



U<sub>B</sub> University at Buffalo. *The State University of New York*

## Geriatric Screening in Primary Care

Geriatric Series

### OLDER ADULT SCREENING IN PRIMARY CARE

#### DEPRESSION

Depression is often overlooked in primary care clinics. Depression is associated with increased morbidity and mortality. Symptoms such as weight loss, and complaints of memory loss can be the only presenting symptoms in the older population.

1. Ask: "Do you often feel sad or depressed?"
2. Ask: "Do you feel hopeless?"
3. Look for objective signs such as depressed mood, flat affect, lack of interest, or disheveled state.

#### POLYPHARMACY

1. Look for high-risk medications such as benzodiazepines, anticholinergic medications and conventional antipsychotic medications.
2. Look for inappropriate dosing (ex: digoxin > 0.125 mg/d)
3. Look for medication interactions
4. Ask about herbal preparations & over-the-counter medications
5. Medication review at each visit

#### ALCOHOL INTAKE

Daily drinking ranges from 10% to 22% in samples of older patients. Older adults are particularly prone to alcohol toxic effects due to physiologic changes and comorbid illnesses common in late life. Impaired driving skills, increased rate of injuries, such as falls and fractures, cognitive impairment, and interactions with medications are some of the hazardous effects of excessive alcohol intake in the older population.

1. Screen for "at-risk" drinking defined as above 7 drinks per week
2. May also use screening Questionnaires such as the CAGE and the MAST (Michigan Alcoholism Screening Test)

##### The CAGE Questionnaire

- C** Have you ever felt you should **Cut** down?  
**A** Does others' criticism for drinking **Annoy** you?  
**G** Have you ever felt **Guilty** about drinking?  
**E** Have you ever had an "Eye opener" to steady your nerves or get rid of a hangover?  
*(Positive response to any suggest problem drinking)*

#### OSTEOPOROSIS

1. Ask about history of low-trauma fractures
2. Look for kyphosis, loss of height, dinner-fork deformity of wrist
3. Evaluate the need for DEXA
4. Ask about Vitamin D and calcium intake

#### ELDER MISTREATMENT

Risk factors include: (1) being an elderly, (2) poverty, (3) dependency of the older person on caregiver, (4) functional disability, and (5) cognitive impairment.

1. Look for any unexplained bruises, particularly over the upper torso, head injuries, or hemorrhages beneath the scalp
2. Frequent unexplained falls and injuries
3. Unexplained cachectic state
4. Frequent unexplained emergency room visits