SIGOT

"Consensus Document on the Management of the Hospitalized Older Patient".

INTRODUCTION

1. More than 25 years have passed since the Consensus Conference on Comprehensive Geriatric Assessment sponsored by the National Institute on Aging and the Office of Medical Applications of Research of The National Institutes of Health together with the National Institute of Mental Health, the Veteran Administration and the Henry J. Kaiser Family Foundation (1). From that time, much scientific and clinical evidences have accumulated pertaining the care of older patients. Thus, it is justified to propose an International Consensus Document on the management of older patients hospitalized because of acute diseases .
2. Worldwide, the life expectancy at birth is progressively increasing and in the most developed countries life expectancy has reached levels that were unimaginable a few decades ago. As a consequence, dependency ratio is steadily increasing (2), thereby raising concerns about the sustainability of the welfare systems. Some authors, however, authoritatively argue that this concern should be reconsidered in the light of the qualitative changes that occurred with longevity (3). In this scenario, the challenge for the future is to ensure that people around the world may be able to age with security and dignity and to continue fully participating in their societies (4).
3. Older people are among the main users of health services, particularly hospitals (5). Hospitalization plays a major role in the trajectory leading to functional impairment in older persons. Indeed, about 35% of older persons are discharged from the hospital with new disabilities compared to the pre-morbid baseline functional level (6-8).
4. For these reasons, it seems important to share the opinions of the international scientific geriatric societies in a consensus document which authoritatively declares what the appropriate approach and path to the older patient in hospital should be, in order to preserve, as far as possible, autonomy and quality of life during and after hospitalization of the older subject.

STATEMENTS

1. **As already defined in the 1987 Consensus Conference (1), the appropriate approach to hospitalized older patients is based upon the Comprehensive Geriatric Assessment (CGA), a methodology which generates a priority system of interventions and medical care aimed at preserving self-sufficiency and quality of life.**

2. **According to recent studies, the CGA-based approach has proved to reduce the rate of post-discharge institutionalization, death and disability in comparison with the traditional management, without any cost increase (9-21). In other words, older patients admitted to Geriatric wards who underwent a CGA-based multidimensional management were more likely to return home after hospitalization and were discharged from hospitals with better**

functional and cognitive status compared to those who received usual medical care. These benefits implies a smaller burden on families and health care or welfare systems compared to older patients who did not receive a CGA-based approach.

3. **The benefits, in terms of lower rates of disability and institutionalization, are achieved only if the same team performs both the assessment and the clinical management; conversely, when assessment was performed by a consulting service and a second team provides clinical management, no significant benefit was demonstrated (20-22).**

4. **Best results are obtained when all members of the team involved in the management of acute elderly patients, i.e. physicians, nurses, social workers, clinical nutrition and physiotherapy staff members, have specific skills and experience in geriatrics and a geriatrician plays a leading role in the multidisciplinary team (19, 23-25).**

5. **The benefits of the specific approach to hospitalized older persons based on the CGA in terms of lower rates of disability and institutionalization and to stratify different mortality risk groups are obtained in older patients with specific clinical disorders, i.e. cancer (26), renal failure (27), and other common conditions leading to death in older age (28).**

6. **Drug treatment in hospitalized older patients is a challenging issue, because of the increased risk of adverse drug reactions and the limited usefulness of scientific evidence. The lack of evidence is due to the very common exclusion of older patients with comorbid conditions from randomized clinical trials and meta-analyses, which generate clinical practice guidelines for younger people (29, 30).**

7. **The CGA-based approach has proved effective in reducing the number of prescriptions and daily drug doses by facilitating discontinuation of unnecessary or inappropriate medications. CGA-based approach has also demonstrated an ability to optimize treatment by increasing the number of drugs taken in cases where under-treatment has been identified (31).**

8. **Daily review of drug treatment is strongly indicated in the hospital management of elderly patients in both medical and surgical settings (10, 23).**

9. **The perioperative phase (preoperative and postoperative) in older patients is particularly delicate. In this clinical setting, the multidisciplinary approach by a team involving the Geriatrician reduces the rate of adverse outcomes (16, 23, 32-35). In other words older patients with surgical diseases should be treated by both surgeons, anesthesiologist and geriatricians on the basis of specific paths that needs to be defined and validated.**

10. **Older patients hospitalized for acute diseases require specific paths to ensure continuity of treatment and care between hospital and home (9, 23). A specific task is to detect frailty at all levels of care by using CGA-based instruments suitable in the different settings and primary care (36)**

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