



University of
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Report 1

Functional decline in community-dwelling older people and the Medicare 75+ Health Assessment

Prepared for:

Australian Primary Health Care Research Institute

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Citation details

The International Centre for Allied Health Evidence (2014) Functional decline in community-dwelling older people and the Medicare 75+ Health Assessment. Technical Report 1. Prepared for the Australian Primary Health Care Research Institute, Australian National University.

The International Centre for Allied Health Evidence research team is pleased to present this Stage 1 Report for the Australian Primary Health Care Research Institute (APHCRI) Research stream: *Relationship between sub-acute and primary health care: Older people living in the community: 75+ health checks and functional decline (FD)*.

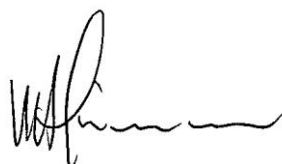
To complete Stage 1 of this project, the team conducted a systematic review of the published and grey literature. The team is pleased to submit this review as our Stage 1 Project Report.

The review of published and grey literature has revealed that there is no standard approach on items for geriatric assessment and that approaches do not reflect all the important domains of primary care. This means that neither individual practitioners nor the health system is equipped to take an evidence-based, comprehensive primary health care approach to early identification, measurement and intervention to address early functional decline as it manifests in different people.

This research project was funded to address the current situation in Australia where functional decline is generally assessed too late, in environments and circumstances that skew results, and using approaches that do not allow for evidence-based, cost efficient scalability. It aims to find out how to best identify FD early and to act to support people to live safely and independently in the community, for as long as they choose. The Australian Medicare Benefits Schedule pays doctors who have been the primary provider over the past 12 months to do health checks for people who are 75+ years old and living in the community (not in hospital or residential care). The checks look at people's physical, thinking and social function and how to keep the person as healthy as possible. This is a clear systemic starting point to inform and improve evidence and practice.

In Stages 2 and 3 of the project, the research team will be working with health practitioners, consumers and the wider community to develop practical tools that enable a consumer-centred approach to early identification and intervention to maximise older people's long term independence, safety and quality of community life. We have formed a partnership with Unicare Health and their five practices in South Australia that is already generating a high level of engagement in this work.

We look forward to providing, in our next report, recommendations on how to best provide a timely, comprehensive, cost efficient, primary health care approach to functional decline for the health and economic benefit of individuals and the community as a whole.



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Executive Summary

Background

Early detection of functional decline in community-dwelling older adults is essential, given the increasing ageing population in Australia, and the cost of undetected decline to the Australian health system. Early detection of decline in primary care settings will improve the delivery of appropriate services that support older people to age in place safely and independently. Most knowledge on functional decline comes from assessments taken in secondary or tertiary healthcare settings, when older people are in a health crisis, and an unfamiliar environment. There is a lack of knowledge about early functional decline as measured in the community.

Objectives

This report outlines the findings of Stage 1 of the project: two comprehensive systematic reviews of the literature regarding early measures of functional decline, and international primary care screening approaches and items for older people.

Methods

Systematic reviews were undertaken of:

1. the published literature identify a comprehensive pool of relevant articles identifying features, measures and/or manifestations of early functional decline or frailty in a community setting, and
2. the grey literature to identify core elements and features of primary care geriatric assessment in older people internationally

In the first review, data was extracted on the measurement tool and the context in which it was administered. The tools were then grouped into constructs, and then again into broader domains. These were positioned in a hypothesised time-sequence of decline.

In the second review, the elements of the Australian Medicare items 75+ assessment, and international geriatric assessment items were collated. These were then compared with the findings of Part 1.

Key findings

There is no standard approach either in the published literature, or the grey literature, on items for geriatric assessment. Early functional decline can manifest as many things and in many ways. The comprehensive pool of data assessment items identified in the first review suggests that the geriatric assessment approaches described in the second review do not necessarily reflect all the important domains and constructs of primary care, early

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functional decline. In Australia, the Medicare '75 plus' health assessment provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to health interventions in order to improve health and/or quality of life. While it reflects all the major domains and subdomains reported in the first review, it does not assess all the important constructs. Thus, locally and internationally, aged care assessments conducted in primary care may miss opportunities to comprehensively measure early functional decline, as it manifests in different people.

INTRODUCTION

This is the first technical report prepared for an Australian Primary Health Care Research Institute Grant (2014) on *Functional decline in community-dwelling older people and the Medicare 75+ Health Assessment*.

Purpose: This report outlines the findings of Stage 1 of the project: two comprehensive systematic reviews of the literature regarding 1) early measures of functional decline, and 2) international primary care screening approaches and assessment items for older people.

Setting the Scene: There are two urgent international challenges regarding ageing in place¹. These are:

- 1) valid and comprehensive assessment of function in older people who are currently living independently in the community (to detect the risk of declining in function in the near future)², and
- 2) the best way to analyse this assessment data to identify key features and predictors of early decline, that will assist with effective early intervention strategies³.

Declining physical and cognitive function (termed functional decline or frailty) is a manifestation of the human body's ageing process^{4,5}. In Australia, as an example, there are increasing financial and workforce pressures on the acute care tertiary hospital system, and with demand exceeding capacity in residential care beds, keeping older people at home living safely and independently as long as possible in their community is an imperative⁶. Not only is this cost effective for the individual and the healthcare system, but it builds community capacity and provides older people with access to an extensive network of family, friends, neighbours and relevant community services².

To do this, detection of incipient frailty or functional decline needs to occur in the community, when decline is in its early stages³. If functional decline is detected early, then resources can be put in place to mitigate or slow the effect of decline, and thus prolong community independence^{7,8}. At present, assessment of risk of functional decline mostly occurs in hospital wards or emergency departments, when older people present in health crisis^{9,10}. This is not an ideal time because illness and/or the foreign environment may impact on the validity of the assessment. The notion underpinning hospital-based assessment for incipient functional decline (to determine the risk of it occurring) assumes that an over-time event can be predicted in a one-off assessment, in a foreign environment under stressful circumstances.

The literature abounds with measures purported to be of functional decline, largely taken in secondary or tertiary health care settings, including falls and repeated hospitalisations, cognition, capacity to perform basic and instrumental activities of daily living, use of gait aids, nutritional status, ambulation,

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quality of life, requiring community supports, and/or having a carer^{9,11}. A range of predictors of (later) functional decline are also proposed in the literature, including older age, male gender, living alone, speaking a language other than English at home and having low levels of schooling^{4,5,8,9,11-14}.

This review provides new knowledge and insights into primary care assessment to detect early functional decline.

Part 1: SYSTEMATIC REVIEW of the PUBLISHED LITERATURE

METHODS of the SEARCH

Aim: This review aimed to identify a comprehensive pool of relevant articles identifying features, measures and/or manifestations of early functional decline or frailty in a community setting

Research design: A systematic literature review

Search strategy: A comprehensive, systematic and iterative process was applied to a comprehensive list of library databases to collate research relating to measures of early functional decline or frailty. The databases searched comprised Medline, Embase, AMED, AgeLine, CINAHL, PsychInfo, Psychology and Behavioural Sciences Collection, Cochrane Library, Wiley Online Library, PubMed, Sociological abstracts. Hand-searching (pearling) of the included studies was conducted to identify any relevant evidence not found in the search, and personal libraries of the lead author and colleagues were also searched for additional relevant literature. The search terms consisted of MeSH terms and keywords and were derived from concepts related to aging, testing or screening, functioning, frailty and community. Appropriate Boolean operators, truncation symbols and wildcards were applied for each database searched. The search was restricted to papers published from 2000 to October 2013. A copy of the full search terms as used in Medline can be found in Appendix 1.

Inclusion criteria: Any peer-reviewed journal article, primary research or expert opinion article, which describes measures of early functional decline or frailty in a primary health care setting, on community dwelling independent elders aged ≥ 65 years. Literature could include descriptive, precision or validation studies. Relevant systematic reviews and literature reviews were pearled for references that fit the search criteria.

Exclusion criteria: A number of exclusion criteria were applied to ensure that the search focused on early functional decline, community settings and primary care.

1. Subject group/population referred to were considered beyond 'early functional decline':
 - not living independently (ie. own home, independent living units, retirement village, or details pertaining to a subgroup of independence unable to be analysed separately)
 - already identified as fallers, being dependent on care or needing home nursing
 - measures taken in acute, rehabilitation, palliative or surgical settings rather than primary care/community
2. Study not in English
3. Subjects not ≥ 65 years (or details pertaining to a subgroup of ≥ 65 years unable to be analysed separately)
4. Purpose or findings of study not relevant to the research question:

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-
- measures relating to functional decline not taken
 - disease-specific outcome measures
 - mortality the only outcome

5. Study published prior to 2000, literature or systematic review, or not from a peer reviewed journal.

6. Unable to obtain full text.

Data validation: Potentially-relevant articles were imported into EndNote reference manager software¹⁵ and duplicates were removed. An initial validation set of title and abstract selection was conducted on 21 consecutive search results by two researchers (KB, CM). Initial titles and abstracts were then screened for adherence to the inclusion/exclusion criteria independently by the same two researchers, who then came together to discuss any differences in agreement. This process was repeated once full texts of potentially relevant articles were retrieved. Disagreements at this point were arbitrated by a third researcher (KG) who had final discretion in inclusion.

Hierarchy of evidence: The included literature was sorted into the NHMRC Hierarchy of evidence¹⁶

Critical appraisal: Included literature was not critically appraised as study quality was not congruent with the aims of the review

Data management: Data from the included studies was extracted by two researchers (KB, CM) into a purpose-built MSExcel file¹⁷. Extracted data included author and date details, country, Information on study aims, design, location and population were extracted in addition to definitions of early functional decline or frailty, and the tools used. Psychometric properties of tools were recorded, based on report of validation in each article.

RESULTS of the SEARCH

An initial search of 11 databases (Medline, Embase, AMED, AgeLine, CINAHL, PsychInfo, Psychology and Behavioural Sciences Collection, Cochrane Library, Wiley Online Library, PubMed and Sociological abstracts), and searching of personal libraries and pearling yielded 2248 results. Of these, 907 were identified as duplicates. Of the remaining 1419 articles, 1079 were excluded based on a title and abstract scan as they did not meet the inclusion criteria (see Figure 1 for more detail). Full text of the remaining 340 articles were obtained, and inclusion criteria once again applied resulting in a further 193 articles being excluded. A total of 146 articles were included in the review¹⁸⁻¹⁶³.

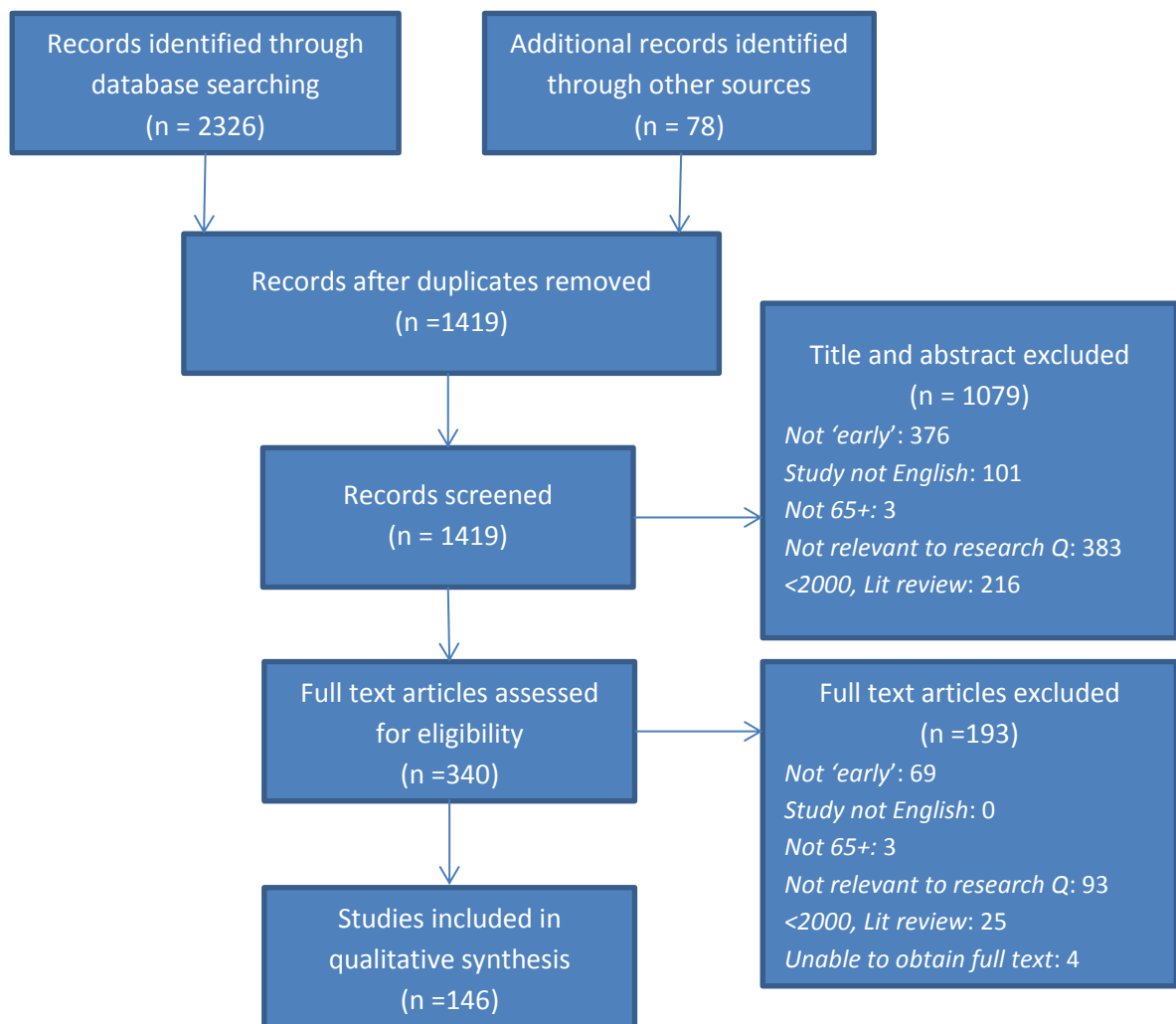


Figure 1. CONSORT diagram of the systematic search results

METHODS of DATA SYNTHESIS

Data extraction: Information from the 147 relevant articles was extracted in the manner reported in the Methods of the Search section. A great many constructs of functional decline were discussed in the included literature, however, only those that were proposed as significant predictors of an increased risk of developing frailty or downstream functional decline, or of measuring frailty or early functional decline were identified for further investigation. An initial count of over 300 measures or tools for detecting early functional decline or frailty in primary healthcare settings (not including those measures which had been translated and validated into other languages and/or cultures), resulted in 195 which were psychometrically tested.

Constructs: In order to make sense of the large number of measurement tools, and to gain clarity on the indicators of early functional decline and/or frailty, relevant measures were organised initially into constructs using an iterative qualitative research approach as advocated by Rice and Ezzy¹⁶⁴. These constructs reflected the main purpose (or intent) of each measure, rather than the measure itself. Each construct was then written on a sticky note, and a visual map was created, on to which the constructs could be categorised into functional decline domains by two researchers (KB, CM). The constructs were broadly categorised into domains. These domains were validated against the World Health Organization International Classification of Function, Disability and Health (ICF)¹⁶⁵ in consultation with colleagues from occupational therapy, nursing, physiotherapy and epidemiology backgrounds, as well as a consumer representative.

RESULTS of DATA SYNTHESIS

The 107 constructs were clustered into six broad domains; three of which were presented in three sub-domains (see Figure 2 for domain clusters). The number of constructs within each of these is given below, along with a description of how each domain or sub-domain was defined.

Medical status

- Biological systems (10 constructs): objectively measureable biological markers within a person
- Manifestations (17 constructs): manifestations of biological systems

Performance capacity

- Physical (22 constructs): physical markers such as strength, vision and activity levels
- Mental (9 constructs): mental health including anxiety, wellbeing and loneliness
- Cognition (6 constructs): elements of cognitive functioning

Participation

- Environment (4 constructs): external factors affecting a person's participation
- Functional abilities (11 constructs): markers of independent functioning in daily life
- Motivation/volition (5 constructs): internal, behaviour-related factors influencing a person's participation

Demographics

- 8 constructs, including age, gender and living status

Anthropometry

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- 10 constructs, measures of body composition

Relationships with healthcare providers

- 5 constructs, frequency and utilisation of services including hospital and general practice

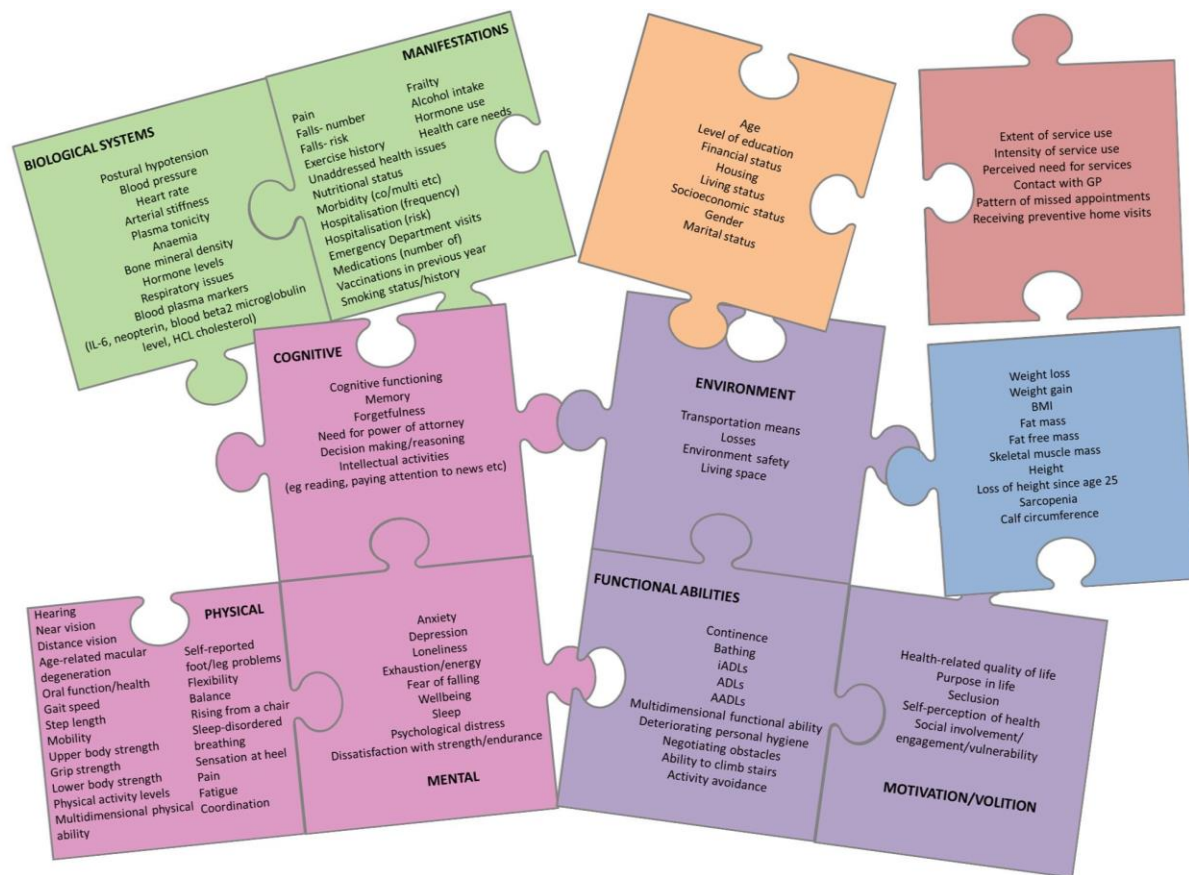


Figure 2. Constructs found in systematic search, clustered into domains and sub domains.

Frailty, in the Medical status Domain, was the most frequently measured construct (59). However, Participation and Performance Capacity were the most frequently measured domains over all (see Appendix 2). In Participation, ADLs (58) and IADLs (39), were the most frequently measured. In Performance capacity, gait speed (25), cognitive functioning (23), mobility (19), depression (16), multidimensional physical abilities (16), balance (13), grip strength (13) and rising from a chair (12) were all found frequently in the literature. Constructs within the Medical status domain; co/multi-morbidities (17) and nutritional status (10), were found in the literature as measures of early functional decline or frailty. In the Demographic domain, age (15) followed by gender (10) and level of education (10), were the most frequently measured constructs.

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Time sequence: Domains were organised into a proposed time sequence which reflected the potential for within-person systems measures to progress to external manifestations of decline in terms of person interaction with their environment and/or community, and manifestations of decline reflected as health service usage (See Figure 3).

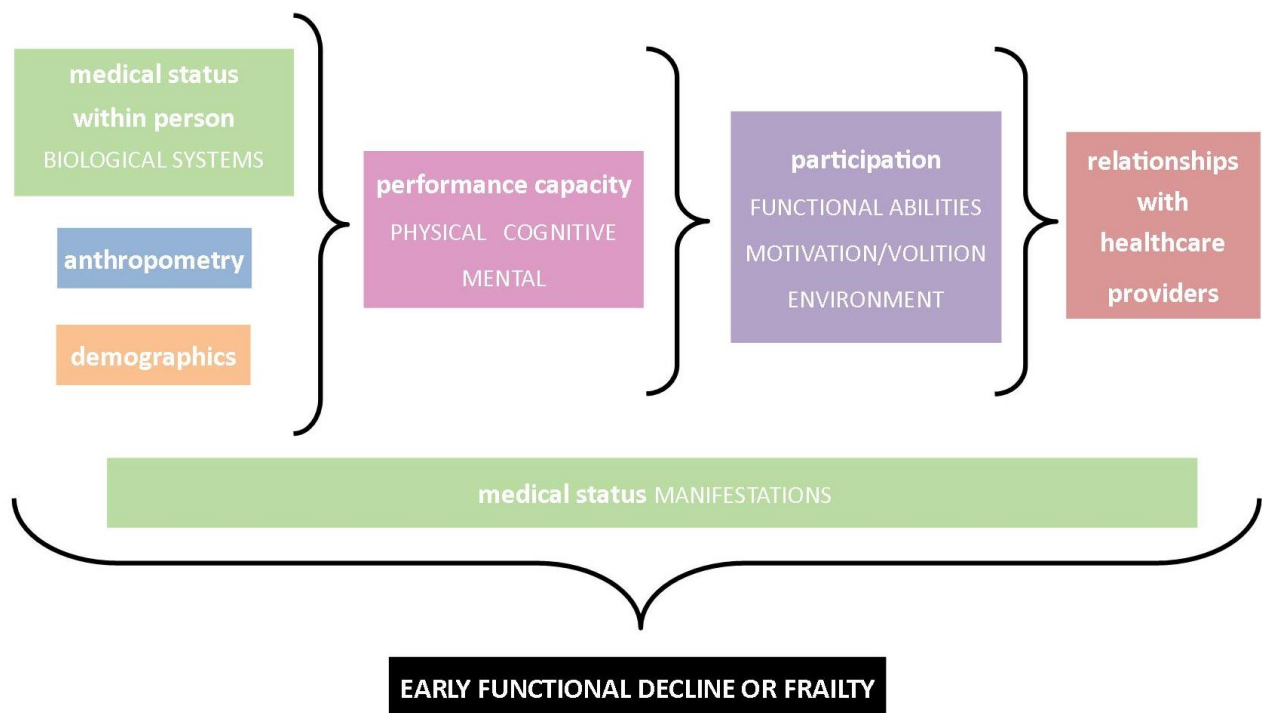


Figure 3. Proposed time sequence organisation of domains of frailty/functional decline.

DISCUSSION

This systematic review of the published literature is the first to our knowledge to systematically gather a comprehensive list of measures which, when applied in primary care settings for community-dwelling, independent people, may be related to early functional decline or incipient frailty. This paper presents a comprehensive overview of how the literatures described the detection of early changes in functional status and /or risk of decline in those not yet established on the downward trajectory of functional decline¹⁶⁶.

Making sense of the literature findings: This systematic review found a large number of articles reporting on 195 tools which measured 107 different constructs of early functional decline or frailty. By organising these constructs into domains, we could distil a large amount of information into a more easily digestible format that would make sense to as many primary care health professionals as possible. For this reason, after identifying the range of domains from the literature, we factored them around the WHO ICF¹⁶⁵. This model has links with the classification of clinical presentations into pathological processes, impairments, activity restrictions and participation restriction. Figure 4 demonstrates the proposed relationship between the WHO ICF¹⁶⁵ model and the domains identified from this literature review.

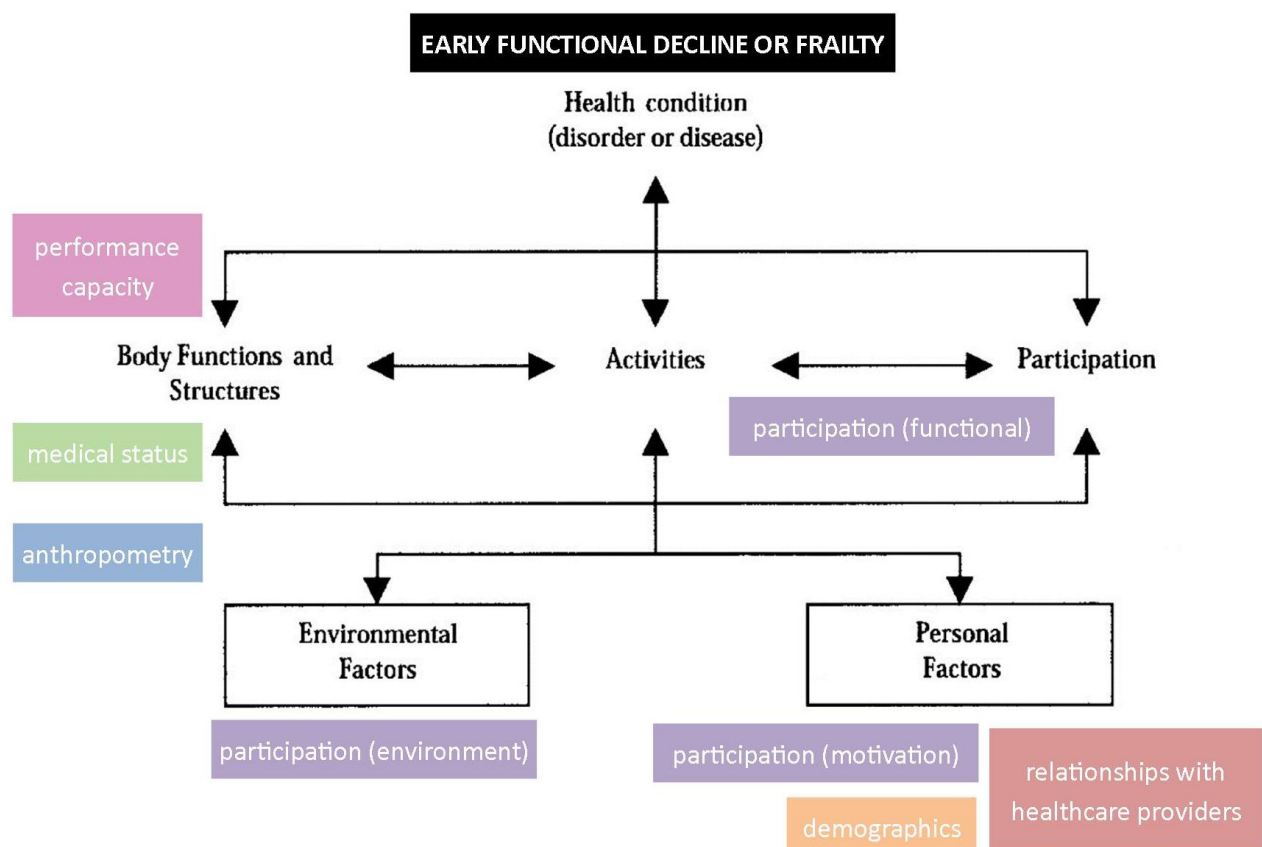


Figure 4. Relationships between International Classification of Functioning, Disability and Health (ICF) model and clustered domains identified by the search

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Many tools found in this review were utilised and discussed differently across articles, which further complicates the accurate measurement of early functional decline or frailty. An example is the Short Physical Performance Battery (SPPB). This was variably used to measure function^{115,148}, physical performance^{18,103,129}, and frailty^{27,101,104,105}. Another example is the Timed Up and Go Test (TUGT), which was variably used to measure walking speed^{38,95,101}, falls risk⁶⁸, gait^{85,109}, rising from a chair¹⁰¹, balance¹⁰¹, and as a global measure of function⁹⁹.

This made it challenging to specifically classify the measuring tools into constructs, as many of the articles reported on single aspects of measurement rather than the global purpose of the measurement tools. As such, for the purpose of defining which articles reported on tools which purported to measure specific constructs, the allocation of construct to article (see Appendix 3) was undertaken according to the stated purpose of each measurement tool addressed in the 146 included articles.

Differentiating between frailty and functional decline: This review included key word variations for both functional decline and frailty, in order to capture comprehensive information on early markers of ageing which occurs in the community. It appeared from our review that these terms were often used interchangeably in much of the literature, and significant variability was found around the definition and measurement of frailty itself. Generally frailty or functional decline is considered to be an accumulation of deficits associated with ageing, and often quantified through simple scoring indices that require measurements from a range of categories. According to De Lepeleire et al⁶² (p e179) “...there is no linear path from comorbidity through disability to frailty, as frailty may be the cause of disability in some and the consequence in others.” The links between frailty and functional decline should be further explored, considering the complex ways in which the measures of early manifestations of ageing were reported from this literature review.

In this review we have attempted to categorise the construct findings into broad domains within a timeline sequence that fits within the WHO ICF¹⁶⁵ model. However, the relationship between the domains is challenging to conceptualise, hence our use of the puzzle image. It is plausible that the domains are all correlated, but the literature does not provide any guidance as to how these domains relate to individual circumstances, or the primary healthcare system within which they may be employed. We have attempted to present the findings in a timeline sequence of possible interaction and consequence, however our synthesis is necessarily limited by the research evidence-base (for instance, how the tools are described within the research papers that report them). Having assembled this synthesis, we recognise that there are many things that this review does not readily tell us. For instance, we still have questions about whether these measurement approaches reflect the views and needs of older people, whether any of these measurement tools are used clinically in primary health settings (and if so, who uses them and for what purpose), how the data from these tools is interpreted in terms of individual primary healthcare decisions, and whether our time-sequence organisation of the domains of measurement is an accurate reflection of the trajectory of early functional decline.

Part 2: GREY LITERATURE REVIEW

METHODS

Aim: This review aimed to describe the core elements and features of primary care geriatric assessment in older people internationally.

Search strategy: The following databases were searched: Google, Google Scholar, Scirus, Grey Literature Report, and Grey Matters. The search terms included a combination of the following:

Concept 1: assessment, evaluation, examination

Concept 2: function, functional decline, frailty

Concept 3: older, geriatric, aged

Inclusion criteria: Grey literature (e.g. technical reports, government reports, theses, commercial documentation) or websites which described functional assessment of older people aged 65 and above, or reported any measure of functional decline or frailty, were considered in the review. The search focused on assessments conducted in countries other than Australia to allow comparison between assessment practices in Australia and other countries.

Exclusion criteria: The search was limited to articles published in the English language.

Data validation: The articles and websites identified by the search strategy were independently assessed by two reviewers (AA, LL). The reviewers examined the articles and websites against the selection criteria and any disagreements regarding inclusion and exclusion were resolved by discussion.

Data extraction: Data extraction was undertaken using a purpose-built data extraction tool. The data extraction tool was piloted by two reviewers on three included articles/websites to ensure that all relevant information is captured and that both reviewers are interpreting the form in the same way. Following this process, the included articles/websites were divided between the two reviewers.

Data domains extracted from included articles/websites comprise the following: author or source, country where the assessment is undertaken, assessment tool, assessment process/procedure, domains of assessment, characteristics of the population to which the assessment is administered, and personnel involved in the assessment.

RESULTS

Regarding the Australian 75+ Health Assessments:

In **Australia**¹⁶⁷, general practitioners administer a government funded annual health assessment on patients aged 75 years or older in order to identify health issues and conditions that are potentially preventable or amenable to interventions. This is known as the '75 plus' health assessment. This assessment helps identify any risk factors demonstrated by an older patient that may require further management. It is also used to identify a broad range of factors that influence an older person's physical, psychological and social functioning. The '75 plus' assessment can take place in the patient's home or in the doctor's consulting room but not available to patients admitted in the hospital or day-hospital facility.

There are four health assessment items under the Medicare Benefits Schedule (i.e. government funded health assessments): 701 (brief), 703 (standard), 705 (long) and 707 (prolonged). A medical practitioner undertaking a health assessment for a person aged 75 years and older may select any one of these items depending on the length of consultation which is determined based on the complexity of the patient's presentation¹⁶⁷.

The specific components of the '75 plus' health assessment include: measurement of blood pressure, pulse rate and rhythm; assessment of patient's medication; assessment of patient's continence; assessment of immunisation status for influenza, tetanus and pneumococcus; assessment of physical function (activities of daily living, fall in the last three months); assessment of psychological function (cognition and mood); and assessment of social function (availability and adequacy of paid and unpaid help, and whether patient is responsible for caring another person). The health practitioner undertaking the health assessment may also consider any need the patient may have for community services, whether the patient is socially isolated, the patient's oral health and dentition, and the patient's nutrition status¹⁶⁷.

The '75 plus' assessment is an in-depth assessment that includes information collection (history taking, undertaking or organising examinations and investigations as required), making an overall assessment, recommending appropriate interventions, providing advice and information to patients, keeping a record of the health assessment and offering patient a written report, and offering the patient's carer a copy of the report or extracts of the report relevant to the carer.

Table 1 outlines the items in the '75 plus' health assessment mapped against the constructs and domains identified in the first part of this literature search. As shown in Table 1, the '75 plus' assessment, while it reflects all the major domains and subdomains reported in the literature, it does not assess all the constructs reported for each subdomain.

Regarding other countries' approaches to primary care geriatric assessment: The reviewers found information about primary care geriatric assessment practices in United Kingdom, Canada, Austria, United States of America and Asian countries such as Philippines, Singapore, Hong Kong, India and Israel. Across countries, there is consistency in terms of the different domains included in the assessment process and the personnel (i.e. assessment team) who administer the assessment. The assessment team typically involves a physician who specialises in the care of older people (i.e.

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geriatrician), nurses, physiotherapists, occupational therapists, social workers and other relevant allied health practitioners. Regardless of country, the geriatric assessment is commonly administered to older people who experience health issues and are likely to deteriorate in function.

Table 1 shows the different constructs and domains examined by each of the countries and mapped against those identified in Part 1. Across countries, medical status, performance capacity and participation are consistently assessed, whereas assessment of demographics, anthropometry and service use are uncommon.

In the **United Kingdom**¹⁶⁸⁻¹⁷², the Comprehensive Geriatric Assessment (CGA) is a service provided to older people to examine their medical condition, mental health, psychological and functional capacity, and social circumstances. It is a multidimensional and usually interdisciplinary diagnostic process that assists in developing and implementing a coordinated and holistic plan for treatment, rehabilitation, support and long term follow up. The comprehensive assessment, which utilises standardised tools, is administered under the following circumstances: an older person admitted acutely to a hospital and is likely to develop specialist medical care needs, an older person who has history of multiple falls, a frail patient prior to a surgical procedure, an older person receiving intermediate care or other community-based rehabilitation, planning for transfer of care in rehabilitation/re-enablement, or for continuing care assessment (using the national Decision Support tool in England). The components of CGA include domains such as – medical status (co-morbid conditions and disease severity, medications review, nutritional status and problem list), mental health (cognition, mood and anxiety, fears), functional capacity (basic activities of daily living, gait and balance, activity/exercise status, instrumental activities of daily living), social circumstances (informal support from friends or family, social network, eligibility for being offered care resources), and environment (home comfort, facilities and safety, use or potential use of tele-health technology, transport facilities, accessibility to local resources). Ideally the assessment team should consist of a specialist physician in the care of older people, a specialist nurse with experience in geriatric assessment, a social worker or specialist nurse with direct access to care services, and relevant therapists.

In **Canada**¹⁷³⁻¹⁷⁷, a comprehensive geriatric assessment is undertaken in people who are 75 years and older and are having problems with mobility, falls, confusion, depression, incontinence, managing their medications and their day-to-day living activities. The program is also intended for older people who have unstable medical conditions. Geriatric assessment may also be required in older people who show signs such as missing meals and malnutrition, unsafe living conditions, memory problems, wandering, poor judgement, unpaid bills, and changes in sleeping patterns and/or appetite suggestive of depression. A geriatric assessment team typically includes a geriatrician, nutritionist, registered nurse, physiotherapist, occupational therapist, rehabilitation assistant, and a social worker. Assessments are usually done with standardised tools to measure the following domains – psychological assessment, functional assessment which includes self-care capacity and ability for other activities of daily living, cognitive assessment, falls, balance and gait assessment, medication management, urinary incontinence, and assessment of adverse events.

In **Austria**¹⁷⁸, geriatric assessment is administered to older people who are admitted in geriatric acute care units. The admission criteria for a geriatric acute care service include somatic and/or psychiatric morbidity requiring institutional (inpatient) care, restricted or threatened independence through loss

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of physical and/or cognitive functional capacities or through psychosocial problems triggered by illness, and need for rehabilitative measures aimed at improvement or maintenance of functions and at reintegration to the patient's original social environment. Assessments are done following admission and at discharge using standardised tools, and include examination of ability to perform activities of daily living, cognition, intensity of care required, mobility and balance, nutrition, social situation, depression, incontinence, vitality and drug handling. The assessment involves a team of physicians, nurse, psychologist, occupational therapist, physiotherapist and social worker.

In **America**¹⁷⁹⁻¹⁸³, standardised tools are used to conduct a comprehensive geriatric assessment. A complete assessment is usually initiated when a physician detects a potential problem such as confusion, memory loss, frequent falls, decreased mobility, depression, impaired vision or hearing, nutritional concerns, advancing arthritis, incontinence or other physical and cognitive impairments. Similar to assessments undertaken in other countries, the geriatric assessment in America is multidimensional and involves multidisciplinary input to evaluate an older person's functional ability, physical health, cognition, mental health, and socio-environmental circumstances. It also includes a review of medication intake as well as a review of immunisation status. The assessment findings are used to determine diagnosis of medical conditions, and allow formulation of treatment and follow up plans, coordination of care and evaluation of long-term care needs. The assessment team typically involves a physician, nutritionist, social worker, physiotherapist and occupational therapist.

In the **Philippines**¹⁸⁴⁻¹⁸⁵, comprehensive geriatric assessments are undertaken using standardised tools in either inpatient or outpatient settings. Assessments are done by a medical doctor specialised in geriatric medicine and include evaluation of basic and advance activities of daily living, nutrition, mental status and gait and balance assessment. It is usually indicated for elderly aged 60 years old and above, or if an older person displays any of the following symptoms such as frailty, polypharmacy, incontinence, problem on mobility, cognition, behaviour and sensory problems (visual and hearing). The evaluation results are then used to determine the most appropriate management and treatment for geriatric disorders. In addition to inpatient and outpatient consultative services, home care program is also in place whereby geriatric specialists conduct home visits to bedbound patients or to patients who cannot go to hospitals for follow up checks.

In **Singapore**¹⁸⁶, assessments are administered to frail elderly persons aged 65 and above who have complex health problems including a decline in day to day function, self-care abilities, mobility, weight loss and decrease in appetite. These assessments are usually undertaken by a geriatric assessment specialist (medical doctor) or a geriatric nurse clinician using standardised tools that measure fall, balance, continence, chronic pain, cognition and memory, and the need for geriatric rehabilitation. Assessments may also include blood analysis or special investigations like x-ray. The patients are initially assessed by a nurse clinician then a geriatrician who may request for additional tests or ancillary procedures. Patients may then be referred to other healthcare professionals such as physiotherapist, occupational therapist or medical social worker depending on the result of the assessment. Patients are also required to bring their medications during the initial consultation. An individual care plan is formulated following assessment, with inputs from the family members and caregivers. Relevant practitioners inform the patient and their families about the clinical findings, diagnosis and recommended management and may provide education to caregivers and family

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members on different strategies of care such as patient safety, nutrition and coping with difficult behaviour.

In **Hong Kong**¹⁸⁷⁻¹⁸⁹, a geriatrician-led and nurse implemented screening using standardised assessment tool is usually done for senior citizens aged 65 and above at a geriatric day hospital. This is a multidisciplinary assessment which involves allied health professionals such as dietitians, podiatrists, psychologists, psychiatrists and social workers. If patient is unable to visit the hospital, the community geriatric team may visit the elderly patient's home allowing a geriatric assessment to be held in the home environment. The Elderly Health Centres of the Department of Health provide health assessment, physical check-up, counselling, curative treatment and health education services to the elderly. Senior citizens aged 65 and above can enrol as members of these centres. In addition, Geriatric Day Hospitals under the Hospital Authority provide multidisciplinary assessment, continued care and rehabilitation to geriatric patients. Assessment includes evaluation of cognitive and psychiatric symptoms, functional capacity which includes basic and instrumental activities of daily living, social, environmental and economic resources.

In **India**^{190,191}, comprehensive geriatric assessments using standardised assessment tools are offered to senior citizens aged 60 and above. These assessments are usually administered by medical doctors and geriatric nurses, and include examination of physical, social, familial, economic, nutritional, and psychological and rehabilitation aspects of geriatric healthcare.

In **Israel**^{192,193}, assessments are undertaken using standardised tools, structured screening questionnaires and a battery of standard tests and questionnaires for geriatric evaluation. It is indicated for individuals who are 65 years and older. Functional status or the ability to manage daily routines to meet basic needs, gait, mobility, bowel and bladder habits, vision, hearing, memory, medications and social needs are part of the assessment. The first phase in the process is patient identification followed by screening. In screening, a structured questionnaire is used to gather information on demographics, medical, nursing, functional and social situations of the patient. Based on the screening result, a full or partial geriatric assessment may be undertaken. The last phase involves summary and recommendation on further medical, nursing, functional and social care. The personnel involved in the process includes the geriatric physician, nurse practitioners, physiotherapist, occupational therapist and dietitians.

Appendix 4 outlines the correlations between the Australian 75+ Health Assessment items¹⁶⁷, and the Geriatric Assessment Scale¹⁹⁴ commonly used internationally.

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Table 1. Items in the '75 plus' health assessment mapped against the constructs and domains identified

Country	Medical status		Performance capacity			Participation			Demogr- aphics	Anthro- pometry	Relationships with healthcare providers
	Biological systems	Manifestation	Physical	Mental	Cognition	Environment	Functional abilities	Motivation / volition			
Australia (75 plus health assessment)	Blood pressure Pulse rate and rhythm Skin and Feet Reproductiv e and sexual health	Immunisation status Diet and Nutrition Medications	Vision Hearing Mobility/ Activity Risk for falls	Mental Status Psychological Assessment	Cognition Memory Thinking Planning Mood	Home Safety	Continence Fitness for Driving Personal mobility/AD L	Social history Social support Legal issues Personal wellbeing	Patient demogra phics	Height Weight Blood Pressure BMI	Medical support (allied/ pharmacist/ alternative/ others) Community Services
UK		Co-morbid & disease severity Medications Nutritional status	Balance Activity/exer cise status Gait	Anxiety	Cognition Mood Fear	Eligibility for being offered care resources Home resources Transport facilities Technology Local resources	Basic & Instrumental ADLs	Informal support Social network			
Canada		Falls Medication management Adverse events	Balance and gait		Cognition		ADLs/self- care Urinary incontinence				
Austria		Nutrition Drug handling	Mobility Balance Vitality	Depression	Cognition		ADL Incontinence	Social situation			

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Philippines		Nutrition	Gait and balance	Mental status			ADLs				
Singapore		Falls	Balance Pain		Cognition and memory disorder		Continence				
India		Nutrition	Physical	Psychological		Social resources, familial and economic resources					
Hong Kong			Physical health	Mental function	Cognitive and psychiatric symptoms	Social resources Environmental resources Economic resources	Basic and instrumental ADLs				
USA		Falls risk Nutrition	Gait Mobility Oral health Pain Sensory perception	Depression	Dementia and delirium		ADLs Urinary Incontinence			Weight loss	
Israel		Medications	Gait and mobility Vision Hearing		Memory		Functional status – daily routine and basic needs Bowel and bladder habits	Social needs			

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APPENDICES

Appendix 1

Medline search strategy.

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Database	Search no#	Search terms	Hits
Medline	1.	exp Aging/	203780
	2.	exp Aged/	2356615
	3.	exp Geriatrics/	26542
	4.	Age# OR aging OR Elder# OR Geriatric# OR old OR gerontology OR old people OR old old OR oldest old OR older adult OR aged 75 and over OR (old# ADJ5 people)	3551246
	5.	1-4/ OR	3679853
	6.	exp Prognosis/	1103905
	7.	exp Risk Assessment/	180678
	8.	exp Geriatric Assessment/	18709
	9.	exp Disability Evaluation/	40013
	10.	Prognosis or Predic# or Screen# or Identif# or assess# or 75+ assessment or Risk assessment or geriatric assessment or disability evaluation or (health ADJ5 assess#) or (geriatric# ADJ5 assess#)	1409546
	11.	6-10/OR	2061877
	12.	exp "Activities of Daily Living"/	51882
	13.	exp "Quality of Life"/	119649
	14.	exp Independent Living/	927
	15.	functional decline or Activities of daily living or ADL or ADL decline or functional status or functional status decline or decreased physical function or quality of life or QoL or aging in place or active aging or aging at home or physical function or (function# ADJ5 decline)	261715
	16.	12-15/OR	262559
	17.	exp Frail Elderly/	6730
	18.	Frail# or frailty or frail elderly or frail older people	10069
	19.	17-18/OR	10069
	20.	exp General Practice/	65495
	21.	exp Family Practice/	62153
	22.	exp Nurse Practitioners/	15335

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	23.	exp Health Services for the Aged/ or exp Community Health Services/ or exp Community Health Nursing/	508562
	24.	exp Home Care Services/	39883
	25.	General practice or family practice or GP Plus or GP or general practitioner or practice nurse or community care or 75+ Health Assessment Medicare item or community based or community health service or home care service or preventative health service or home-based or Enablement or empowering older people or age-friendly or independence or independent living or (preventative ADJ5 care) or (social ADJ5 (intervention OR support OR isolation OR program)) or (preventative ADJ5 care)	267473
	26.	20-25/OR	742785
	27.	exp Child/	1553847
	28.	exp Middle Aged/	3344437
	29.	Child# or middle ag#	31469
	30.	27-29/OR	4585739
	31.	5, 11, 16, 19, 26/AND	579
	32.	31 NOT 30	495

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Appendix 2

Frequency of constructs measured in the literature

CONSTRUCT	NUMBER TIMES MEASURED	DOMAIN (colour coded)
Heart rate	1	
Arterial stiffness	1	
Plasma tonicity	1	
Anaemia	1	
Hormone levels	1	
Unaddressed health issues	1	
Exercise history	1	
Health care needs	1	
Hospitalisations (risk)	1	
Emergency Department visits (frequency)	1	
Hormone use	1	
Housing	1	
Oral function/health	1	
Age-related macular degeneration	1	
Step length	1	
Coordination	1	
Sensation at the heel	1	
Sleep-disordered breathing	1	
Self-reported foot and leg problems	1	
Intellectual activities (eg reading, paying attention to news etc)	1	
Forgetfulness	1	
Need for power of attorney	1	
Decision making/reasoning	1	
Loneliness	1	
Wellbeing	1	
Dissatisfaction with strength and endurance	1	
Bathing	1	
Help with Personal finance	1	
Deteriorating personal hygiene	1	
Negotiating obstacles	1	
Purpose in life	1	
Seclusion	1	
Transportation means	1	
Losses	1	
Environment safety	1	
Living space	1	
Weight gain	1	

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Fat mass	1	
Fat free mass	1	
Skeletal muscle mass	1	
Loss of height since age 25	1	
Sarcopenia	1	
Intensity of service use	1	
Pattern of missed appointments	1	
Receiving preventive home visits	1	
Blood pressure	2	
Bone mineral density	2	
Vaccinations in previous year	2	
Smoking status/history	2	
Alcohol intake	2	
Fatigue	2	
Anxiety	2	
AADLs	2	
Activity avoidance	2	
Height	2	
Calf circumference	2	
Cardiovascular function (postural hypotension)	3	
blood plasma markers (IL-6, Neopterin, higher blood beta2 microglobulin level, HDL cholesterol)	3	
Respiration	3	
Fear of falling	3	
Extent of service use	3	
Contact with GP	3	
Sleep	4	
Pain	4	
Falls- risk	4	
Hospitalisation in the last year (frequency)	4	
Hearing	4	
Near vision	4	
Distance vision	4	
Upper body strength	4	
Physical activity levels	4	
Flexibility	4	
Pain	4	
Psychological distress	4	
Ability to climb stairs	4	
Medications (number of)	5	
Marital status	5	
Memory	5	

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Continence	5	
Health-related quality of life	5	
Social involvement/engagement/vulnerability	5	
Weight loss	5	
Falls- number	6	
Self-perception of health	6	
Living status	7	
Exhaustion/energy	7	
Financial status	8	
Socioeconomic status	8	
BMI	8	
Lower body strength	9	
Nutritional status	10	
Level of education	10	
Gender	10	
Multidimensional Functional abilities	10	
Rising from a chair	12	
Grip strength	13	
Balance (static, dynamic)	13	
Age	15	
Multidimensional Physical abilities	16	
Depression	16	
Morbidity (co/multi etc)	17	
Mobility	19	
Cognitive functioning	23	
Gait speed	25	
iADLs	39	
ADLs	58	
Frailty	59	

Key:

Medical status	Demographics	Performance capacity	anthropometry	Service use	Participation

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Appendix 3

Table of constructs and studies utilising them

Construct measured	Reference
Domain: Medical status;	
Sub domain: Biological Systems (Within Person)	
Cardiovascular function (postural hypotension)	<ul style="list-style-type: none"> Li, Chia-Ming, et al. "The effectiveness of a comprehensive geriatric assessment intervention program for frailty in community-dwelling older people: a randomized, controlled trial." <i>Archives of gerontology and geriatrics</i> 50 (2010): S39-S42. Murayama, H., M. Nishi, Y. Shimizu, M.-J. Kim, H. Yoshida, H. Amano, Y. Fujiwara and S. Shinkai (2012). "The Hatoyama Cohort Study: design and profile of participants at baseline." <i>Journal of Epidemiology</i> 22(6): 551-558. Shinkai, S., et al. (2003). "Predictors for the onset of functional decline among initially non-disabled older people living in a community during a 6-year follow-up." <i>Geriatrics & Gerontology International</i> 3: S31-S39.
Blood pressure	<ul style="list-style-type: none"> Doba, N., Y. Tokuda, N. E. Goldstein, T. Kushiro and S. Hinohara (2012). "A pilot trial to predict frailty syndrome: The Japanese Health Research Volunteer Study." <i>Experimental Gerontology</i> 47(8): 638-643. Murayama, H., M. Nishi, Y. Shimizu, M.-J. Kim, H. Yoshida, H. Amano, Y. Fujiwara and S. Shinkai (2012). "The Hatoyama Cohort Study: design and profile of participants at baseline." <i>Journal of Epidemiology</i> 22(6): 551-558.
Heart rate	<ul style="list-style-type: none"> Murayama, H., M. Nishi, Y. Shimizu, M.-J. Kim, H. Yoshida, H. Amano, Y. Fujiwara and S. Shinkai (2012). "The Hatoyama Cohort Study: design and profile of participants at baseline." <i>Journal of Epidemiology</i> 22(6): 551-558.
Arterial stiffness	<ul style="list-style-type: none"> Murayama, H., M. Nishi, Y. Shimizu, M.-J. Kim, H. Yoshida, H. Amano, Y. Fujiwara and S. Shinkai (2012). "The Hatoyama Cohort Study: design and profile of participants at baseline." <i>Journal of Epidemiology</i> 22(6): 551-558.
Plasma tonicity	<ul style="list-style-type: none"> Stookey, J. D., J. L. Purser, C. F. Pieper and H. J. Cohen (2004). "Plasma hypertonicity: another marker of frailty?" <i>Journal of the American Geriatrics Society</i> 52(8): 1313-1320.
Anaemia	<ul style="list-style-type: none"> Penninx, Brenda WJH, et al. "Anemia is associated with disability and decreased physical performance and muscle strength in the elderly." <i>Journal of the American Geriatrics Society</i> 52.5 (2004): 719-724.
Hormone levels	<ul style="list-style-type: none"> Hyde, Zoë, et al. "Low free testosterone predicts frailty in older men: the health in men study." <i>Journal of Clinical Endocrinology & Metabolism</i> 95.7 (2010): 3165-3172.
blood plasma markers (IL-6, Neopterin, higher blood beta2 microglobulin level, HDL cholesterol)	<ul style="list-style-type: none"> Landi, F., A. Russo, M. Cesari, M. Pahor, R. Bernabei and G. Onder (2007). "HDL-cholesterol and physical performance: Results from the ageing and longevity study in the sirente geographic area (ILSIRENTE Study)." <i>Age and Ageing</i> 36(5): 514-520. Leng, S. X., X. Tian, A. Matteini, H. Li, J. Hughes, A. Jain, J. D. Walston and N. S. Fedarko (2011). "IL-6-independent association of elevated

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	<p>serum neopterin levels with prevalent frailty in community-dwelling older adults." <i>Age & Ageing</i> 40(4): 475-481.</p> <ul style="list-style-type: none"> Shinkai, S., et al. (2003). "Predictors for the onset of functional decline among initially non-disabled older people living in a community during a 6-year follow-up." <i>Geriatrics & Gerontology International</i> 3: S31-S39.
Respiration	<ul style="list-style-type: none"> Binder, Ellen F., et al. "Effects of Exercise Training on Frailty in Community-Dwelling Older Adults: Results of a Randomized, Controlled Trial." <i>Journal of the American Geriatrics Society</i> 50.12 (2002): 1921-1928. Carr, D. B., K. Flood, K. Steger-May, K. B. Schechtman and E. F. Binder (2006). "Characteristics of frail older adult drivers." <i>Journal of the American Geriatrics Society</i> 54(7): 1125-1129. Villareal, Dennis T., et al. "Weight loss, exercise, or both and physical function in obese older adults." <i>New England Journal of Medicine</i> 364.13 (2011): 1218-1229.
Bone mineral density	<ul style="list-style-type: none"> Cawthon, P. M., et al. (2007). "Frailty in older men: prevalence, progression, and relationship with mortality." <i>Journal of the American Geriatrics Society</i> 55(8): 1216-1223. Suzuki, T., H. Yoshida, S. Yoshida and K. Nonaka (2010). "Association of quantitative calcaneal ultrasound with long-term care service utilization in elderly women: A cross-sectional population-based study." <i>Osteoporosis International</i> 21: S281.
Sub domain: Manifestations	
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Housing	<ul style="list-style-type: none"> • Rassen, A. G. (2003). "Seniors-at-home: a case management program for frail elders." <i>Journal of Clinical Outcomes Management</i> 10(11): 603-607.
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Socioeconomic status	<ul style="list-style-type: none"> • Ament, B. H. L., M. E. De Vugt, F. M. K. Koomen, M. W. J. Jansen, F. R. J. Verhey and G. I. J. M. Kempen (2012). "Resources as a protective factor for negative outcomes of frailty in elderly people." <i>Gerontology</i> 58(5): 391-397. • Armi, F., E. Guilley and C. J. L. d'Epinay (2008). "Health: Support provided and received in advanced old age. A five-year follow-up." <i>Zeitschrift für Gerontologie und Geriatrie</i> 41(1): 56-62. • den Ouden, M. E. M., M. J. Schuurmans, S. Mueller-Schotte and Y. T. van der Schouw (2013). "Identification of high-risk individuals for the development of disability in activities of daily living. A ten-year follow-up study." <i>Experimental Gerontology</i> 48(4): 437-443. • McGee, H. M., A. O'Hanlon, M. Barker, A. Hickey, A. Montgomery, R. Conroy and D. O'Neill (2008). "Vulnerable older people in the community: relationship between the Vulnerable Elders Survey and health service use." <i>Journal of the American Geriatrics Society</i> 56(1): 8-15. • Murayama, H., M. Nishi, Y. Shimizu, M.-J. Kim, H. Yoshida, H. Amano, Y. Fujiwara and S. Shinkai (2012). "The Hatoyama Cohort Study: design and profile of participants at baseline." <i>Journal of Epidemiology</i> 22(6): 551-558. • Shinkai, S., et al. (2003). "Predictors for the onset of functional decline among initially non-disabled older people living in a community during a 6-year follow-up." <i>Geriatrics & Gerontology International</i> 3: S31-S39. • Szanton, S. L., et al. (2010). "Socioeconomic status is associated with frailty: the Women's Health and Aging Studies." <i>Journal of epidemiology and community health</i> 64(01): 63-67. • Woods NF, LaCroix AZ, Gray SL, Aragaki A, Cochrane BB, Brunner RL, Masaki K, Murray A, Newman AB: Frailty: emergence and

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	<p>consequences in women aged 65 and older in the Women's Health Initiative Observational Study. <i>J Am Geriatr Soc</i> 2005, 53(8):1321–1330.</p>
Gender	<ul style="list-style-type: none"> • Armi, F., E. Guille and C. J. L. d'Epinay (2008). "Health: Support provided and received in advanced old age. A five-year follow-up." <i>Zeitschrift für Gerontologie und Geriatrie</i> 41(1): 56-62. • Au, A., M. T. E. Puts, J. D. Fletcher, N. Sourial and H. Bergman (2011). "Frailty Markers Predicting Emergency Department Visits in a Community-Dwelling Sample of Vulnerable Seniors in Montreal." <i>Canadian Journal on Aging</i> 30(4): 647-655. • Bilotta, C., P. Nicolini, A. Case, G. Pina, S. Rossi and C. Vergani (2012). "Frailty syndrome diagnosed according to the Study of Osteoporotic Fractures (SOF) criteria and adverse health outcomes among community-dwelling older outpatients in Italy. A one-year prospective cohort study." <i>Archives of Gerontology & Geriatrics</i> 54(2): e23-28. • Chen, Chin-Ying, et al. "The prevalence of subjective frailty and factors associated with frailty in Taiwan." <i>Archives of gerontology and geriatrics</i> 50 (2010): S43-S47. • den Ouden, M. E. M., M. J. Schuurmans, S. Mueller-Schotte and Y. T. van der Schouw (2013). "Identification of high-risk individuals for the development of disability in activities of daily living. A ten-year follow-up study." <i>Experimental Gerontology</i> 48(4): 437-443. • Gale, C. R., H. E. Syddall, H. Bergman, E. J. Brunner, C. Cooper and A. A. Sayer (2012). "Close Relationships and Risk of Frailty: The Hertfordshire Cohort Study." <i>Journal of the American Geriatrics Society</i> 60(2): 390-392. • Li, Chia-Ming, et al. "The effectiveness of a comprehensive geriatric assessment intervention program for frailty in community-dwelling older people: a randomized, controlled trial." <i>Archives of gerontology and geriatrics</i> 50 (2010): S39-S42. • McGee, H. M., A. O'Hanlon, M. Barker, A. Hickey, A. Montgomery, R. Conroy and D. O'Neill (2008). "Vulnerable older people in the community: relationship between the Vulnerable Elders Survey and health service use." <i>Journal of the American Geriatrics Society</i> 56(1): 8-15. • Ravaglia, Giovanni, et al. "Development of an easy prognostic score for frailty outcomes in the aged." <i>Age and ageing</i> 37.2 (2008): 161-166. • Vass, Mikkel, et al. "Preventive home visits to older home-dwelling people and different functional decline patterns." <i>European Journal of Ageing</i> 4.3 (2007): 107-113.

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Marital status	<ul style="list-style-type: none"> Au, A., M. T. E. Puts, J. D. Fletcher, N. Sourial and H. Bergman (2011). "Frailty Markers Predicting Emergency Department Visits in a Community-Dwelling Sample of Vulnerable Seniors in Montreal." <i>Canadian Journal on Aging</i> 30(4): 647-655. Bilotta, C., P. Nicolini, A. Case, G. Pina, S. Rossi and C. Vergani (2012). "Frailty syndrome diagnosed according to the Study of Osteoporotic Fractures (SOF) criteria and adverse health outcomes among community-dwelling older outpatients in Italy. A one-year prospective cohort study." <i>Archives of Gerontology & Geriatrics</i> 54(2): e23-28. Cawthon, P. M., et al. (2007). "Frailty in older men: prevalence, progression, and relationship with mortality." <i>Journal of the American Geriatrics Society</i> 55(8): 1216-1223. Li, Chia-Ming, et al. "The effectiveness of a comprehensive geriatric assessment intervention program for frailty in community-dwelling older people: a randomized, controlled trial." <i>Archives of gerontology and geriatrics</i> 50 (2010): S39-S42. McGee, H. M., A. O'Hanlon, M. Barker, A. Hickey, A. Montgomery, R. Conroy and D. O'Neill (2008). "Vulnerable older people in the community: relationship between the Vulnerable Elders Survey and health service use." <i>Journal of the American Geriatrics Society</i> 56(1): 8-15.
Domain: Performance capacity	
Sub domain: Physical	
Oral function/health	<ul style="list-style-type: none"> Castrejon-Perez, R. C., S. A. Borges-Yanez, L. M. Gutierrez-Robledo and J. A. Avila-Funes (2012). "Oral health conditions and frailty in Mexican community-dwelling elderly: a cross sectional analysis." <i>BMC Public Health</i> 12: 773.
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Distance vision	<ul style="list-style-type: none"> Dahlin-Ivanoff, S., G. Gosman-Hedström, A. K. Edberg, K. Wilhelmson, K. Eklund, A. Duner, L. Ziden, A. K. Welmer and S. Landahl (2010). "Elderly persons in the risk zone. Design of a multidimensional, health-promoting, randomised three-armed controlled trial for "prefrail" people of 80+ years living at home." <i>BMC geriatrics</i> 10, 27 DOI: 10.1186/1471-2318-10-27. Ravaglia, Giovanni, et al. "Development of an easy prognostic score for frailty outcomes in the aged." <i>Age and ageing</i> 37.2 (2008): 161-166. Seidel, D., C. Brayne and C. Jagger (2011). "Limitations in physical functioning among older people as a predictor of subsequent disability in instrumental activities of daily living." <i>Age and Ageing</i> 40(4): 463-469. Subra, J., S. Gillette-Guyonnet, M. Cesari, S. Oustric, B. Vellas and T. Platform (2012). "The integration of frailty into clinical practice: preliminary results from the Gerontopole." <i>Journal of Nutrition, Health & Aging</i> 16(8): 714-720.
Age-related macular degeneration	<ul style="list-style-type: none"> Subra, J., S. Gillette-Guyonnet, M. Cesari, S. Oustric, B. Vellas and T. Platform (2012). "The integration of frailty into clinical practice: preliminary results from the Gerontopole." <i>Journal of Nutrition, Health & Aging</i> 16(8): 714-720.
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Rising from a chair	<ul style="list-style-type: none"> • Alexander, N., K. Guire, D. Thelen, J. Ashton-Miller, A. Schultz, J. Grunawalt and B. Giordani (2000). "Self-reported walking ability predicts functional mobility performance in frail older adults." <i>Journal - American Geriatrics Society</i> 48(11): 1408-1413. • Bonnefoy, M., F. Boutitie, C. Mercier, F. Gueyffier, C. Carre, G. Guetemme, B. Ravis, M. Laville and C. Cornu (2012). "Efficacy of a home-based intervention programme on the physical activity level and functional ability of older people using domestic services: a randomised study." <i>Journal of Nutrition, Health & Aging</i> 16(4): 370-377. • Carrière, Isabelle, et al. "Hierarchical components of physical frailty predicted incidence of dependency in a cohort of elderly women." <i>Journal of clinical epidemiology</i> 58.11 (2005): 1180-1187. • Cawthon, P. M., et al. (2007). "Frailty in older men: prevalence, progression, and relationship with mortality." <i>Journal of the American Geriatrics Society</i> 55(8): 1216-1223. • Clausen, T., A. O. Wilson, R. M. Molebatsi and G. Holmboe-Ottesen (2007). "Diminished mental- and physical function and lack of social support are associated with shorter survival in community dwelling older persons of Botswana." <i>BMC Public Health</i> 7: 144.

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Pain	<ul style="list-style-type: none"> • Bonnefoy, M., F. Boutitie, C. Mercier, F. Gueyffier, C. Carre, G. Guetemme, B. Ravis, M. Laville and C. Cornu (2012). "Efficacy of a home-based intervention programme on the physical activity level and functional ability of older people using domestic services: a randomised study." <i>Journal of Nutrition, Health & Aging</i> 16(4): 370-377. • Landi, F., A. Russo, R. Liperoti, P. Danese, E. Maiorana, M. Pahor, R. Bernabei and G. Onder (2009). "Daily Pain and Functional Decline Among Old-Old Adults Living in the Community: Results from the iSIRENTE Study." <i>Journal of Pain and Symptom Management</i> 38(3): 350-357. • Li, Chia-Ming, et al. "The effectiveness of a comprehensive geriatric assessment intervention program for frailty in community-dwelling older people: a randomized, controlled trial." <i>Archives of gerontology and geriatrics</i> 50 (2010): S39-S42. • Weaver, G. D., Y. F. Kuo, M. A. Raji, S. Al Snih, L. Ray, E. Torres and K. J. Ottenbacher (2009). "Pain and disability in older Mexican-American adults." <i>Journal of the American Geriatrics Society</i> 57(6): 992-999.

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Sub domain: Cognitive	
Cognitive functioning	<ul style="list-style-type: none"> Alexander, N., K. Guire, D. Thelen, J. Ashton-Miller, A. Schultz, J. Grunawalt and B. Giordani (2000). "Self-reported walking ability predicts functional mobility performance in frail older adults." <i>Journal - American Geriatrics Society</i> 48(11): 1408-1413. Au, A., M. T. E. Puts, J. D. Fletcher, N. Sourial and H. Bergman (2011). "Frailty Markers Predicting Emergency Department Visits in a Community-Dwelling Sample of Vulnerable Seniors in Montreal." <i>Canadian Journal on Aging</i> 30(4): 647-655. Ávila-Funes, José Alberto, et al. "Cognitive Impairment Improves the Predictive Validity of the Phenotype of Frailty for Adverse Health Outcomes: The Three-City Study." <i>Journal of the American Geriatrics Society</i> 57.3 (2009): 453-461. Cawthon, P. M., et al. (2007). "Frailty in older men: prevalence, progression, and relationship with mortality." <i>Journal of the American Geriatrics Society</i> 55(8): 1216-1223. Dahlin-Ivanoff, S., G. Gosman-Hedström, A. K. Edberg, K. Wilhelmson, K. Eklund, A. Duner, L. Ziden, A. K. Welmer and S. Landahl (2010). "Elderly persons in the risk zone. Design of a multidimensional, health-promoting, randomised three-armed controlled trial for "prefrail" people of 80+ years living at home." <i>BMC geriatrics</i> 10, 27 DOI: 10.1186/1471-2318-10-27. Doba, N., Y. Tokuda, N. E. Goldstein, T. Kushiro and S. Hinohara (2012). "A pilot trial to predict frailty syndrome: The Japanese Health Research Volunteer Study." <i>Experimental Gerontology</i> 47(8): 638-643. Ehrlich, P. L. (2006). "Caring for the frail elderly in the home: a multidisciplinary approach." <i>Home Health Care Management & Practice</i> 19(1): 38-44. Femia, E. E., S. H. Zarit and B. Johansson (2001). "The disablement process in very late life: a study of the oldest-old in Sweden." <i>Journals of Gerontology Series B-Psychological Sciences & Social Sciences</i> 56(1): P12-23. Jürschik, P., C. Nunin, T. Botigue, M. A. Escobar, A. Lavedan and M. Viladrosa (2012). "Prevalence of frailty and factors associated with frailty in the elderly population of Lleida, Spain: the FRALLE survey." <i>Archives of Gerontology & Geriatrics</i> 55(3): 625-631. Karnik, K. and D. J. Mazzatti (2009). "Review of tools and technologies to assess multi-system functional impairment and frailty." <i>Clinical Medicine: Geriatrics</i> 2009(3): 1-8. Li, Chia-Ming, et al. "The effectiveness of a comprehensive geriatric assessment intervention program for frailty in community-dwelling older people: a randomized, controlled trial." <i>Archives of gerontology and geriatrics</i> 50 (2010): S39-S42. Matheï, C. B. P. J. (2011). "Associations Between Cytomegalovirus Infection and Functional Impairment and Frailty in the BELFRAIL Cohort." <i>Journal of the American Geriatrics Society</i> 59(12): 2201-2208. Mehta, Kala M., Kristine Yaffe, and Kenneth E. Covinsky. "Cognitive impairment, depressive symptoms, and functional decline in older

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Intellectual activities (eg reading, paying attention to news etc)	<ul style="list-style-type: none"> • Covinsky, K. E., J. Hilton, K. Lindquist and R. A. Dudley (2006). "Development and validation of an index to predict activity of daily living dependence in community-dwelling elders." <i>Medical Care</i> 44(2): 149-157.
Memory	<ul style="list-style-type: none"> • Alexander, N., K. Guire, D. Thelen, J. Ashton-Miller, A. Schultz, J. Grunawalt and B. Giordani (2000). "Self-reported walking ability predicts functional mobility performance in frail older adults." <i>Journal - American Geriatrics Society</i> 48(11): 1408-1413. • Ballard, J., M. Mooney and O. Dempsey (2013). "Prevalence of frailty-related risk factors in older adults seen by community nurses." <i>Journal of Advanced Nursing</i> 69(3): 675-684.

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Forgetfulness	<ul style="list-style-type: none"> Rassen, A. G. (2003). "Seniors-at-home: a case management program for frail elders." <i>Journal of Clinical Outcomes Management</i> 10(11): 603-607.
Need for power of attorney	<ul style="list-style-type: none"> Rassen, A. G. (2003). "Seniors-at-home: a case management program for frail elders." <i>Journal of Clinical Outcomes Management</i> 10(11): 603-607.
Decision making/reasoning	<ul style="list-style-type: none"> Naik, Aanand D., et al. "Assessing safe and independent living in vulnerable older adults: perspectives of professionals who conduct home assessments." <i>The Journal of the American Board of Family Medicine</i> 23.5 (2010): 614-621.
Sub domain: Mental	
Anxiety	<ul style="list-style-type: none"> Gobbens, R. J. and M. A. van Assen (2012). "Frailty and its prediction of disability and health care utilization: the added value of interviews and physical measures following a self-report questionnaire." <i>Arch Gerontol Geriatr</i> 55(2): 369-379. (a) Subra, J., S. Gillette-Guyonnet, M. Cesari, S. Oustric, B. Vellas and T. Platform (2012). "The integration of frailty into clinical practice: preliminary results from the Gerontopole." <i>Journal of Nutrition, Health & Aging</i> 16(8): 714-720.
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Sub domain: Motivation/Volition	
Health-related quality of life	<ul style="list-style-type: none"> Bilotta, C., A. Bowling, A. Case, P. Nicolini, S. Mauri, M. Castelli and C. Vergani (2010). "Dimensions and correlates of quality of life according to frailty status: a cross-sectional study on community-dwelling older adults referred to an outpatient geriatric service in Italy." <i>Health & Quality of Life Outcomes</i> 8: 56. Chang, Y.-W., W.-L. Chen, F.-G. Lin, W.-H. Fang, M.-Y. Yen, C.-C. Hsieh and T.-W. Kao (2012). "Frailty and its impact on health-related quality of life: a cross-sectional study on elder community-dwelling preventive health service users." <i>PLoS ONE [Electronic Resource]</i> 7(5): e38079. Jürschik, P., C. Nunin, T. Botigue, M. A. Escobar, A. Lavedan and M. Viladrosa (2012). "Prevalence of frailty and factors associated with frailty in the elderly population of Lleida, Spain: the FRALLE survey." <i>Archives of Gerontology & Geriatrics</i> 55(3): 625-631. Suzuki, M., N. Ohyama, K. Yamada and M. Kanamori (2002). "The relationship between fear of falling, activities of daily living and quality of life among elderly individuals." <i>Nursing and Health Sciences</i> 4(4): 155-161.

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Purpose in life	<ul style="list-style-type: none"> Boyle, P. A., A. S. Buchman and D. A. Bennett (2010a). "Purpose in life is associated with a reduced risk of incident disability among community-dwelling older persons." <i>American Journal of Geriatric Psychiatry</i> 18(12): 1093-1102.
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Sub domain: Environment	
Transportation means	<ul style="list-style-type: none"> Naik, Aanand D., et al. "Assessing safe and independent living in vulnerable older adults: perspectives of professionals who conduct

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Weight loss	<ul style="list-style-type: none"> Cawthon, P. M., et al. (2007). "Frailty in older men: prevalence, progression, and relationship with mortality." Journal of the American Geriatrics Society 55(8): 1216-1223. Dahlin-Ivanoff, S., G. Gosman-Hedström, A. K. Edberg, K. Wilhelmson, K. Eklund, A. Duner, L. Ziden, A. K. Welmer and S. Landahl (2010) "Elderly persons in the risk zone. Design of a multidimensional, health-promoting, randomised three-armed controlled trial for "prefrail" people of 80+ years living at home." BMC geriatrics 10, 27 DOI: 10.1186/1471-2318-10-27. Fried LP, Tangen CM, Walston J et al. Frailty in older adults: Evidence for a phenotype. J Gerontol A Biol Sci Med Sci 2001;56A:M146–M156. Rothman, M. D., L. Leo-Summers and T. M. Gill (2008). "Prognostic Significance of Potential Frailty Criteria." Journal of the American Geriatrics Society 56(12): 2211-2216. Upatising, Benjavan, et al. "Effects of home telemonitoring on transitions between frailty states and death for older adults: a randomized controlled trial." International journal of general medicine 6 (2013): 145.
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Appendix 4.
COMPARISON OF COMPREHENSIVE GERIATRIC ASSESSMENT AND 75+ ASSESSMENT TOOL

	Comprehensive Geriatric Assessment (CGA)	75+ Assessment Tool
Description	<ul style="list-style-type: none"> Comprehensive geriatric assessment (CGA) is defined as a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of a frail older person in order to develop a coordinated plan to maximize overall health with aging It requires evaluation of multiple issues including physical, cognitive, affective, social, financial, environmental, and spiritual components that influence an older adult's health. CGA is based on the premise that a systematic evaluation of frail, older persons by a team of health professionals may identify a variety of treatable health problems and lead to better health outcomes. It focuses on elderly individuals with complex problems, It emphasizes functional status and quality of life It frequently takes advantage of an interdisciplinary team of providers 	<p>A health assessment of an older person is an in-depth assessment of a patient aged 75 years and over. It provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health and/or quality of life.</p>
Indications for referrals	<p>The best evidence for comprehensive geriatric assessment (CGA) is based on identifying appropriate patients (ie, excluding patients who are either too well or are too sick to derive benefit). No criteria have been validated to readily identify patients who are likely to benefit from CGA. Specific criteria used by CGA programs to identify patients include:</p> <ul style="list-style-type: none"> Age Medical comorbidities such as heart failure or cancer Psychosocial disorders such as depression or isolation Specific geriatric conditions such as dementia, falls, or functional disability Previous or predicted high health care utilization Consideration of change in living 	<p>It is indicated for patients 75 and over. For aboriginal and Torres Strait Islander – patients 55 years old and above.</p>

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	<p>situation (eg, from independent living to assisted living, nursing home, or in-home caregivers)</p> <p>One outpatient approach would be to refer patients for CGA who are found to have problems in multiple areas during geriatric assessment screens. Major illnesses (eg, those requiring hospitalization or increased home resources to manage medical and functional needs) should also prompt referral for CGA, particularly for functional status, fall risk, cognitive problems, and mood disorders.</p> <p>An inpatient approach would be to refer older patients admitted for a specific medical or surgical reason (eg, fractures, failure to thrive, recurrent pneumonia, pressure sores). Another approach would be to have all patients above a certain age (eg, 85 years) receive preliminary screening to determine whether a full multidisciplinary evaluation is needed</p>	
Assessment Team	<p>In many settings, the CGA process relies on a core team consisting of a physician, nurse, and social worker and, when appropriate, draws upon an extended team of physical and occupational therapists, nutritionists, pharmacists, psychiatrists, psychologists, dentists, audiologists, podiatrists, and opticians.</p>	<p>The assessment is to be conducted by the patient's usual GP.</p>
Conducting the Assessment		
Framework	<p>The overall care rendered by CGA teams can be divided into six steps:</p> <ul style="list-style-type: none"> • Data gathering • Discussion among the team • Development of a treatment plan • Implementation of the treatment plan • Monitoring response to the treatment plan • Revising the treatment plan 	<p>The health assessment must include:</p> <ul style="list-style-type: none"> • Information collection, including taking a patient history and undertaking or arranging examinations and investigations as required; • Making an overall assessment of the patient; • Recommending appropriate interventions; • Providing advice and information to the patient; • Keeping a record of the health assessment, and offering the patient

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		<p>a written report about the health assessment, with recommendations about matters covered by the health assessment; and</p> <ul style="list-style-type: none"> Offering the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees) a copy of the report or extracts of the report relevant to the carer
Assessment Tools	<p>A pre-visit questionnaire sent to the patient or caregiver prior to the initial assessment can be a timesaving method to gather a large amount of information</p> <p>These questionnaires can be used to gather information about general history (eg, past medical history, medications, social history, review of systems), as well as gather information specific to CGA, such as:</p> <ul style="list-style-type: none"> Ability to perform functional tasks and need for assistance Fall history Sources of social support, particularly family or friends Depressive symptoms Vision or hearing difficulties Whether the patient has specified a durable power of attorney 	<p>Questionnaire used to gather information such as:</p> <ul style="list-style-type: none"> past history allergies smoking alcohol social history family history hearing vision medications immunization investigations
Major components	<p>Core components of comprehensive geriatric assessment (CGA) that should be evaluated during the assessment process are as follows:</p> <ul style="list-style-type: none"> Functional capacity Fall risk Cognition Mood Polypharmacy Social support Financial concerns Goals of care Advanced care preferences <p>Additional components may also include evaluation of the following:</p> <ul style="list-style-type: none"> Nutrition/weight change Urinary continence 	<p>Health Examination</p> <ul style="list-style-type: none"> height measurements weight measurements blood pressure measurements medical support social support <p>Personal/well being assessment Home safety assessment Personal mobility assessment Personal nutrition assessment Psychological assessment Fitness for driving</p>

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	<ul style="list-style-type: none"> • Sexual function • Vision/hearing • Dentition • Living situation • Spirituality 	
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