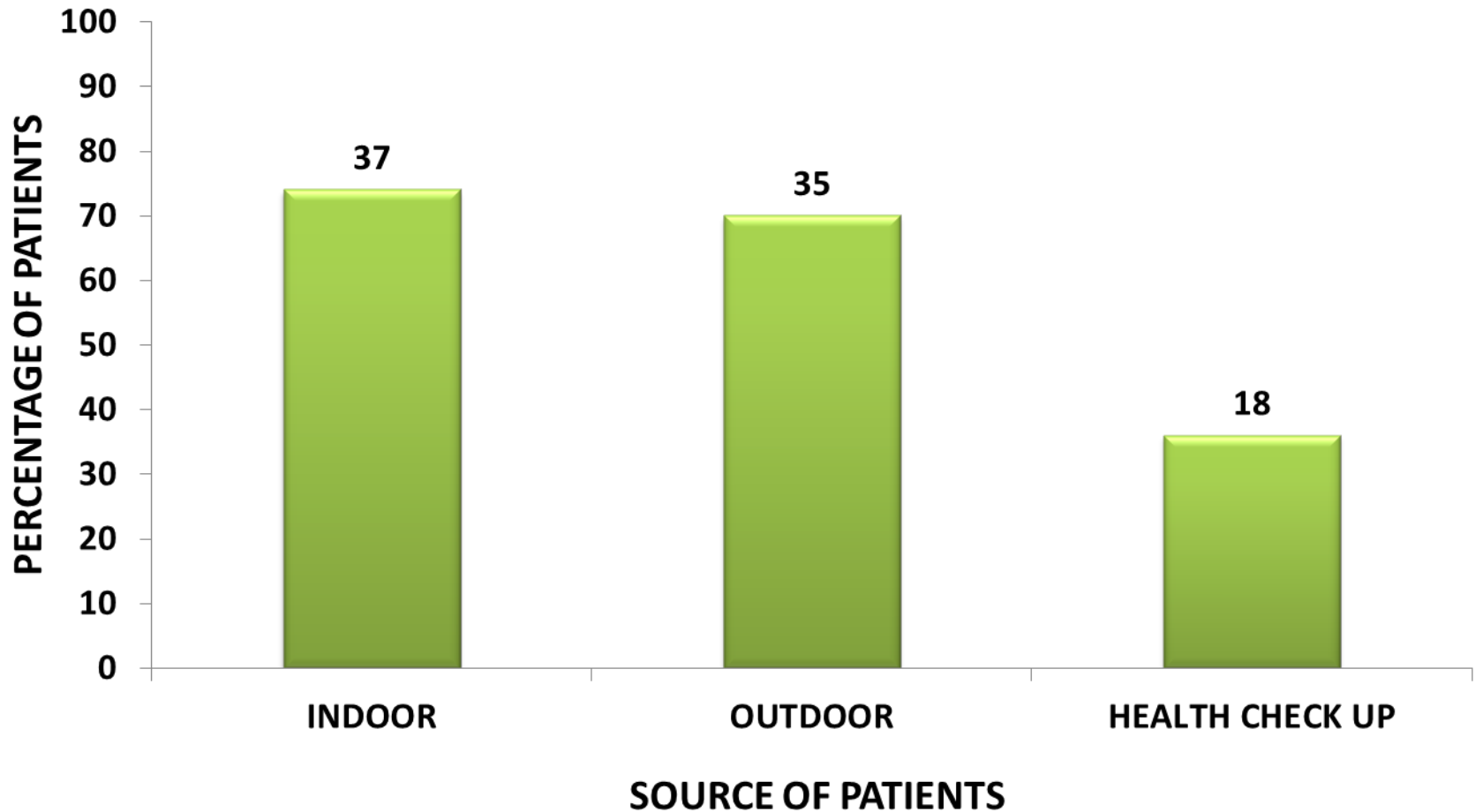# AGE BREAK UP OF 150 GERIATRIC SUBJECTS
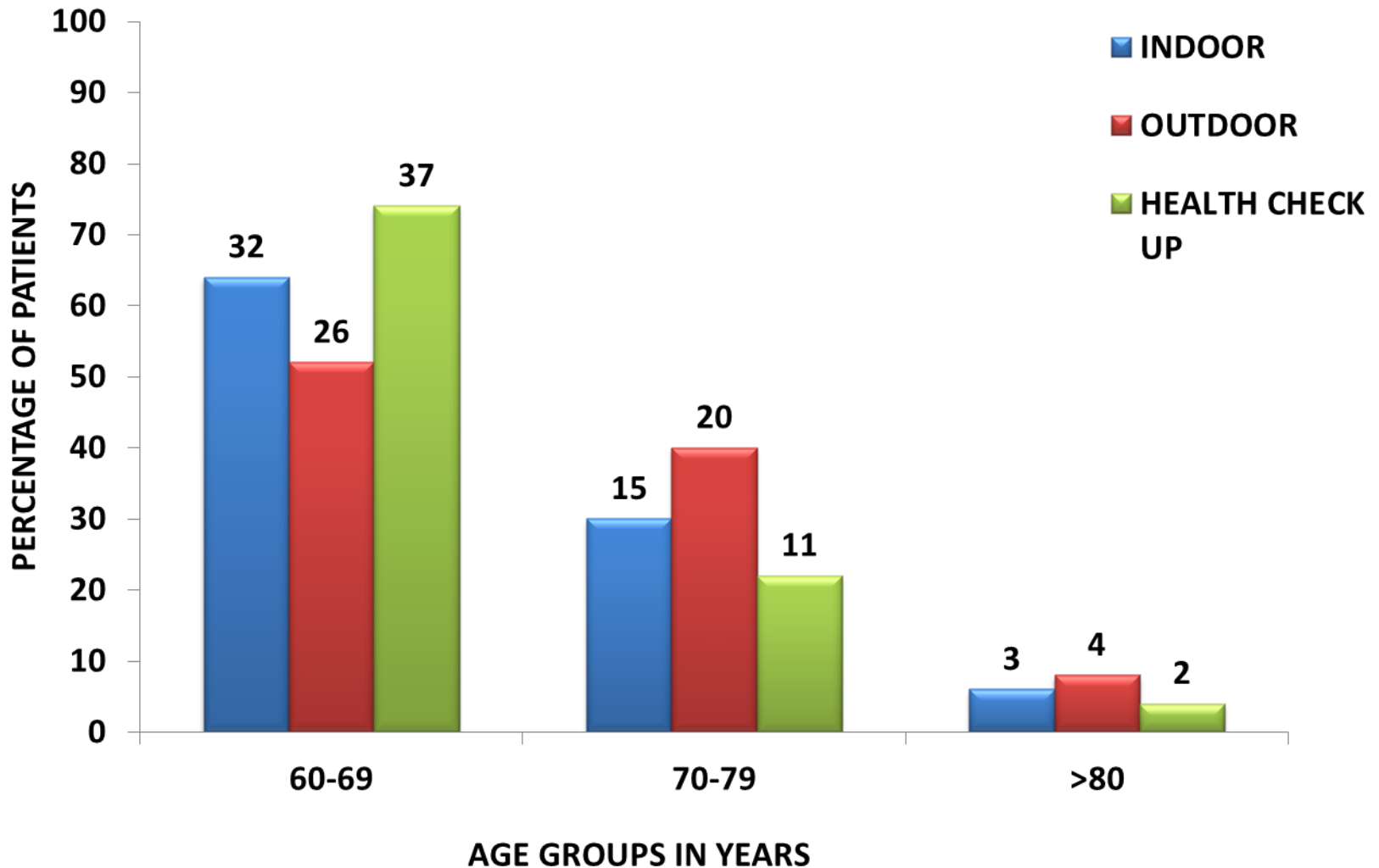
SOCIOECONOMIC STATUS OF 150 SUBJECTS
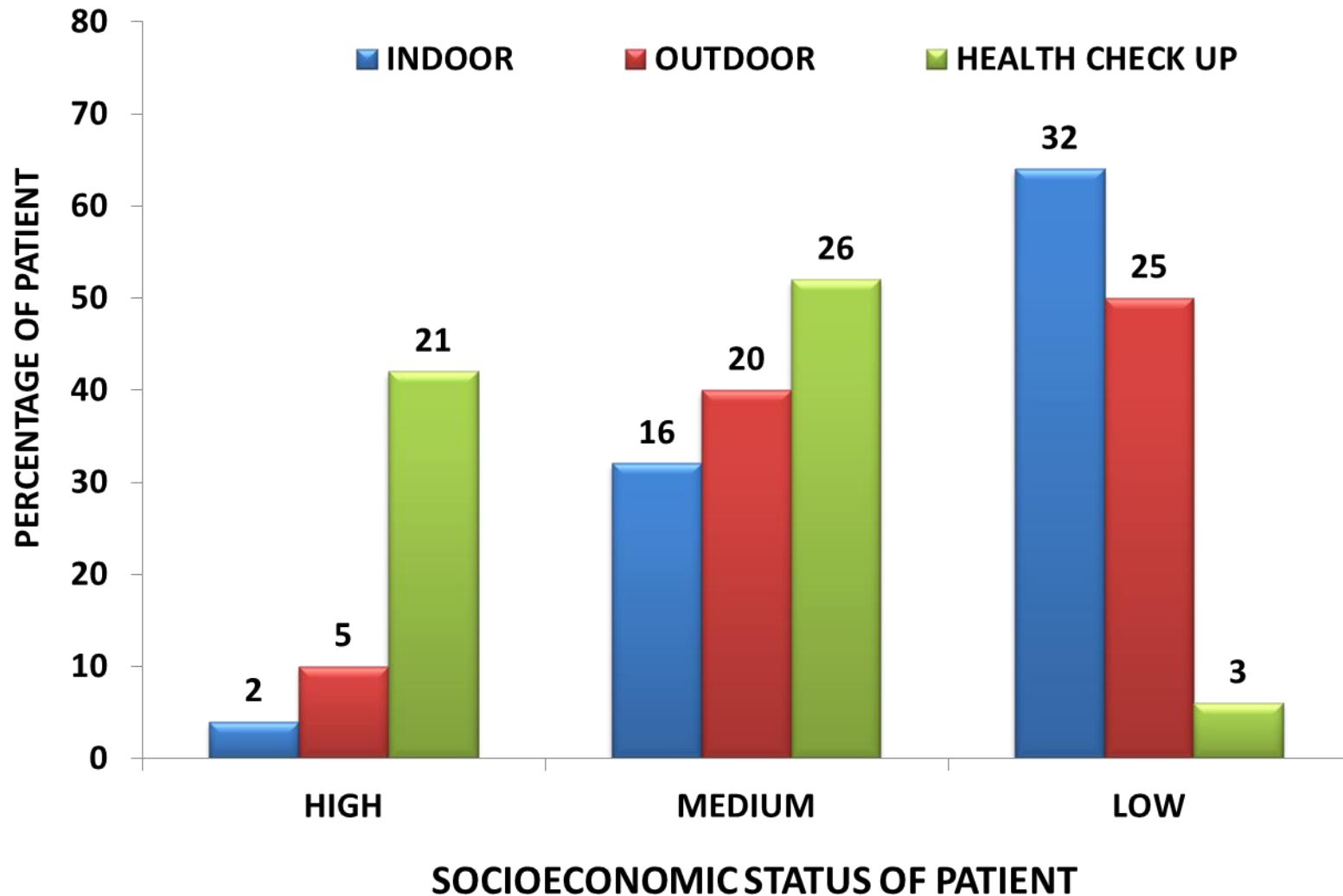
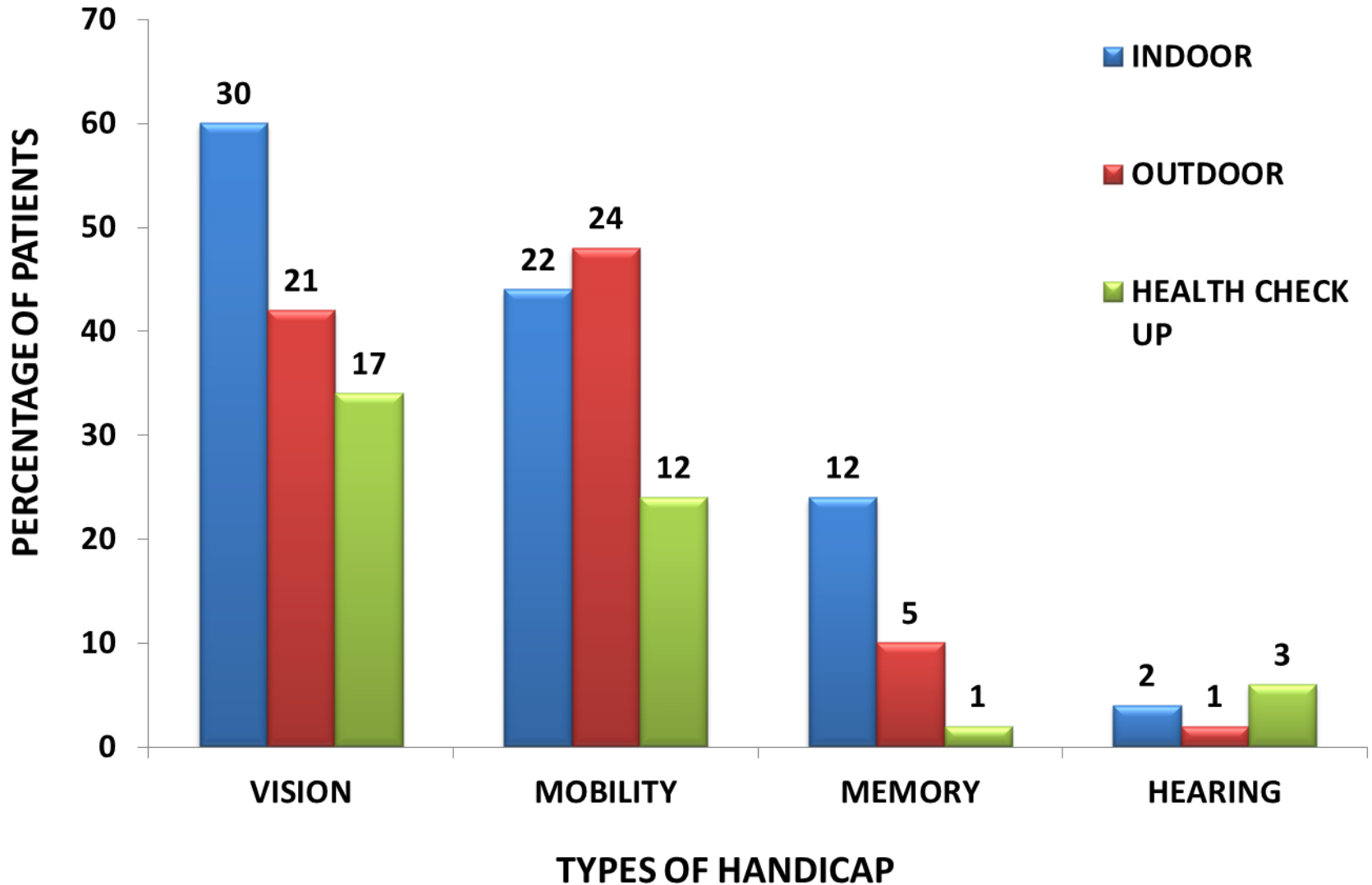**PRESENTING MEDICAL COMPLAINTS IN 150 PATIENTS**

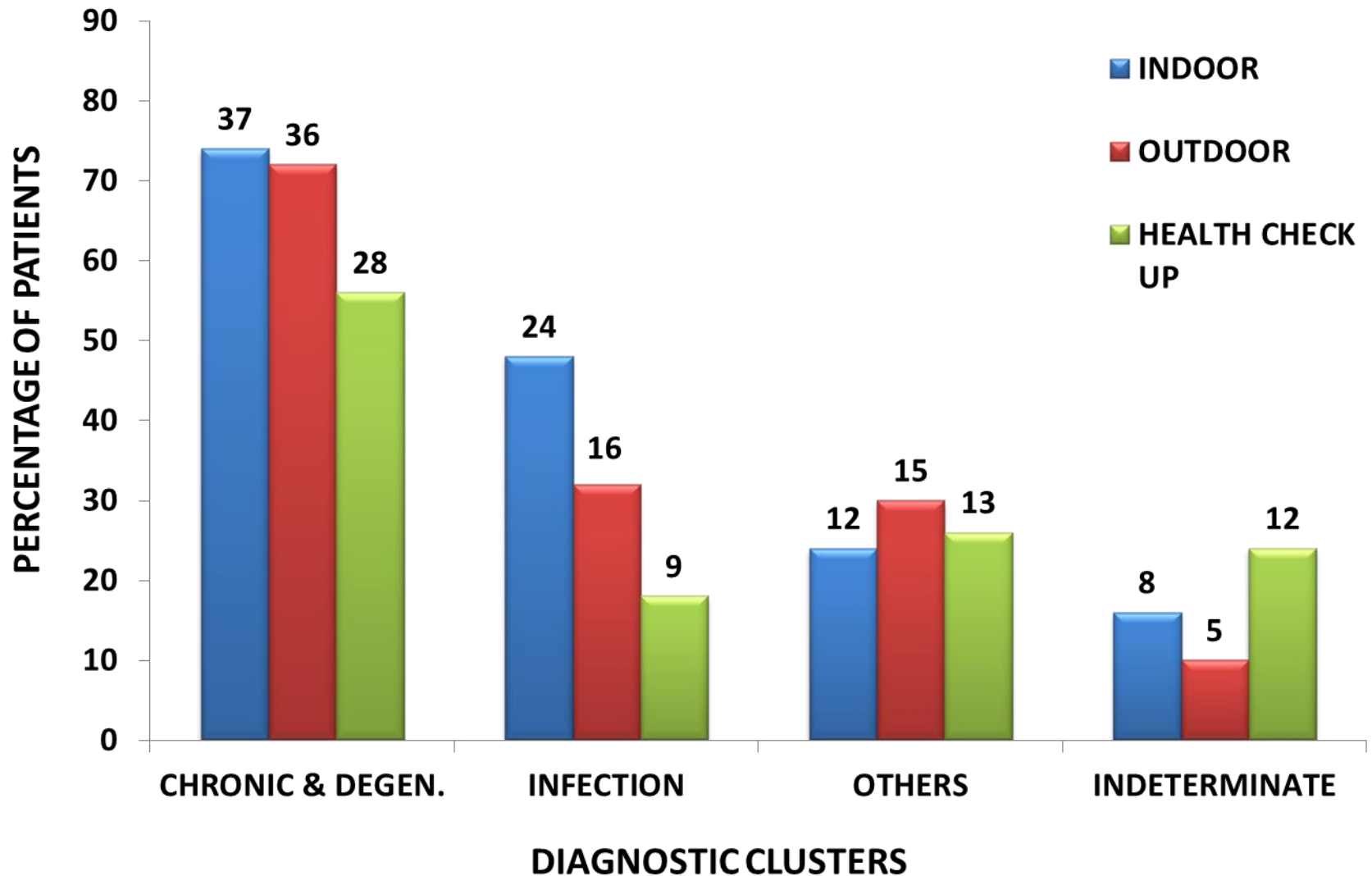# MEDICAL ATTENTION SOUGHT DURING LAST ONE MONTH
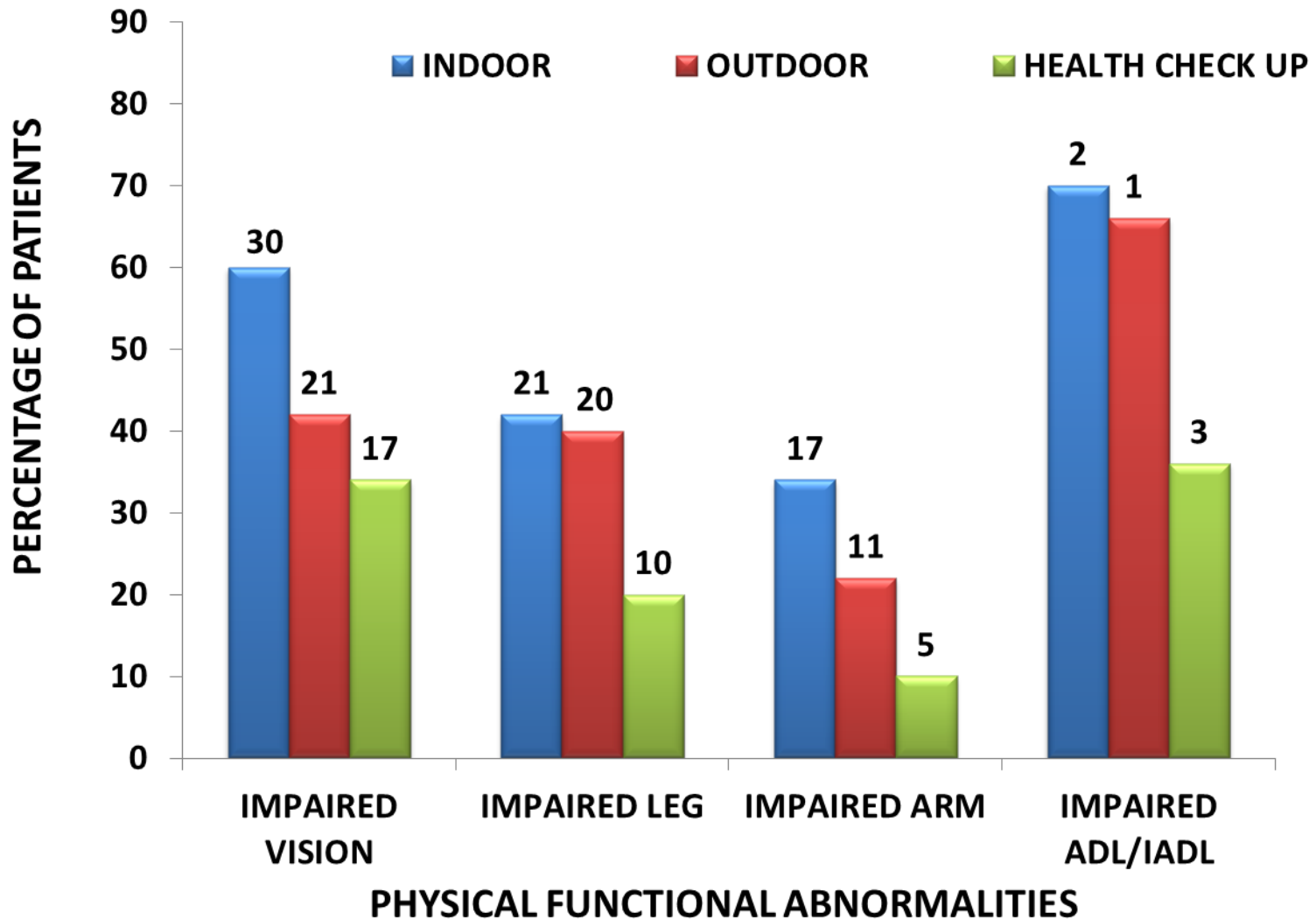
NUMBER OF PATIENTS HAVING HANDICAPS
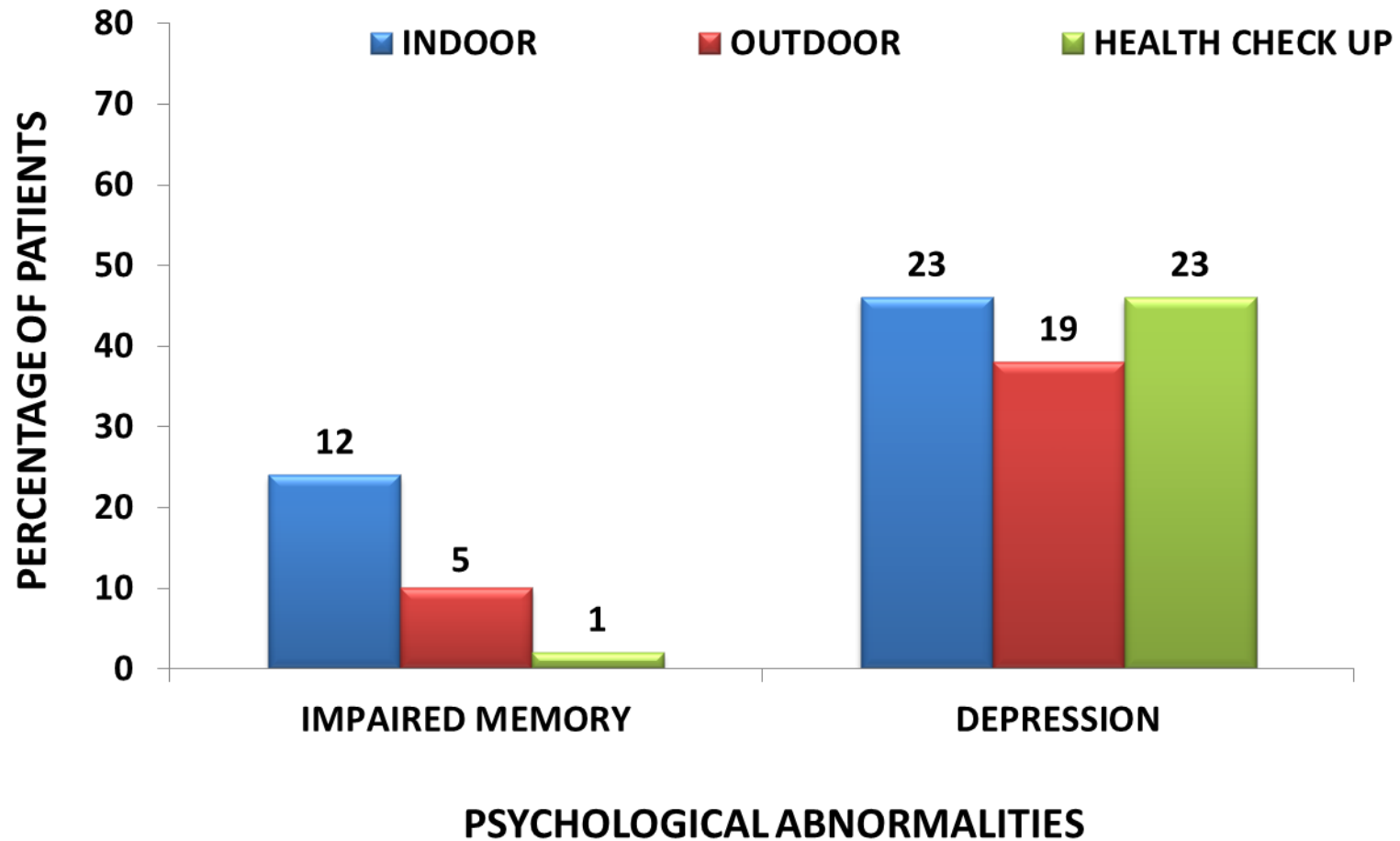
TYPES OF HANDICAPS PRESENT
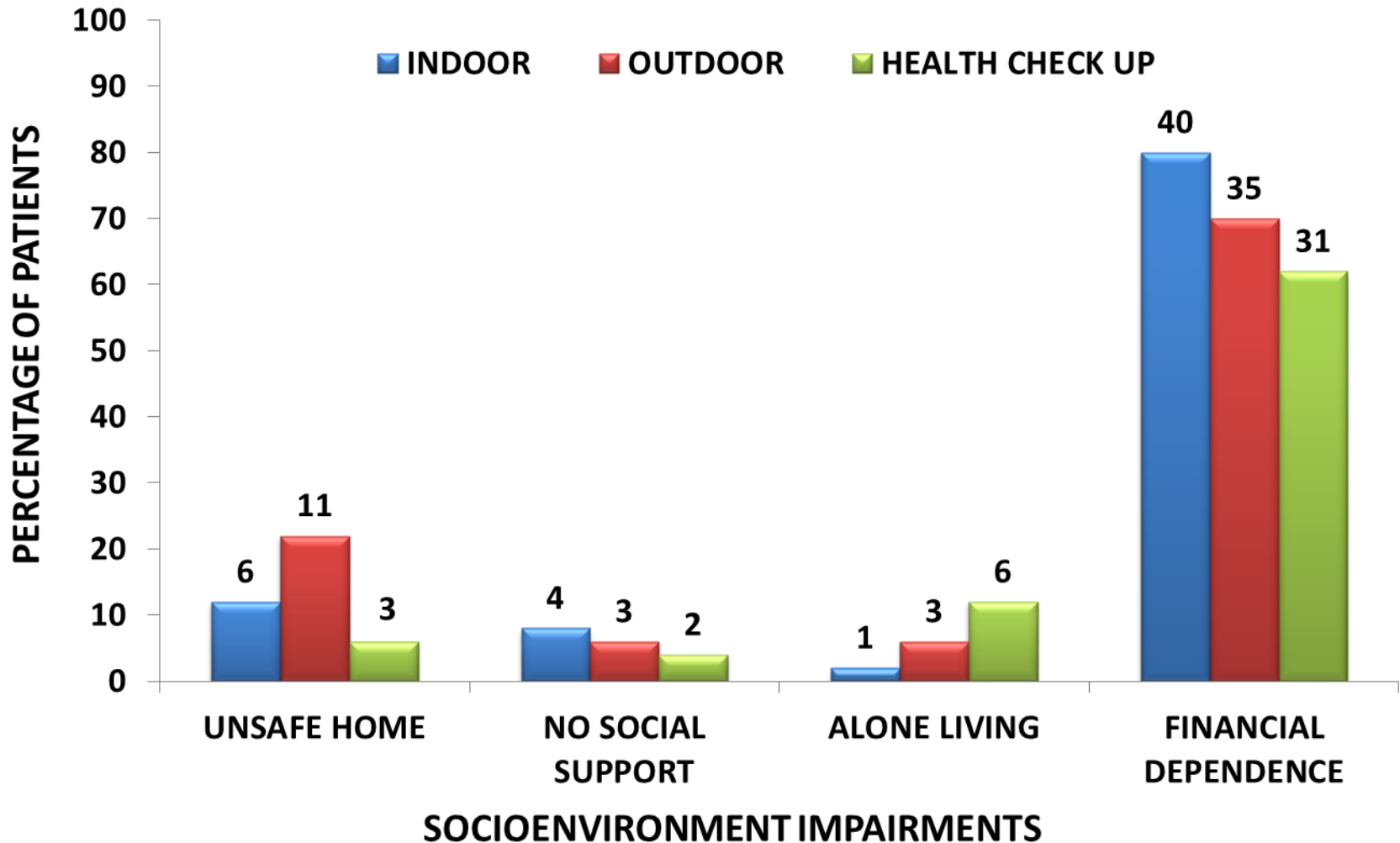
DIAGNOSTIC CLUSTERS IN 150 PATIENTS

PHYSICAL FUNCTIONAL ABNORMALITIES

PSYCHOLOGICAL ABNORMALITIES

SOCIO-ENVIRONMENT IMPAIRMENTS

SOCIO-ENVIRONMENT IMPAIRMENTS -CONTD.
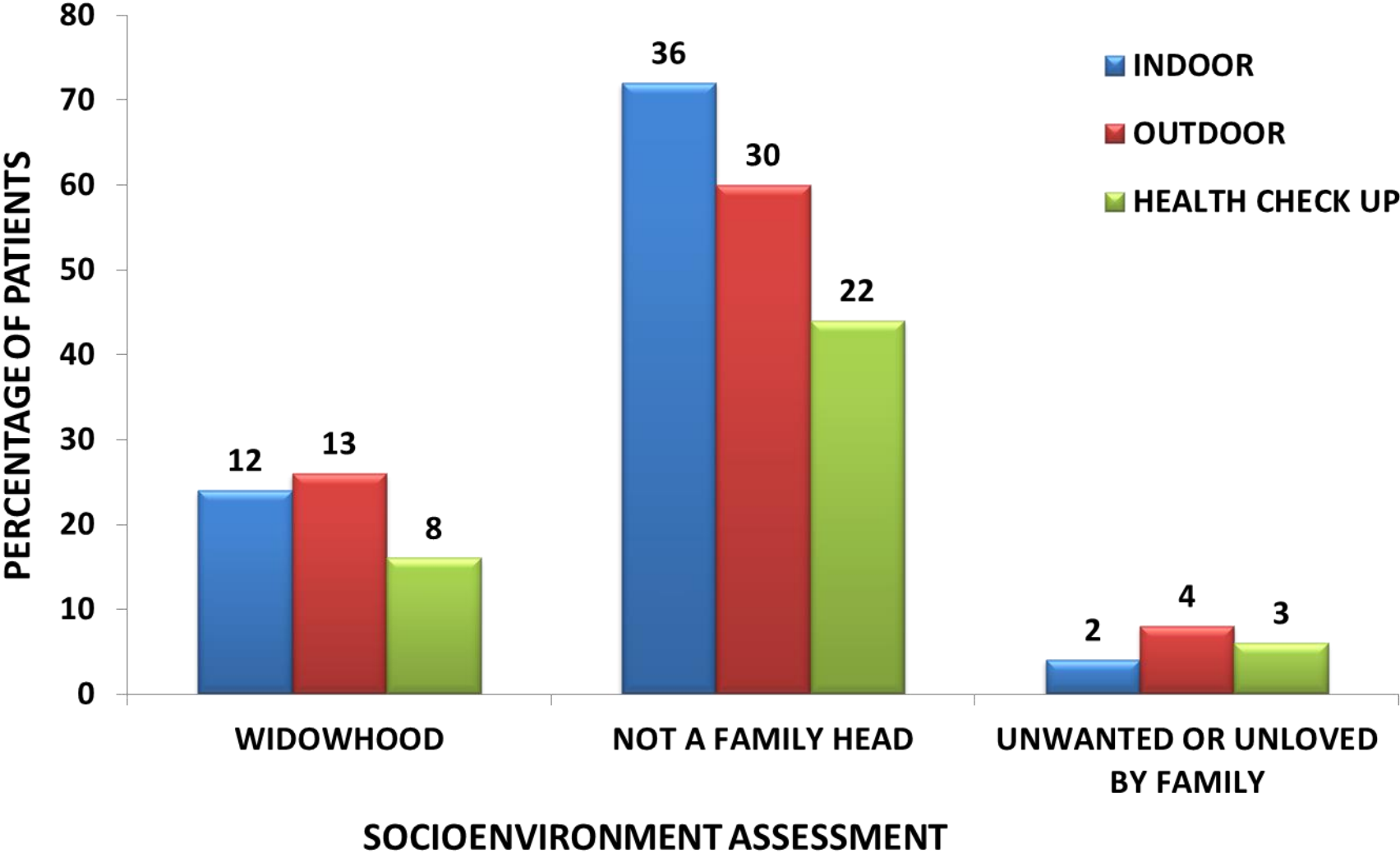
SOCIO-ENVIRONMENTAL IMPAIRMENTS IN ELDERLY OVERTIME (PERCENTAGES IN 1994-2014)
(Among those coming for health check up only)

IMPAIRMENT	1994	2014
Not being head of family	40	44
Financial dependence	43	62
Widowhood	28	22
Alone living	4.2	12
Unwanted by family	3.4	6.0
Absence of social support	1.8	4.0
Unsafe homes	3.0	6.0

SUMMARY

- Comprehensive Geriatric Assessment done in 150 cases to detect medical morbidities and impairments. 50 cases each came from outdoor (OPD), indoor (IPD) and health clinic (HC)

- 63% of patients were 60-69 yrs. old, 81% had low or medium socioeconomic status and 87% were urban based.

- Respiratory, Joint & GI complaints seen in 1/3 of patients each without preference to their source-OPD, IPD, HC.

- 84% of IPD, 70% of OPD, but only 30% of HC patients sought medical attention in the last 1 month while 74%, 70% and 36% of patients from these 3 sources reported handicaps.

- Overall, these handicaps were maximum in indoor & minimum in Healthcheck cases with visual in 45%, locomotor in 39%, cognitive in 12% and hearing in 4% of cases.

SUMMARY-CONTD.

- Chronic degenerative diseases, infections & miscell. were diagnosed in 67%, 37%, 42% cases (>1 in few). Maximum number seen in indoor and least in health checkup cases.

- Similar trend between 3 sources of patients was seen with respect to impaired vision, leg, arm function, memory, ADL/IADL. No. of cases with impaired hearing, bad BMI, & urine incontinence were too small.

- Socio-environmental impairments were financial dependence (71%) & not being family head (59%), both being worst for indoor and best for health checkup cases. Widowhood (22%), unsafe homes (13%), absence of social support (6%), lonely living (7%) and unwantedness by family (6%) were also seen.