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# Canadian Family Medicine Clinical Card

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## Senior Snapshot

### 1. Baseline Picture of Health (take hx from patient and caregivers)

Domain	Assessment	Red Flags
<b>Cognition</b>	- Years of education - MOCA* (or MMSE*), CAM*	- ?Dementia (MOCA<26 or MMSE <24; ?delirium (+ve CAM)
<b>Current Mood &amp; Affect</b>	- Hx (inc. recent loss/death) - Consider using Geriatric Depression Scale; rule out organic causes	- Inconsistent mood & affect - Depressed mood or anhedonia - Pessimism of one's own health
<b>Meds &amp; Supplements</b>	- Hx, pharmacy/EMR records - BEERS list of possib. harmful meds for seniors (americangeriatrics.org) - side effects/errors/↓clearance	- Benzodiazepines, narcotics, anticholinergics (eg. Gravol) - Daily use of ≥ 3 drugs; unfilled prescriptions/duplications
<b>Abilities/Activities of Daily Living/Physical Status</b>	- ADLs & IADLs, SAFEDRIVE - Continence (screen with DIAPERS*) - Gait & balance: calf size; timed get up & go; WHO Fracture Risk (FRAX) - Vision: prescription lenses; CN exam (II, III, IV, VI) - Hearing: whispering test	- Incontinence OR any ADL prob. - Falls (≥1 per month); Abn Gait/Balance test - Calf circ. (<31 cm), wt Loss, - Signs of neglect/abuse - Inability to hear whispering
<b>Current Supports &amp; Environment</b>	- Dietary/calorie intake - Financial stability & drug coverage - Transportation assistance - Caregiver sustainability	- Neglect or abuse - Failure to Thrive - Caregiver burden/burnout

\*MMSE (Mini-Mental State Examination), MOCA (The Montreal Cognitive Assessment; instructions at [mocatest.org](http://mocatest.org), CAM (Confusion Assessment Method), ADLs (personal hygiene/grooming, dressing/undressing, self feeding, functional transfers, bowel/bladder management, ambulation), DIAPERS [drugs, infection, atrophic vaginitis, psychological (depression, delirium, dementia), endocrine (hyperglycemia, hypercalcemia), restricted mobility, and stool impaction]

### 2. Modifiable Risk Factors of Future Health Impairments

Risk	Action	Rationale
<b>Depressed/Pessimistic Mood</b>	Lifestyle changes (balanced diet, exercise); med, counseling and/or psychiatry referral	↑ Risk of mortality & impairs other domains
<b>Polypharmacy</b>	Med reduction/reconciliation; home care referral for med eval; consultation with pharmacist	1 in 25 seniors are at risk for major drug-drug interaction
<b>Impaired Abilities/ADLs</b>	Home care, OT, PT; participation in community programs; dietician; diapers, meds, pelvic floor training/urology, frequent / scheduled toileting; opto/audiologist yearly assessment, aids & advice from specific foundations	↓Vision = twice the difficulty with ADLs ↓Hearing =
<b>Abnormal Gait/Balance</b>	Mobility counseling; exercise (resistance & wt bearing) ≥ 2 hours total/wk; home safety assessment	↓communication skills, cognitive decline & social isolation ↓Mobility =
<b>Low Support/Resources</b>	OT/specialized assessment; social worker consult; psychologist consult	↑ health related costs, ↑ hospitalizations, ↓ADLs performance ↓ Barriers = ↓ vulnerability & social deficits

**Key References:** Fairhall N, Langron C, Sherrington C, Lord SR, Kurrle SE, Lockwood K, et al. Treating frailty--a practical guide. *BMC Med.* 2011;9:83. Abellan van Kan G, Rolland Y, Houles M, Gillette-Guyonnet S, Soto M, Vellas B. The assessment of frailty in older adults. *Clin Geriatr Med.* 2010;26(2):275-86. Andrew MK, Mitnitski AB, Rockwood K. Social vulnerability, frailty & mortality in elderly people. *PLoS One.* 2008;3(5):e2232.