

Geriatric Syndromes and Their Implications for Nursing

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KEY WORDS

Geriatric Syndromes, Frailty, Frailty Syndrome

Geriatric syndromes are common clinical conditions that do not fit into specific disease categories but have substantial costly and quality of life implications for functionality and life satisfaction in older adults. A focus on geriatric nursing competence, with emphasis on the complexities of caring for older adults, is crucial in nursing practice. Understanding the unique features of common health conditions in older people is essential. In evaluating geriatric cases, the Legal Nurse Consultant must be aware and knowledgeable about the issues and relevant clinical recommendations based on evidence-based best practice.

Introduction

According to the US Census Bureau projections, the population of adults age 65 and older will more than double between 2000 and 2030, growing from 35 million to more than 100 million (Ironsides, Tagliareni, McLaughlin, King, & Mengel, 2010). Approximately 82% of older adults have at least one chronic disease and thus have become central to the business of health care. The over-85 age group is the fastest-growing, projected to double in size between 1995 and 2030 and increasing fivefold by 2050. These startling numbers will drive dramatic changes in health care and society. Geriatricians have adopted and embraced the term “geriatric syndrome” to capture those clinical conditions in older adults that do not fit into specific disease categories. Geriatric syndromes represent common serious conditions for older persons. These common conditions hold substantial implications for functionality and life satisfaction. Besides leading to increased mortality and disability, decreased financial and personal resources, and longer hospitalizations, these conditions can substantially diminish quality of life (Ironsides et al., 2010). Health care providers find these syndromes in just about every older adult. This article will discuss geriatric syndromes and their effect. It will describe how to assess older adults for these syndromes and will direct nurses to appropriate resources.

Geriatric Syndromes

According to the literature review, the five conditions most commonly considered geriatric syndromes are: pressure ulcers, incontinence, falls, functional decline and delirium. Malnutrition, eating and feeding problems, sleeping problems, dizziness and syncope and self-neglect have also been classified as geriatric syndromes (Inouye, Studenski, Tinetti, & Kuchel, 2007). The new “evolving” syndromes identified in the literature are sarcopenia (muscle atrophy, along with a reduction in muscle tissue and degeneration

of the neuromuscular junction that contribute to functional decline), polyprovider, polypharmacy, pain, and frailty. Frailty syndrome (FS) is the most problematic expression of the elderly. It is defined as a “state of poor resolution to homeostasis after a stressor event and is a consequence of cumulative decline” (Clegg, Young, Iliffe, Rikkert, & Rockwood, p. 752). The stressor events that lead to frailty include falls, delirium, and decreased function, three of the top geriatric syndromes. Transition to a level of worse frailty is more common than improvement. More efficient methods need to be developed and used to detect and prevent frailty.

Most geriatric specialists agree with targeting the five most common conditions (pressure ulcers, incontinence, falls, functional decline, and delirium) and these new evolving syndromes for assessment, treatment, and prevention. The most evidence-based process to detect frailty and geriatric syndromes is a comprehensive geriatric assessment.

Assessment

Geriatric syndromes are often defined by isolating the shared risk factors associated with them, including older age, cognitive impairment, functional impairment, and impaired mobility. Signs and symptoms of geriatric syndromes reflect the chief complaints of many patients seeking healthcare. Patients who do not receive successful treatment can consume an ever-increasing amount of resources, causing frustration among patients, caregivers, and healthcare providers. While searching for answers to their problems, older adults may change healthcare providers or specialists, visit various emergency departments and clinics, and have multiple hospitalizations (Inouye et al., 2007). Providers should perform a comprehensive assessment of geriatric syndromes on all older adults, especially in the case of the “old-old” adult, defined as aged 85 and over.

The Hartford Institute for Geriatric Nursing website, <http://www.hartfordign.org/> offers many educational

resources for practicing nurses, nurse educators, nurse consultants, and nurse researchers on assessing and caring for older adults. The *Try This* and *How to Try This* series, available at http://www.hartfordign.org/practice/try_this/ offer more than thirty best-practice assessment tools for general nursing care of older adults, a dementia series, and a specialty practice series (see Table 1). These series are provided free through the Hartford Foundation and for many of the issues presented, offer video demonstrations on how to use these tools properly and effectively.

The Fulmer SPICES: An Overall Assessment Tool for Older Adults, a *Try This* tool, is an excellent beginning framework because it focuses on the six marker conditions which coincide with the five common conditions defined as geriatric syndromes. These six marker conditions are: Sleep disturbances, Problems with eating/feeding, Incontinence, Confusion, Evidence of falls and Skin breakdown. The SPICES tool is not intended to be all inclusive but rather can lead the nurse to critical areas for more in-depth assessment. The nurse can think of it as identifying nursing problems or diagnoses specific to the older adult, and then can develop a comprehensive care plan focusing in on these problems. The nurse can incorporate additional assessment tools as geriatric syndromes are identified. An identified geriatric syndrome with complex issues and coexisting acute and chronic conditions can pose a challenge to health care providers to treat and manage.

Clinical Management

Evidenced-based practice is a framework for clinical practice that integrates the best available scientific evidence with clinician expertise and patient preferences and values to make decisions about health care (Capezuti, Zwicker, Mezey, Fulmer, Gray-Miceli, & Kluger, 2008). Clinicians should manage geriatric syndromes based on published research on best practice, using evidence-based geriatric nursing protocols for pressure ulcers, incontinence, falls, functional decline and delirium, because these reflect assessment and intervention strategies recommended by experts who have reviewed the evidence.

There are many resources available for advancing geriatric nursing with evidence-based geriatric nursing protocols: journal articles, textbooks, and on-line resources. A new framework, *Advancing Care Excellence for Seniors*, ACES, has evolved through a partnership of the National League for Nursing and Community College of Philadelphia with funding from the John A. Hartford Foundation, Laerdal Medical, and the Independence Foundation. The NLN website, (<http://www.nln.org/facultyprograms/facultyresources/aces/>) promotes ACES as essential nursing actions to improve quality of life for older adults, coordinate care, decrease care-giver stress and promote shared decision making.

Using ACES as a framework will guide nursing practice, nursing education and nursing research to deliver

Table 1: Try This Assessment Tools

Issue 1: SPICES: An Overall Assessment Tool of Older Adults	Issue 16.2: Beers' Criteria for Potentially Inappropriate Medication Use in the Elderly: Part II – 2002 Criteria Considering Diagnoses or Conditions
Issue 2: Katz Index of Independence in Activities of Daily Living (ADL)	Issue 17: Alcohol Use Screening and Assessment
Issue 3.1: Mental Status Assessment of Older Adults: The Mini-Cog	Issue 18: The Kayser-Jones Brief Oral Health Status Examination (BOHSE)
Issue 3.2: Mental Status Assessment in Older Adults: Montreal Cognitive Assessment: MoCA Version 7.1 (Original Version)	Issue 19: Horowitz's Impact of Event Scale: An Assessment of Post Traumatic Stress in Older Adults
Issue 4: The Geriatric Depression Scale (GDS)	Issue 20: Preventing Aspiration in Older Adults with Dysphagia
Issue 5: Predicting Pressure Ulcer Risk	Issue 21: Immunizations for the Older Adult
Issue 6.1: The Pittsburgh Sleep Quality Index (PSQI)	Issue 22: Assessing Family Preferences for Participation in Care in Hospitalized Older Adults
Issue 6.2: The Epworth Sleepiness Scale	Issue 23: The Lawton Instrumental Activities of Daily Living (IADL) Scale
Issue 7: Assessing Pain in Older Adults	Issue 24: The Hospital Admission Risk Profile (HARP)
Issue 8: Fall Risk Assessment	Issue 25: Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)
Issue 9: Assessing Nutrition in Older Adults	Issue 26: The Transitional Care Model (TCM): Hospital Discharge Screening Criteria for High Risk Older Adults
Issue 10: Sexuality Assessment for Older Adults	Issue 27: General Screening Recommendations for Chronic Disease and Risk
Issue 11.1: Urinary Incontinence Assessment in Older Adults: Part 1 – Transient Urinary Incontinence	Issue 28: Preparedness for Caregiving Scale
Issue 11.2: Urinary Incontinence Assessment in Older Adults: Part II – Persistent Urinary Incontinence	Issue 29: Assessment of Fear of Falling in Older Adults: The Falls Efficacy Scale-International (FES-I)
Issue 12: Hearing Screening in Older Adults	Issue 30: Assessment of Fatigue in Older Adults: The FACIT Fatigue Scale (Version 4)
Issue 13: Confusion Assessment Method (CAM)	Issue 31: Reducing Functional Decline in Older Adults during Hospitalization: A Best Practice Approach
Issue 14: The Modified Caregiver Strain Index (CSI)	
Issue 15: Elder Mistreatment Assessment	
Issue 16.1: Beers' Criteria for Potentially Inappropriate Medication Use in the Elderly: Part I – 2002 Criteria Independent of Diagnoses or Conditions	

Available at http://consultgerim.org/resources/?tt_request=issue08.pdf

competent, individualized, humanistic care to older adults and will assist the legal nurse consultant (LNC) to analyze care. This framework looks at function and expectations first. Then the model helps clinicians plan care coordination and clinical management using evolving knowledge on geriatric syndromes and the special needs of older adults. The framework also gives the interdisciplinary team, patient, and family/caregivers ways to evaluate risks and benefits of care decisions. The team develops recommendations considering the older adult's wishes, expectations, resources, strengths and cultural traditions to treat geriatric syndromes safely and qualitatively, engage adoption of healthy behaviors, and promote improved quality of life. The ACES framework may help the LNC assess and analyze clinical decision and care appropriateness.

Prevention

Preventing falls and skin breakdown, reducing adverse drug events, promoting oral health, and providing for adequate hydration can help prevent complications of geriatric syndromes. The literature identifies many proven preventive strategies for delirium, falls, and skin breakdown and translations into clinical practice and policy initiatives.

Assessing relative risk is the first step in a patient's plan of prevention. Failing to identify, diagnose, or treat underlying causes can adversely affect an older adult's health and longevity. Focusing on maintaining function, dignity, and individual control will promote health and quality of life.

Best practice exemplars of effective prevention programs use a strong geriatric nurse-centered interdisciplinary team approach to care for older adults. Research has shown that interdisciplinary teams have dramatically improved geriatric patient care and outcome. In the Institutes of Medicine's report, "Retooling for an aging America"

(2008), interdisciplinary collaboration was identified as a vital part of caring for the aging population. The *Try This* website lists *The Transitional Care Model (TCM): Hospital Discharge Screening Criteria for High Risk Older Adults* as an assessment tool to identify patients at high risk for poor outcomes after hospitalization for acute or exacerbated chronic illness. Clinicians should discuss the implications of positive findings with the patient, caregiver, physician/other providers, and discharge planners. It is important that the discharge plan includes targeted interventions based on the evaluations, and further needs assessment at transitions to home, skilled nursing care, or other care settings. "Each of us must work together and be committed to provide a culture of safety that vulnerable older adults need in order to receive the safest evidence-based clinical care with optimal outcomes"(Capezuti et al., 2008).

Conclusion

Every nurse clinician, nurse educator, and nurse researcher has a responsibility to be know that evolving knowledge of geriatrics and geriatric syndromes facilitates smart resource utilization, best practice and exciting opportunities for clinical research. Nurses armed with the knowledge of age-related changes, geriatric syndromes, and proper assessment tools can play a vital role in improving geriatric standards of practice.

Understanding the unique features of common health conditions in older people is essential for all health care personnel providers active in the care or consultation of elderly clients. Nurses can identify and implement many interventions proactively, thereby making a significant positive difference in improving outcomes. In reviewing medical-legal cases, the LNC must have knowledge of the pertinent issues and clinical recommendations to analyze liability and

Source	Resources Available	Website
American Geriatric Society	Guidelines, clinical tools, and recommendations	http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/
Health in Aging	Educational material for patients and families	http://www.healthinaging.org/resources/resource:guide-to-geriatric-syndromes-part-i/
Geriatric Care Online (subscription)	Clinical guidelines and recommendations	http://geriatricsareonline.org/?non-member=1
NICHE (Nurses Improving Care for Healthsystem Elders)	"Solution series" for identifying problems and potential solutions	http://www.nicheprogram.org/niche_solutions_series
POGOe (Portal of Geriatric Online Education)	Geriatric educational materials, provides a source of evidence-based articles by topic, and a list of other geriatric resource	http://www.pogoe.org
The John Hartford Institute for Geriatric Nursing	Clinical resources/tools	http://consultgerim.org/

damages. LNCs who recognize geriatric syndromes will be better-prepared to evaluate geriatric care cases if they know about evidence-based best practices for geriatrics, so they can educate attorney clients on the multiple factors that lead to geriatric syndromes and their effect on patient outcomes.

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