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<p>Frailty is a clinical state characterized by a decrease of an individual's homeostatic reserves and is responsible for enhanced vulnerability to endogenous and/or exogenous stressors. Such a condition of extreme vulnerability exposes individuals to an increased risk of negative health-related outcomes. Multiple operational definitions of frailty are available in the literature, but none can be indicated as a gold standard. Frailty should be considered a condition of major interest for public health and become the lever for reshaping the obsolete health care systems currently unable to adequately address the clinical needs of aging populations.</p>	
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<p>Older people often experience loss of appetite and/or decreased food intake that, unavoidably, impact energy metabolism and overall health status. The association of age-related nutritional deficits with several adverse outcomes has led to the recognition of a geriatric condition referred to as "anorexia of aging." Anorexia is an independent predictor of morbidity and mortality both in the community and across clinical settings. Multidimensional interventions within personalized care plans currently represent the most effective option to ensure the provision of adequate amounts of food, limit weight loss, and prevent adverse health outcomes in older adults.</p>	
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treatment is the lack of consistency with screening for MCI. Universal screening would be ideal, but is limited. Once a diagnosis of MCI is made, it is important for the clinician to evaluate for reversible causes. At present time, there are no pharmacologic treatments proven to slow or cure progression of MCI to dementia; nonetheless, there is evidence that lifestyle modifications including diet, exercise, and cognitive stimulation may be effective.

Cognitive Frailty: Mechanisms, Tools to Measure, Prevention and Controversy **339**

Bertrand Fougère, Julien Delrieu, Natalia del Campo, Gaëlle Soriano, Sandrine Sourdet, and Bruno Vellas

Physical frailty is often associated with cognitive impairment, possibly because of common underlying pathophysiologic mechanisms. To stimulate research in this field, the concept *cognitive frailty* was proposed, emphasizing the important role of brain aging. Cognitive frailty was defined as the presence of cognitive deficits in physically frail older persons without dementia. This subtype of frailty is deemed important, as it may represent a prodromal phase for neurodegenerative diseases and is potentially a suitable target for early intervention. The aim of this report is to refine the framework for the definition and mechanisms of cognitive frailty and relevant screening tools.

Falls in the Aging Population **357**

Kareeann S.F. Khoo and Renuka Visvanathan

The number of people living beyond 65 years of age is increasing rapidly, and they are at increased risk of falls. Falls-related injuries and hospitalizations are steadily increasing. Falls can lead to fear of falling, loss of independence, institutionalization, and death, inevitably posing a significant burden to the health care system. Therefore, screening of people at risk of falls and comprehensive assessment of older people at high risk of falls are critical steps toward prevention. This review evaluates the current knowledge relating to falls, with particular focus on rapid screening, assessment, and strategies to prevent falls in the community.

Rapid Geriatric Assessment of Hip Fracture **369**

Jesse Zanker and Gustavo Duque

A comprehensive geriatric assessment, combined with a battery of imaging and blood tests, should be able to identify those hip fracture patients who are at higher risk of short- and long-term complications. This comprehensive assessment should be followed by the implementation of a comprehensive multidimensional care plan aimed to prevent negative outcomes in the post-operative period (short and long term), thus assuring a safe and prompt functional recovery while also preventing future falls and fractures.

Rapid Depression Assessment in Geriatric Patients **383**

George T. Grossberg, David Beck, and Syed Noman Y. Zaidi

Depression is common in geriatric patients, especially in those with multiple comorbidities and polypharmacy. Depression in older adults is often

underdiagnosed and undertreated. Initial screening for depression can easily be accomplished in the waiting room. Yet the clinical interview still remains the gold standard for diagnosing geriatric depression. Key components of the clinical interview are observant watching of the patient for the subtle signs of depression. Clinical interview should be done with sensitivity to the importance of privacy. Illicit substances and medical conditions may significantly contribute. Suicide assessment should be done in a step wise manner.

Dissecting Delirium: Phenotypes, Consequences, Screening, Diagnosis, Prevention, Treatment, and Program Implementation 393

Joseph H. Flaherty, Jirong Yue, and James L. Rudolph

Delirium is an acute change in attention and awareness that preferentially occurs in older patients with acute illness. This review provides an overview for clinicians with descriptions of the presentations (phenotypes), consequences, diagnosis, and screening of delirium. In addition, this review provides guidance for the challenges posed by delirium in a health care system, including implementation of delirium programs, tools to address the diagnosis and differential diagnosis of delirium, and a review of preventive and treatment studies with a goal of improving clinical practice.

Integrating Quality Palliative and End-of-Life Care into the Geriatric Assessment: Opportunities and Challenges 415

Daniel Swagerty

This article provides an overview of how integrating quality palliative and end-of-life care into geriatric assessment can be a tremendous benefit to older adult patients and their families. Although the quality of palliative and end-of-life care for older adults has improved greatly, there are still many opportunities to improve the quality of life and function for older adult patients in the last few years of their life. More clinical expertise in comprehensive palliative and end-of-life care must be developed and maintained. There also must be greater focus and more direct reimbursement development for physicians and health system providers.

Rapid Geriatric Assessment: Secondary Prevention to Stop Age-Associated Disability 431

John E. Morley

The Rapid Geriatric Assessment (RGA) measures frailty, sarcopenia, anorexia, cognition, and advanced directives. The RGA is a screen for primary care physicians to be able to detect geriatric syndromes. Early intervention when geriatric syndromes are recognized can decrease disability, hospitalization, and mortality.

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