Symptom Management in the Geriatric Patient

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As the number of older Americans increases, so will the number of incident cancers. According to the US Bureau of Census in 1993, projected estimates indicate that 14% of the total population will be over the age of 65 by the year 2010, with Florida having the highest percentage of elderly at almost 20%. With this forecasted increase in the number of older Americans with cancer, it is important to have an oncology program specially designed for the geriatric oncology patient.

Some of the problems that often plague the older cancer patient can be identified with the Comprehensive Geriatric Assessment (CGA). Results obtained using the CGA in an outpatient oncology setting are presented. The purpose of this project was to describe the results of the CGA when used with a senior adult oncology population.

Comprehensive Geriatric Assessment

The CGA was administered upon initial visit to the Senior Adult Oncology Program (SAOP) at the H. Lee Moffitt Cancer Center & Research Institute at the University of South Florida in Tampa. The project included 470 patients who ranged in age from 70 to 91. The CGA is an instrument commonly used in geriatrics that involves a series of assessments focused on screening for potential or existing problems that may be experienced by the older person. The CGA is usually administered by a multidisciplinary team of professionals, with each team member performing his or her discipline-specific portion of the instrument. The CGA can be vital to the older cancer patient in that hidden diagnoses or problems may be found and corrected, which may promote a positive cancer therapy outcome. The CGA can be administered in an outpatient setting in an ambulatory clinic or in an inpatient setting. Some of the issues assessed by the CGA are polypharmacy, malnutrition, comorbidities, functional status, depression, dementia, and psychosocial difficulties. These are common problems that affect many older people and can be a confounding factor to cancer treatment.

The SAOP is composed of a multidisciplinary team and was developed to offer cancer care to the older cancer patient. The CGA administered for the project consisted of the Katz Index of Activities of Daily Living (ADL), Lawton Instrumental Activities of Daily Living (IADL), Eastern Cooperative Oncology Group Performance Status (ECOG PS), Folstein Mini-Mental State Examination, and Yesavage Geriatric Depression Scale. Malnutrition, polypharmacy, and psychosocial status were assessed by the dietitian, pharmacist, and social worker, respectively. Demographics such as age, diagnosis, tumor stage at initial presentation, and tumor stage at presentation to SAOP were collected. Data collection began in August 1994 and continues as new patients enter into the SAOP. The average time required to complete the CGA was 2.5 hours. Each case included in the project was discussed at a weekly team conference, and further treatment plans were developed when necessary.

Results

ADL revealed 20% were functionally dependent or required assistance. IADL showed 55% required assistance. The Yesavage Geriatric Depression Scale found that 23% of patients screened positively for depression and 15% screened positively for dementia. Upon assessment of malnutrition, 30% had fair or poor nutritional status. Fifty-seven percent of patients were taking three or more medications, 35% were taking five or more, and 7% were taking 10 or more. The ECOG PS found that 20% of the subjects had a poor performance status of 2.0 or more. The mean number of comorbidity was 3.5. Arthritis was the most common comorbidity, followed by hypertension.

The CGA is a useful tool for assessment and treatment planning in the older cancer patient. A significant number of patients present with functional limitations, dementia, and depression that might not be detected without the use of a CGA.

References


Selected References

