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Approach to the Older Adult Patient

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Learning Objectives

Upon completion of the chapter, the student will be able to:

1. Identify the different components of the history and physical examination and how these differ in older adults compared to younger adults.
2. Identify and understand the potential challenges in caring for older adults and ways to overcome them.
3. Enumerate the changes that occur with normal aging and contrast them with changes that occur secondary to disease.

Case (Part 1)

You are working with Dr. Hopkins, a primary care physician in the community. He has a very busy practice and most of the patients are older adults. You meet him in his office. Upon entering, you notice how brightly lit the entire space is. Large signs hang around the office space. You also noticed that the patient information handouts have a print size that is unusually large, and the print is in black and on white paper. You think it is a little plain compared to the multicolored patient information handouts with fancy fonts on glossy paper you saw at the pediatrics practice you were in last week.

Dr. Hopkins meets you and brings you over to the examining room where a patient is waiting.

General Considerations

The initial evaluation of older patients with multiple disorders and treatments is generally prolonged, as compared with the time needed for younger persons. Brief screening questions, rather than elaborate instruments, are appropriate for first encounters (1); more detailed assessment should be reserved for patients with demonstrated deficits (2). Dividing the new patient assessment into two sessions can spare both patient and physician an exhausting and inefficient 2-hour encounter. Other office personnel can collect much information by questionnaire before the visit, from previous records, and from patient and family prior to the physician’s contact. It is essential that good care, fully informed by current geriatrics knowledge, be delivered within a reasonable time allocation consistent with contemporary patterns of primary care. One hour for a new visit and 30 minutes for a follow-up are an absolute maximum in most environments.

Completing a home visit may also provide valuable insight into a patient’s environment and daily functional status. How mobility may affect function in a particular environment, nutrition, medication use and compliance, and social interactions and support can all be assessed quickly by a home visit. Comprehensive geriatric evaluation and management by an interdisciplinary team in selected populations may improve overall health outcomes, maintain function, and possibly reduce health care utilization (3,4).

Sites of Care

Ambulatory Office Setting

The common occurrence of physical frailty among older persons demands particular attention to providing both a comfortable and safe environment for evaluation. Autonomic dysfunction is commonly encountered in older persons and increases vulnerability to excessively cool or warm settings, especially when the patient is dressed appropriate to the outside temperature. Accordingly, examining rooms should be kept between 70° and 80°F. Brighter lighting is required for adequate perception of the physician’s facial expression and gestures by the older patient, whose lenses admit less than half the light they did in youth, due to cross-linking of lens proteins.

Presbycusis (present in >50% of older persons) makes background noise more distracting and interferes with the patient’s hearing. Even in a quiet setting, the high-tone loss of presbycusis makes consonants most difficult to discriminate; speaking in a lower-than-usual pitch helps the patient hear, and facing the patient directly improves communication by allowing lip reading. The patient’s eyeglasses, dentures, and hearing aid should always be brought to and used at the physician visit. Chairs with a higher-