

## Medical Podcasts In English For Non-Native Speakers

### S2 E1 CGA introduction and physical

#### *Definition.*

- This is a multidisciplinary evaluation involving different disciplines or teams. Although traditionally it has been more used in geriatrics. Now it is recognised that other specialities such as family medicine and emergency medicine can be involved in at least part of the process.
- The information it generates is useful for everyone involved in the care of a patient from the cardiologist to the dietitian.
- It takes into account the different components of medical, psychological and functional abilities of a patient to develop an integrated treatment plan for long-term follow-up.
- The CGA offers a place to keep adding the information discovered by the different healthcare professionals even if it is not their specific speciality or they don't have the ability to follow-up as they may see the patient only once.

#### *Evidence base.*

- The number needed to treat to avoid one death or significant deterioration according to a recent Cochrane review is 17. And patients were found to be less likely to have needed to go to residential care homes on discharge.

In practical terms, this means that instead of just treating a respiratory infection, you look at how the person will be able to cope with reduced functionality in their current home, how any new medications will affect previous medications.

It may trigger conversations that need to be had about advance care decisions. Psychological aspects, such as loneliness or solitude, may come out and identify any problems which can affect the patient's path to recuperation. It is patient-centred care.

#### *Taking a history: CGA Physical Aspects.*

1. **Pain:** Is pain a limiting factor to their mobility? Do they have the right analgesia for the different parts of their day?
2. **Continance and constipation** are also often aspects which are overlooked. Incontinence is not a normal part of ageing and can often significantly impact quality of life. Constipation can mimic other pathologies. Assessing and treating constipation means that more serious pathology such as appendicitis or ischemic bowel is not missed.

3. **Sensory impairment:** Some patients may not be aware of or not want to recognise that they have hearing problems and may be too embarrassed to say they haven't heard the instructions from their cardiologist. Endocrinologists and family doctors will also be empowered if they know that their patient can't see the numbers properly on the insulin pen, and that is the reason behind their erratic blood glucose levels.
4. **Musculoskeletal.** Sarcopenia is not always clearly defined but thinking about this diagnosis and referring to physiotherapists for example can be a simple action. Bone health can also be proactively worked on.
5. **Nutrition:** relative anorexia of older age may be made worse by problems with teeth. Worse nutritional status is associated with worse outcome in most pathologies. 50gram of protein daily is the recommendation which is often not met.
6. **Skin** has an important barrier function, and fragility of the skin can lead to infections which become hard to cure. Diuretics through volume loss can contribute to skin dryness as can post-menopausal hormone changes. Thyroid alterations affect not only skin can also be the cause of constipation.

Links:

[CGA Tool Kit.](#)

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- 1) *Complete 3 aspects of the physical CGA on 3 patients.*
- 2) *Review where you could signpost to other HCP that CGA information is available on your system.*
- 3) *Find constipation tips and share them with 2 patients.*
- 4) *Review the [Catalan VGI](#) from the Vic team.*