NATIONAL CLINICAL PROGRAMME FOR OLDER PEOPLE (NCPOP)
SPECIALIST GERIATRIC TEAM
GUIDANCE ON COMPREHENSIVE GERIATRIC ASSESSMENT

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WHAT IS A COMPREHENSIVE GERIATRIC ASSESSMENT?

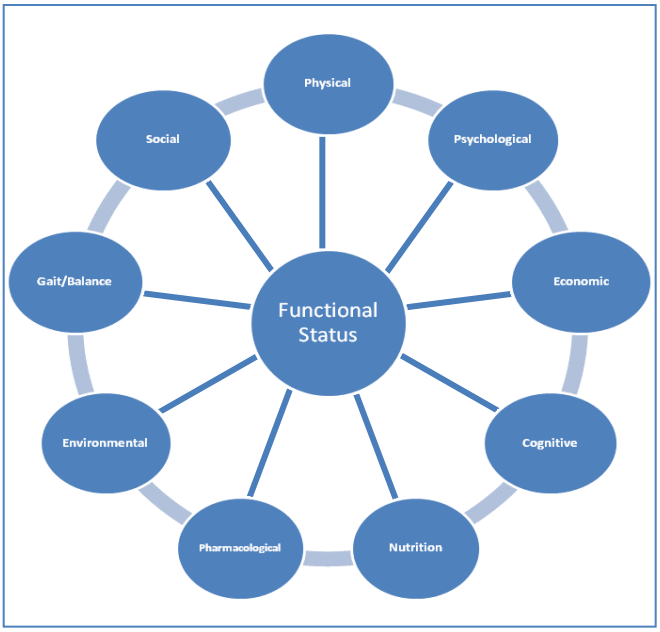
Comprehensive Geriatric Assessment (CGA) is an organised approach to assessment designed to determine an older person's medical conditions, mental health, functional capacity and social circumstances. CGA is based on the premise that a full evaluation of a frail older person by a team of healthcare professionals may identify a variety of treatable health problems, resulting in a co-ordinated plan and delivery of care, leading to better health outcomes.

Substantial evidence shows that in hospital, those who receive inpatient CGA on specialist geriatric wards are more likely to return home, are less likely to have cognitive or functional decline, and have lower mortality rates than those who are admitted to general wards (Ellis et al., 2011).

CORE TEAM

Members of the CGA multidisciplinary core team should include medical, nursing and health & social care professionals. The multidisciplinary team is responsible for the coordinated assessment, discussion and recommendation and implementation of treatment plans.

ELEMENTS OF CGA & INTERVENTIONS:



THE 4 MAIN DIMENSIONS COVERED IN CGA SHOULD INCLUDE:

PHYSICAL ASSESSMENT
- Presenting complaint
- Past medical history
- Medication reconciliation and review nutritional status
- Alcohol
- Immunisation status
- Advanced directives

FUNCTIONAL ASSESSMENT
- Activities of daily living
- Balance
- Mobility

PSYCHOLOGICAL ASSESSMENT
- Cognition and mood

SOCIAL ASSESSMENT
- Living arrangements
- Social support
- Carer stress
- Financial circumstances
- Living environment

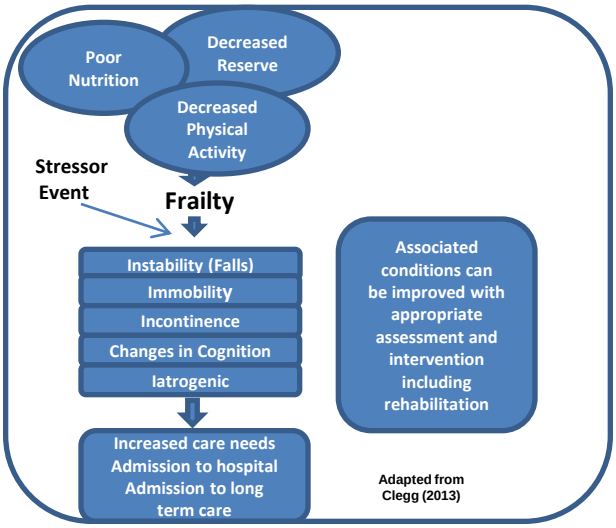
Many components of CGA can be jointly undertaken by a number of disciplines as some of the assessments and interventions overlap.
Expertise from other disciplines may be required for specific aspects of the assessment.
Other team members may include podiatry, psychology, psychiatry of old age or other areas of specialty.

FRAILTY

Frailty is a distinctive state of health related to the aging process in which multiple body systems gradually lose their inbuilt reserves. It is not an inevitable part of ageing; it is a long term condition in the same sense as diabetes or Alzheimer's disease (BGS 2014).

Older people who are frail have poor functional reserve, so that even a relatively minor illness or a change in medication can lead to a sudden catastrophic functional decline – causing the person to fall, become immobile or rapidly confused, or to present non-specifically with failure to thrive (Clegg, 2013).

PATTERN OF FRAILTY:



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• British Geriatric Society (2014) *Fit for Frailty: Consensus best practice guidance for the care of older people living with frailty in community and outpatient settings.* British Geriatric Society: London.

• Clegg, Dr. A., (2013) *Frailty in Elderly People.* The Lancet, Volume 381, Issue 9882, 8-14 page 1328.

• Ellis, G., Whitehead, M A., O'Neill, D., Langhorne, O., Robinson, D. (2011) *Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials.* BMJ, 343: d6553

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