COGNITIVE ASSESSMENT IN THE ELDERLY PATIENT

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THE AMERICAN GERIATRICS SOCIETY
Geriatrics Health Professionals.
Leading change. Improving care for older adults.
Population: 1960 to 2050 (in millions)

- Elderly
- Oldest Old

US Bureau of the Census
WHY ARE THE ELDERLY AN IMPORTANT POPULATION?

• 20\textsuperscript{th} century:
  <65-year-olds tripled
  >65-year-olds increased \times 11

• 35\% of surgeries

• 20 million surgeries/year

• Present later for care

• More comorbidities

• Tend to need more emergent care
30-DAY SURGICAL MORTALITY

- All ages
- 60-69y
- 70-79y
- >80y
- >90y

30 Day Percent mortality

Emergency abdominal surgery > 80 years: 10%
Major procedure mortality over 90 years: 20%

CORTICAL FUNCTIONS

- Level of consciousness
- Orientation/perceptual ability
- Memory
- Attention/concentration
- Language
- Motor functions/praxis
- Visuospatial skills
- Executive function
- Judgment/abstraction
WHAT IS DEMENTIA?

• Acquired syndrome of decline in 2 or more cognitive functions

• Decline in function from baseline

• Different from normal cognitive lapses; not due to delirium, psychiatric illness, or other medical diagnoses

• Not an inherent aspect of aging
  ➢ 1 in 10 persons aged 65+ have dementia
  ➢ 1 in 2 persons aged 85+ have dementia
CONSENSUS STATEMENT

First International Workshop on Anesthetics and Alzheimer’s Disease

• University of Pennsylvania, University of California at San Francisco, Harvard University, University of Wisconsin, University of Virginia, Columbia University, Mount Sinai School of Medicine

• May, 2008

• Interest in onset of Alzheimer’s and exposure to anesthetics
SCREENING FOR COGNITIVE DECLINE

• Mini-Cog
  - 3-item recall
  - Clock drawing test

• MMSE

• Animal naming

• Digit span

• Orientation questions
Delirium and dementia often occur together in older hospitalized patients.

The distinguishing signs of delirium are:
- Acute onset
- Cognitive fluctuations over hours or days
- Impaired consciousness and attention
- Altered sleep cycles
MORTALITY OF DELIRIUM

In medical units at Yale–New Haven Hospital:

- Mortality of in-hospital delirium: 25%–33%
- Unrecognized by physicians in 30%–50% of cases

POST-OP DELIRIUM (1 of 2)

• Incidence 10%–15% after age 65
• Increases risk of mortality and longer hospital stay
• Numerous risk factors besides advanced age:
  - Dementia
  - Depression
  - Anemia
  - Alcohol and drug withdrawal
  - Metabolic derangement
  - Acute MI
  - Infection
  - Emergency surgery
POST-OP DELIRIUM (2 of 2)

Often due to:

• Medications
• Hypoxia
• Pain
• Infection
• Sleep deprivation
EVALUATION: CAM (CONFUSION ASSESSMENT METHOD)

Acute onset & fluctuating course

AND

Inattention

plus either

Disorganized thinking

Altered LOC

DELIRIUM

AVOID INPATIENT DELIRIUM!

• Orientation strategies
• Maintain day/night schedule
• Avoid restraints
• Avoid sedative/hypnotics
• Ensure assistive devices are working (eyes and ears)
• Avoid immobility
• Avoid dehydration
Functional Status Assessment in the Preoperative Evaluation of Older Adults

Preeti N. Malani, MD, MSJ

SSI, an association by age.
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THANK YOU FOR YOUR TIME!

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