Principles of CGA

• Common
• Overlooked
• Severe
• Central
CGA 24hr Topics (nonCEPOD)

- Delirium
- Depression
- Dementia
- Falls risk
- Falls – what next
- Pills/poisons
- Pain
- Skin
- Safeguarding
- Leadership
Failure - Common

![Graph showing failure data for rare and common categories over time.](image-url)
3Ds

• Delirium/Depression/Dementia
• 70% of AMU attendees
• Missed in 60-90%
• 40% incidence
• Matches experience?
Delirium

- Death x7
- LOS x2
- Adverse outcomes x2
- Falls in 60%
- Underlying cause missed
- Unnecessary tests

- Failure to take history of cognition
- Failure to assess risk
- Lack of understanding of cause
Delirium: CAM (Confusion Assessment Method)

**Feature 1**: Acute onset of mental status changes or a fluctuating course

And

**Feature 2**: Inattention

And

**Feature 3**: Disorganised Thinking

OR

**Feature 4**: Altered Level of Consciousness
Delirium causes

- Pain
- Infection
- Constipation
- Hydration (dry, retention)
- Medication
- Electrolytes
Depression

Illness
• Commonest illness
• Easy to screen
• Tragic to miss
• Common to re-admit
• ?history of attendance

Specifics
• Alcohol – not intoxicated
• Harm=suicide
• Urgent assessment – SPECIALIST LIASON
• How do you get CMHT?
• How long do they wait?
Dementia

- Common cause of gradual decline
- Managed badly
- Undertreated – CT vs clinical assessment
- Non-specific presentation
- Failure to take cognitive history
- WHY NOW?
Dementia - BPSD

Anxious/depressed
- Often about forgetting
- Aggressively paranoid
- Lack of sleep
- Poisoning ideas (change)
- Before or after?
- Mirtazapine+specialist

Psychosis
- Hallucination vc Charles Bonnet
- Mania fury+aggression
- Onset=offset
- DO NOT OVERTREAT
- Aripiprazole?
- Risperidone?
- Prolactin
3Ds screening

- History of cognition
- History of behaviour
- Witness statement
- What do you see?
- Forms? – will they be completed
Falls

High Risk
• 2+ falls in last year
• Acute presentation to hospital OR GP with fall
• Problems with walking/balance?
• Scared of falling?
• BE CLEAR WHEN CLERKING

Can you...?
• Do proper postural BP
• Do Hal-Pike Dix
• Assess sensation
• Assess proprioception
• Examine feet
• Time Get up and Go
Time Get up and Go

• Falls without syncope
• Chair
• Stand
• Walk 3m (normal footwear and aids)
• Turn, walk back to chair, sit
• >12 seconds?
Falls – what next

Prevent falls
• Correct cause
• Refer for specialist assessment
• Assess home
• CONFIDENCE

Prevent fracture
• Start treatment if fracture
• Minimise referral to specialist
• Do not wait
• Strontium cardiac risk
• GFR >35
• Refer low GFR, fracture on treatment
Medication

• No agreed tool – use brain
• Would you start it?
• Does it make sense?
• Should it be stopped? – esp antipsychotics, dizziness drugs
• Pharmacy review if >4 drugs
• Statins and weak trunk
• Is vitamin D working?
PAIN

• NOPPAIN
• Involve family/carers – they like it!
• Regular analgesia
• Morphine probably cleaner
• Do you know GFR?
Skin

• Look at nursing notes!
• Can you calculate a waterlow? – you are allowed to
• Examine below the sheet
• MUST assess in falls, bedbound (esp recent)
• Write it down
Safeguarding

- Deal in FACTS – not hearsay
- Ambulance OCD?
- Assume capacity, not lack
- Difference? – prove lying
- Relative is NOT parent, neither are you
- Involve MDT early
- Who leads your safeguarding?
Leadership

Forms
• Another task...
• Poor completion acutely
• Do they work? – avoid unproven simplicity
• Do they lead to anything? – dementia screening
• Use IT

Example
• Remembered both by you and staff
• Evidence of outcome – audit
• Becomes second nature
• Don’t like old people? - resign
CGA in first 24 hours

- Can be done
- Instant improvement
- Proper care
- Lack of fear
- Sense of pride

- QUESTIONS –
  niall.fergusson@heartofengland.nhs.uk