

ANZSGM Position Statement

The Role of the Geriatrician in the Rehabilitation of Older People

About the Australian and New Zealand Society for Geriatric Medicine (ANZSGM)

The ANZSGM is a society of medical practitioners engaged in the practice of Geriatric Medicine or related disciplines. Membership of the Society is open to registered medical practitioners who demonstrate a commitment to clinical practice, research, education and administration in Geriatric Medicine and allied specialties and to those undergoing training in these fields.

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What is a geriatrician?

- A geriatrician is a Specialist Physician who has completed specialist training in managing the health and disability needs of Older People.
- Geriatricians have expertise in the diagnosis and the management of complex, and/or multifactorial health issues, impacting on an older person's functional status.
- Geriatricians have specialist expertise in managing an older person's health and disability issues, with the aims of maximising the older person's independence and improving and/or maintaining their quality of life.
- Geriatricians holistically evaluate an older person addressing the medical, social, emotional, work and recreational needs, as well as aspects of Activities of Daily Living (ADL) and extended ADL function.
- Comprehensive Geriatric Assessment (CGA) is an essential element of what geriatricians do for older people.
 - CGA is defined as a "multi-dimensional, multi-disciplinary diagnostic and therapeutic process conducted to determine the medical, mental, and functional problems of older people, so that a co-ordinated and integrated plan for treatment and follow-up can be developed" [1].
 - CGA is an evidence based, and clinically effective intervention, that has been shown to improve mortality, activities of daily living and reduce dependency. [1.2]
 - The aim is to develop a patient-centred, individualised plan, which may include diagnostic work up, treatment as well as restorative and rehabilitation elements.

What is rehabilitation?

- [Rehabilitation is defined by World Health Organisation (WHO) as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment". [3]
- In simple terms, rehabilitation helps a person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles, such as taking care of self and family. It does so by addressing underlying conditions (such as pain or shortness of breath) and improving the way an individual functions in everyday life, supporting them to overcome difficulties with thinking, seeing, hearing, communicating, eating or moving around.
- Rehabilitation is highly person-centred, meaning that the interventions and approach selected for each individual depends on their goals and preferences.
- Rehabilitation can be provided in many different settings, from inpatient or outpatient hospital settings, to private clinics, or community settings such as an individual's home.

Why do older people need rehabilitation?

- Older people present with acute and disabling health conditions, such as stroke or fractured hip or major trauma, that require rehabilitation. The incidence of most of these disabling health conditions increases markedly with increasing age.
- The prevalence of persisting disability also rises dramatically over the age of 65 [4]. Acute illness on top of pre-existing disability often results in loss of function, and so requiring rehabilitation.
- Older people, particularly frail older people, lose function /abilities when they get ill or come into hospital [5]. Rehabilitation and restoration of function is required to get them as independent as possible and back home.

Where should rehabilitation occur?

Rehabilitation can be provided in a number of settings:

- In hospital (acute wards, rehabilitation wards and perioperatively), in the community (including day hospitals), outpatient clinics and in an older person's home or residential aged care.[6,7,8,9]
- Some rehabilitation needs a more specific inpatient ward environment that is both older person friendly and an enabling environment.

The choice of where rehabilitation is provided will vary in different localities, but there should be a continuum of rehabilitation options from acute inpatient care through to home based care.

As documented above, rehabilitation is frequently required in older people, and requires the breadth of expertise that a geriatrician brings. Geriatricians work in, and lead multidisciplinary teams, across all areas where rehabilitation is required.

Geriatricians have a wide clinical skill base with experience which covers all aspects of rehabilitation for older people. The range of conditions (requiring rehabilitation) that are commonly managed by a geriatrician may include: (not an exclusive list)

- Neurological disorders (including stroke, Parkinson's disease, spinal injury, traumatic brain injury, and multiple sclerosis);
- Delirium prevention and management in older people
- Older people with cognitive impairments including dementia o musculoskeletal and orthopaedic conditions (fractures such as fractured hips, joint replacements, arthritis, osteoporosis,); o
- Deconditioning (loss of functional abilities) after acute illness, as well as skills to try and prevent this and other acute problems such as delirium o peri-operative rehabilitation
- Polypharmacy and managing side effects of medications o acute and chronic pain management o amputations o cardiorespiratory disorders such as Congestive Cardiac Failure, COPD
- Frailty, and
- Multi-morbidity and the associated complex intersecting / competing management issues

Geriatricians have expertise in assisting older people to develop their own health and disability related goals and aspirations. This includes addressing individual and systemic barriers to improve activity and participation.

Geriatricians have several critical roles in the rehabilitation of older people. These roles include, but are not limited to:

- As a Specialist Doctor (with expertise in the health of older people)
 - Accurate diagnosis of all medical conditions by history taking, examination and investigation.
 - Assessment of function, including abilities and limitations in domains of activity and restriction of social participation.
 - Prescribing (or de-prescribing unnecessary) medications, exercises, adaptive devices, and modifications.
 - Management of comorbid medical conditions.
 - Performing musculoskeletal injections and other procedures.
 - Discussing with the older person and their family/whanau potential prognosis and possible outcomes, as well as potential complications.
- As a Team Leader
 - Providing clinical leadership to Interdisciplinary team.
 - Providing a safe forum where complex issues and ethical dilemmas can be discussed and resolved.
 - Providing written reports on rehabilitation outcomes, such as medicolegal, insurance and Accident Compensation Corporation.
- As an Advisor/Advocate
 - Advocacy for appropriate models of health care for older people, which enable older people to maintain their functioning during illness, thus preventing the need for restorative /rehabilitative care.
 - Advocacy for adequate resources (staff and facilities) for rehabilitation of older people, regardless of where rehabilitation is provided.
 - Advocacy for older people's rights and resources during their rehabilitation.
 - Liaison with and provision of advice to government and administrators on the rehabilitation needs of older people at individual, regional and national levels.
 - Health promotion in older individuals and groups to prevent and mitigate disabilities.
- As an Educator
 - Learning from and teaching peers and trainees, junior medical staff, other clinical staff, patients and carers.
 - Participation in medical education programs to teach principles of management of health and disability needs of older people, this includes their rehabilitation needs.

- Engagement in and encouraging research in the rehabilitative and restorative needs of older people.

- As a Manager
 - Solving complex problems in individuals and the wider organisations.
 - Coordinating and leading multi-disciplinary rehabilitation services.
 - Monitoring, reviewing and reporting on rehabilitation issues.

References

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