Gait/Falls

• DDx: Sensory impairments (vision, proprioception, or vestibular problems), autonomic insufficiency, meds, spasticity/rigidity, joint contractures, foot deformities, poor footwear/environment, cognitive impairments.
• History: ask about imbalance or falls, fear of falling, use of assistive devices. Be sure to ask family or caregivers.
• Physical: orthostatics for postural hypotension.
• *Get up and Go Test:* Patient is asked to rise from sitting position, hands crossed across chest, walk 10 feet, turn around, return to chair and sit down. If patient takes 30+ sec, higher risk of falls, need for therapy or aid.

Medications Associated With Increased Fall Risk

Anti-arrhythmics/Digoxin Antihistamines Antihypertensives Antipsychotics Benzodiazepines Diuretics	Muscle Relaxants Narcotics Laxatives MAOIs TCAs Vasodilators

Advance Directives (begin talking when healthy)

• Identify overall goals: *"When you think about the future, what concerns you the most? What is most important to you?"*
• Does patient have HC proxy/surrogate decision maker?
• Consider offering patient "Five Wishes" Booklet

Dementia

Progressive decline in memory, higher cortical function, and personality change, interference with social activities, relationships. Most common cause is Alzheimer's dementia.

DDx of reversible dementia

Depression, Hypothyroid, Normal Pressure Hydrocephalus,
HSV, Lyme, HIV, Neurosyphilis, Uremia/dialysis, adrenal insufficiency, hepatic encephalopathy, low B12/thiamine, ETOH, CNS Tumor.

Delirium

Acute disturbance of consciousness, reduced ability to focus/sustain/shift attention, and change in cognition that fluctuates during the day (i.e. sundowning).

DDx of delirium (DELIRIUM)

- ***D***rugs (introducing new drug, adjusting dosage)
- ***E***yes, ***E***ars (sensory deprivation)
- ***L***ow O2 states (MI, stroke, PE, CHF, COPD)
- ***I***nfection (especially UTI or respiratory)
- ***R***etention (of urine or stool), ***R***estraints
- post ***I***ctal states, ***I***ntracranial processes (bleeding)
- ***U***nder-hydration, ***U***nder-nutrition
- ***M***etabolic (hyponatremia, alcohol, benzos)

Delirium, Dementia, Psychotic Disorders, & Depression

Disorder	Distinguishing feature	Associated symptoms	Course
Delirium	Fluctuating levels of consciousness w/decreased attention	Disorientation, visual hallucinations, apathy, agitation, withdrawal, impairment in memory & attention	Acute onset; most remit with correction of underlying condition
Dementia	Memory impairment	Disorientation Agitation	Chronic, slow onset, and progressive
Psychotic disorders	Deficits in reality testing	Social withdrawal, apathy	Slow onset with prodromal; chronic with exacerbations
Depression	Sadness, loss of interest and pleasure in usual activities	Sleep problems, no energy, appetite, or concentration; feelings of worthlessness; thoughts of suicide	Single episode or recurrent episode may be chronic

Cognition Screening Tools

Montreal Cognitive Assessment (MoCA)

• Rapid screening tool (available for free at mocatest.org) for mild cognitive impairment (MCI), a state between normal cognitive aging and dementia
• Total possible score: 30; score of 26 or above is normal
• MoCA more sensitive than MMSE for detecting both MCI and Alzheimer's

Mini Cog

The Confusion Assessment Method / CAM (for delirium)

(1) Acute onset and fluctuating course: Acute change in mental status from baseline? Does it fluctuate during the day?
(2) Inattention: Does the patient have difficulty focusing?
(3) Disorganized thinking: Is speech disorganized/incoherent, illogical flow of ideas, or unpredictably switching subjects?
(4) Altered level of consciousness: Overall, how would you rate this patient's level of consciousness? Alert (normal); vigilant (hyperalert); lethargic (drowsy, easily aroused); stupor (difficult to arouse); coma (unarousable)

Delirium if 1 AND 2 are positive PLUS EITHER 3 OR 4

Depression

Geriatrics Depression Scale – 1 point for each bolded answer
0-5 normal, 5+ suggests depression

1. Are you basically satisfied with your life? Y/**N**
2. Have you dropped many of your activities and interests? **Y**/N
3. Do you feel that your life is empty? **Y**/N
4. Do you often get bored? **Y**/N
5. Are you in good spirits most of the time? Y/**N**
6. Are you afraid that something bad will happen to you? **Y**/N
7. Do you feel happy most of the time? Y/**N**
8. Do you often feel helpless? **Y**/N
9. Do you prefer to stay at home, rather than going out and doing new things? **Y**/N
10. Do you feel you have more problems w/ memory than most? **Y/**N
11. Do you think it is wonderful to be alive now? Y/**N**
12. Do you feel pretty worthless the way you are now? **Y**/N
13. Do you feel full of energy? Y/**N**
14. Do you feel that your situation is hopeless? **Y**/N
15. Do you think that most people are better off than you are? **Y/**N

Functional Status

- Assess *Activities of Daily Living* (ADLs) and *Instrumental Activities of Daily Living* (IADLs) at least yearly.
- For each item, document whether patient is *Independent*, *Receives Some Assistance,* or *Completely Dependent*
- Functional status decline predicts falls, hospitalizations, nursing home admissions

ADLs	IADLs
Bathing	Using the telephone
Dressing	Traveling
Toileting	Shopping
Feeding	Meal preparation
Transferring (i.e. bed to chair)	Housework
Continence	Taking medicines
Ambulation	Money management

Sensory Evaluation

Vision Evaluation
- Annual eye exam, referral to ophthalmology if <20/40

Hearing Evaluation
- Prevalence of hearing loss in elderly ~ 1/3
- Otoscopic exam for cerumen impaction; whisper test (whisper in each ear); ENT referral if (+) for formal eval.

Urinary Incontinence (UI)

Reversible conditions associated with UI (***DIAPERS***):

- ***D***elirium
- ***I***nfection (acute, symptomatic UTI)
- ***A***trophic Vaginitis
- ***P***harmaceuticals (diuretics, α-adrenergic agonists or antagonists, anticholinergic agents)
- ***E***ndocrine (DM)
- ***R***estricted mobility
- ***S***tool impaction

Types of Urinary Incontinence

Stress	Common in women when coughing, laughing, exercising. From ↑ pressure in lower abd, sphincter failure, or pelvic floor muscle dysfunction
Urge "overactive bladder"	Common in elderly. Loss of bladder control after an urge to urinate. Detrussor muscles contract though bladder not completely full. Commonly caused by UTI, DM, diuretics.
Mixed	Combination of stress and urge
Overflow	Constant urine leakage due to an overfilled bladder. Sensation of incomplete voiding
Functional	Normal bladder function and control, from inadequate mobility, confusion, or sedation

Social Environment

Sexual activity

- 74% of men over 60 and 56% of women over 60 are sexually active; do not be afraid to ask about it
- Barriers: Diabetes, arthritis, fatigue, fear of MI, vaginal dryness, impotence, depression

Nutrition

- Inquire about weight loss, barriers to eating (dentition, unable to cook/shop, etc)
- Consider home visit, talk with family, Meals on Wheels

Caregiver support or burnout / Social Isolation

- Ask about support at home and screen for abuse/neglect
- Caregivers need support: Family Caregiver Alliance, Alzheimer's Association, Adult Day Health

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- Gleason OC. *Delirium*. Am Fam Physician. 2003 Mar 1;67(5):1027-34.
- Reuben DB, Herr KA, Pacala JT, et al. *Geriatrics At Your Fingertips: 2009, 11th Edition*. New York: The American Geriatrics Society; 2009.