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<p>Polypharmacy, the use of five or more medications, is common in older adults. It can lead to the use of potentially inappropriate medications and severe adverse outcomes. Deprescribing is an essential step of the thoughtful prescribing process and it can decrease the use of potentially inappropriate medications. Studies have demonstrated that deprescribing is feasible in the clinical setting, especially when it incorporates patient preferences, shared decision making, and an interdisciplinary team. Medication-specific algorithms can facilitate deprescribing in the clinical setting.</p>	
Identifying Goals of Care	767
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<p>Goals of care conversations are important but complex for clinicians caring for older adults. Although clinicians tend to focus on specific medical interventions, these conversations are more successful if they begin with gaining a shared understanding of the medical conditions and possible outcomes, followed by discussion of values and goals. Although training in the medical setting is incomplete, there are many published and online resources that can help clinicians gain these valuable skills.</p>	
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<p>Geriatric assessment is a comprehensive, multifaceted, and interdisciplinary evaluation of medical, socioeconomic, environmental, and functional concerns unique to older adults; it can be focused or broadened according to the needs of the patient and the concerns of clinical providers. Herein, the authors present a high-yield framework that can be used to assess older adult patients across a variety of settings.</p>	
The Intersection of Falls and Dementia in Primary Care: Evaluation and Management Considerations	791
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<p>A large body of research has addressed the assessment and management of fall risk among community-dwelling older adults. Persons with dementia are at higher risk for falls and fall-related injuries, yet less is known about</p>	

effective strategies for reducing falls and injuries among those with dementia. Falls and dementia are regularly considered to be discrete conditions and are often managed separately. Increasing evidence shows that these conditions frequently co-occur, and one may precede the other. This article explores the relationship between falls and dementia, including the importance of rehabilitation strategies for reducing fall risk in these individuals.

Cognitive Impairment Evaluation and Management

807

Lauren McCollum and Jason Karlawish

Clinicians should use a systematic approach to evaluating patients presenting with a concern for cognitive impairment. This approach includes interviewing a knowledgeable informant and performing a thorough mental status examination in order to determine the presence of functional impairments and the domains of cognition that are impaired. The results of this interview and examination determine the next steps of the diagnostic work-up. The pattern of cognitive impairment shapes the differential diagnosis. Treatment should address symptoms, and environmental, psychological, and behavioral interventions are essential.

Common Urinary and Bowel Disorders in the Geriatric Population

827

Zara Manuelyan, Keila Siomara Muñiz, and Ellen Stein

The prevalence of urinary incontinence and other lower urinary tract symptoms increases with older age. These symptoms are more noticeable in men after the seventh decade of life and in women after menopause. Constipation and fecal incontinence are major causes of symptoms in elderly patients and can significantly impair quality of life. This article summarizes the current literature regarding the occurrence and implications of lower urinary tract and bowel symptoms in the geriatric population.

Sadness and Worry in Older Adults: Differentiating Psychiatric Illness from Normative Distress

843

Julie Lutz and Kimberly A. Van Orden

Older adults experience greater emotional well-being in late life. However, older adults may be vulnerable to certain physiologic risk factors, including less physiologic resilience to prolonged stress. Depression and anxiety can be difficult to diagnose in late life owing to differences in self-reported symptoms from younger adults and unclear distinctions between normative and non-normative emotional experiences. We discuss age differences in the presentations of depression and anxiety, and normative and non-normative late life developmental trajectories around bereavement and grief, social isolation and loneliness, and thoughts of death and suicide. We provide recommendations for clinicians for assessing and diagnosing older adults.

Musculoskeletal Pain in Older Adults: A Clinical Review

855

Travis P. Welsh, Ailing E. Yang, and Una E. Makris

Persistent pain in older adults is a widely prevalent and disabling condition that is the manifestation of multiple contributing physical, mental,

social, and age-related factors. To effectively treat pain, the clinician must assess and address contributing factors using a comprehensive approach that includes pharmacologic and nonpharmacologic therapies within the context of a strong therapeutic relationship among the patient, caregivers, and a multidisciplinary team. This article reviews the current understanding of persistent pain in older adults and suggests a general approach to its assessment and management, followed by specific considerations for musculoskeletal pain conditions commonly seen in older adults.

Osteoporosis in Older Adults

873

Catherine Bree Johnston and Meenakshi Dagar

Osteoporosis and osteoporosis-related fractures are common causes of morbidity and mortality in older adults. Healthy adults should be counseled about measures to prevent osteoporosis. Women should be screened for osteoporosis beginning at age 65. Screening for osteoporosis in men should be considered when risk factors are present. Appropriate screening intervals are controversial. Women and men with osteoporosis should be offered pharmacologic therapy. Choice of therapy should be based on safety, cost, convenience, and other patient-related factors. Bisphosphonates are a first-line therapy for many patients with osteoporosis. Other treatments for osteoporosis include denosumab, teriparatide, abaloparatide, romosozumab, and selective estrogen receptor modulators.

Evaluation and Management of Difficult Symptoms in Older Adults in Primary Care

885

Chitra Hamilton and Colleen Christmas

This article reviews the evaluation of 4 vexing symptoms for elderly patients in primary care: leg cramps, dizziness, insomnia, and weight loss. For each, ideal evaluations are proposed.

Perioperative Care Strategy for Older Adults

895

Teresa S. Jones, John T. Moore and Thomas N. Robinson

Geriatric patients are not just older adult patients. Aging brings about unique physiologic, psychological, and sociologic changes within individuals. Recognition of these unique characteristics and measuring for their impact; instituting mitigating strategies; using age-specific anesthetic measures; and performing a systematic, algorithmic care model in the postoperative period overseen by a multidisciplinary team can lead to enhanced outcomes and improved quality of care for this expanding group of patients.

Challenges Related to Safety and Independence

909

Hannah Ward, Thomas E. Finucane, and Mattan Schuchman

Advancing age is associated with increasing risk of activities important for independence, such as driving and living alone. Cognitive impairment is more common with older age; financial resources and social support may dwindle. Risk, cognitive impairment, and decisional

capacity each change over time. Transparent decision making and harm reduction help balance risk and safety. When a patient lacks decisional capacity, an option that considers the patient's preferences and shows respect for the person is favored. Vulnerable patients making choices that are high risk, and patients for whom others are making such choices, may require state intervention.