Geriatric Medicine

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Michael C. Soung

Deciding when to stop cancer screening in older adults is a complex challenge that involves multiple factors: individual health status and life expectancy; risks and benefits of screening, which vary with age and comorbidity; and individual preferences and values. This article examines current cancer screening practices and reviews the risks and benefits of cancer screening for colorectal, breast, lung, prostate, and cervical cancer, particularly in older individuals and those with multiple comorbidities. Tools for estimating life expectancy are reviewed, and a practical framework is presented to guide discussions on when the harms of screening likely outweigh the benefits.

Geriatric Syndromes and Geriatric Assessment for the Generalist 263
Charlotte Carlson, Susan E. Merel, and Michi Yukawa

Geriatric assessment is an increasingly important area of outpatient medicine, given the unprecedented aging of the US population. Screening and evaluation for geriatric syndromes, particularly falls, urinary incontinence, frailty, and cognitive impairment, are crucial aspects of outpatient geriatric assessment. Innovative models of care are emerging to improve quality of care and enhance cost savings for the geriatric patient. High-value features of geriatric care systems include providing increased 24/7 access to care, a multidisciplinary team-based approach to care, performing medication reconciliation and comprehensive geriatric assessments, and integrating palliative care into treatment planning.

Assessment and Management of Fall Risk in Primary Care Settings 281
Elizabeth A. Phelan, Jane E. Mahoney, Jan C. Voit, and Judy A. Stevens

Falls among older adults are neither purely accidental nor inevitable; research has shown that many falls are preventable. Primary care providers play a key role in preventing falls. However, fall risk assessment and management is performed infrequently in primary care settings. This article provides an overview of a clinically relevant, evidence-based approach to fall risk screening and management. It describes resources, including the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) tool kit that can help providers integrate fall prevention into their practice.
Polypharmacy, specifically the overuse and misuse of medications, is associated with adverse health events, increased disability, hospitalizations, and mortality. Mechanisms through which polypharmacy may increase adverse health outcomes include decreased adherence, increased drug side effects, higher use of potentially inappropriate medications, and more frequent drug-drug interactions. This article reviews clinical problems associated with polypharmacy and presents a framework to optimize prescribing for older adults.

Cognitive complaints are common in the geriatric population. Older adults should routinely be asked about any concerns about their memory or thinking, and any cognitive complaint from the patient or an informant should be evaluated rather than be attributed to aging. Several screening instruments are available to document objective impairments and guide further evaluation. Management goals for patients with cognitive impairment are focused on maintaining function and independence, providing caregiver support, and advance care planning. There are currently no treatments to effectively prevent or treat dementia. Increasing appreciation of the heterogeneity of Alzheimer disease may lead to novel treatment approaches.

Persistent pain in older adults is common, and associated with substantial morbidity. Optimal management starts with assessment, including pain presence, intensity, characteristics, and interference; painful conditions; pain behaviors; pain-related morbidity; pain treatments; and coping style. Treatment incorporates analgesics demonstrated to decrease pain and improve a patient’s sense of well-being. The World Health Organization’s 3-step pain ladder is widely accepted and adopted for selecting analgesics among patients with non-cancer pain. Shared decision making is essential to balance the benefits and burdens of analgesics. This article reviews pain assessment/management for older adults, focusing on commonly used analgesics.

Management of diabetes in the elderly necessitates careful consideration of concomitant geriatric syndromes and comorbid conditions that increase the risk of complications, including severe hypoglycemia. Whereas healthy older adults can use therapeutic approaches recommended for their younger counterparts, treatment plans for frail elderly patients need to be simplified and $A_1$c and blood pressure goals relaxed with the development of impairments in function, cognition, vision, and dexterity. The goals of diabetes management in the elderly should be to maintain quality of life
and minimize symptomatic hyperglycemia and drug side effects, including hypoglycemia.

Hypertension in the Geriatric Population: A Patient-Centered Approach

Philip A. Kithas and Mark A. Supiano

Hypertension contributes greatly to adverse cardiovascular outcomes; the magnitude of this contribution increases with age. The most recent guideline has proposed raising the goal systolic blood pressure to less than 150 mm Hg among those over age 60; however, this recommendation is not endorsed by other organizations. There are multiple contributors to hypertension in the older individual, including increased vascular stiffness, salt sensitivity, and decreased baroreceptor responsiveness. Therapy in the hypertensive patient over age 60 should be individualized and account for patient’s health, functional and cognitive status, comorbidities, frailty, and prognosis.

Advance Care Planning in the Elderly

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Key components of advance care planning (ACP) for the elderly include choosing a surrogate decision maker, identifying personal values, communicating with surrogates and clinicians, documenting wishes in advance directives, and translating values and preferences for future medical care into medical orders. ACP often involves multiple brief discussions over time. This article outlines common benefits and barriers to ACP in primary care, and provides practical approaches to integrating key ACP components into primary care for older adults. Opportunities for multidisciplinary teams to incorporate ACP into brief clinic visits are highlighted.

Urinary Incontinence and Pelvic Organ Prolapse

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Urinary incontinence and pelvic organ prolapse are widely prevalent in the elderly population. The primary care physician should play a leading role in identifying the presence of incontinence in this population, as it can significantly affect quality of life and well-being. Behavioral and lifestyle modification is the cornerstone in treatment and can be initiated in the primary care setting. Frail elderly require special consideration to avoid potentially serious complications of urinary incontinence and pelvic organ prolapse.

Antithrombotic Management of Atrial Fibrillation in the Elderly

Karli Edholm, Nathan Ragle, and Matthew T. Rondina

Older patients with atrial fibrillation have an increased risk of stroke and systemic embolism compare with younger patients. For most patients, oral anticoagulation remains the most effective way to reduce this risk. Although vitamin K antagonists have been used for decades, the more recent development of non-vitamin K–dependent oral anticoagulants provides clinicians with a broader selection of anticoagulants for stroke prevention in older patients with AF. This article discusses stroke risk-stratification tools for clinical decision making, reviews pharmacologic options for the prevention of stroke, and highlights several practical considerations to the use of these agents in older adults.
Epidemiologic studies have shown that approximately 50% of older adults have sleep problems, many of which carry deleterious consequences that affect physical and mental health and also social functioning. However, sleep problems in late life are often unrecognized, and are inadequately treated in clinical practice. This article focuses on the diagnosis and treatment of the 2 most common sleep problems in older patients: sleep apnea and insomnia.