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**ANNUAL REFRESHER COURSE
FOR FAMILY PHYSICIANS**

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The geriatrics 5Ms. Demystifying what geriatricians do

Allen R. Huang, MDCM, FRCPC

Division of Geriatric Medicine

University of Ottawa and The Ottawa Hospital


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Disclosure

- I have no conflicts of interest, real or perceived, to disclose



Learning objectives

- After this session, the participants should be able to:
 - List the elements of the Geriatrics 5Ms
 - Describe some of the components of each of the 5Ms
 - Better communicate to patients, their families and caregivers, health care colleagues, policy-makers and the public about what Geriatric Medicine specialists are expert at doing
- 

Introduction

- Care of older people has always been an integral part of humanity
- Early documents describe care activities:
 - 1500BCE in ancient Indian medicine texts
 - Algizar (898–980CE) Arabic physician – special book on the elderly
 - Avicenna 1025CE “Regimen of Old Age” in the Canon of Medicine
- Milestones
 - The term *geriatrics* was proposed in 1909 by Dr. Ignatz Leo Nascher (NYC)
 - Dr. Marjory Warren – West Middlesex Hospital, London 1946; invention of the *comprehensive geriatric assessment*; UK NHS 1948
 - Sir Bernard Isaacs, Glasgow; James Williamson, Edinburgh, Scotland
 - Canadians travelled to Scotland to train
 - IOM report 2008 - **12,000** Geriatricians needed to meet American needs



Geriatrics, from geras, old age, and iatrikos, relating to the physician, is a term I would suggest as an addition to our vocabulary, to cover the same field that is covered in old age that is covered by the term pediatrics in childhood, to emphasize the necessity of considering senility and its disease apart from maturity and to assign it a separate place in medicine

Dr. Ignatz Leo Nascher

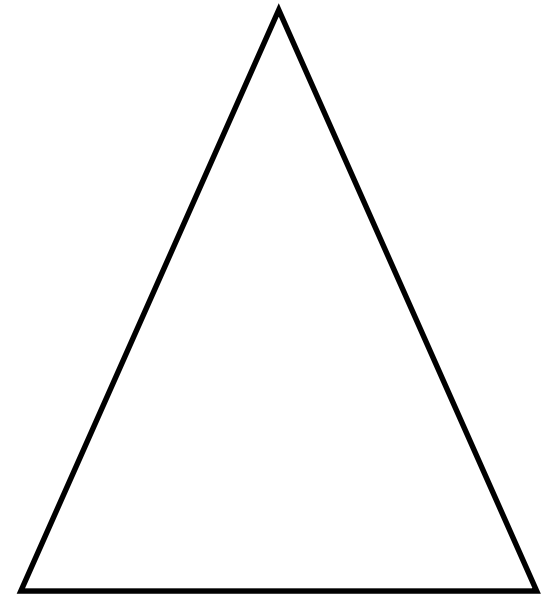
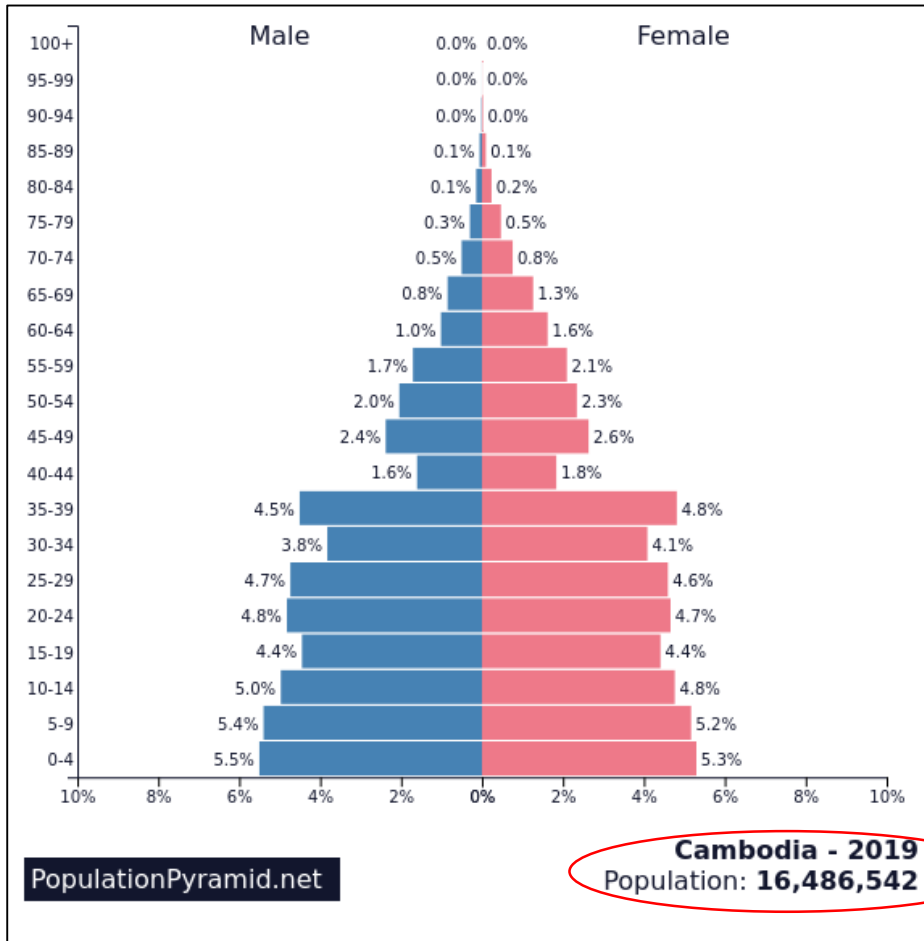


Dr. Marjory Warren

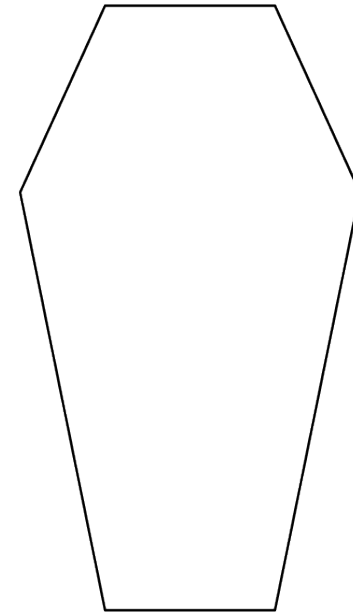
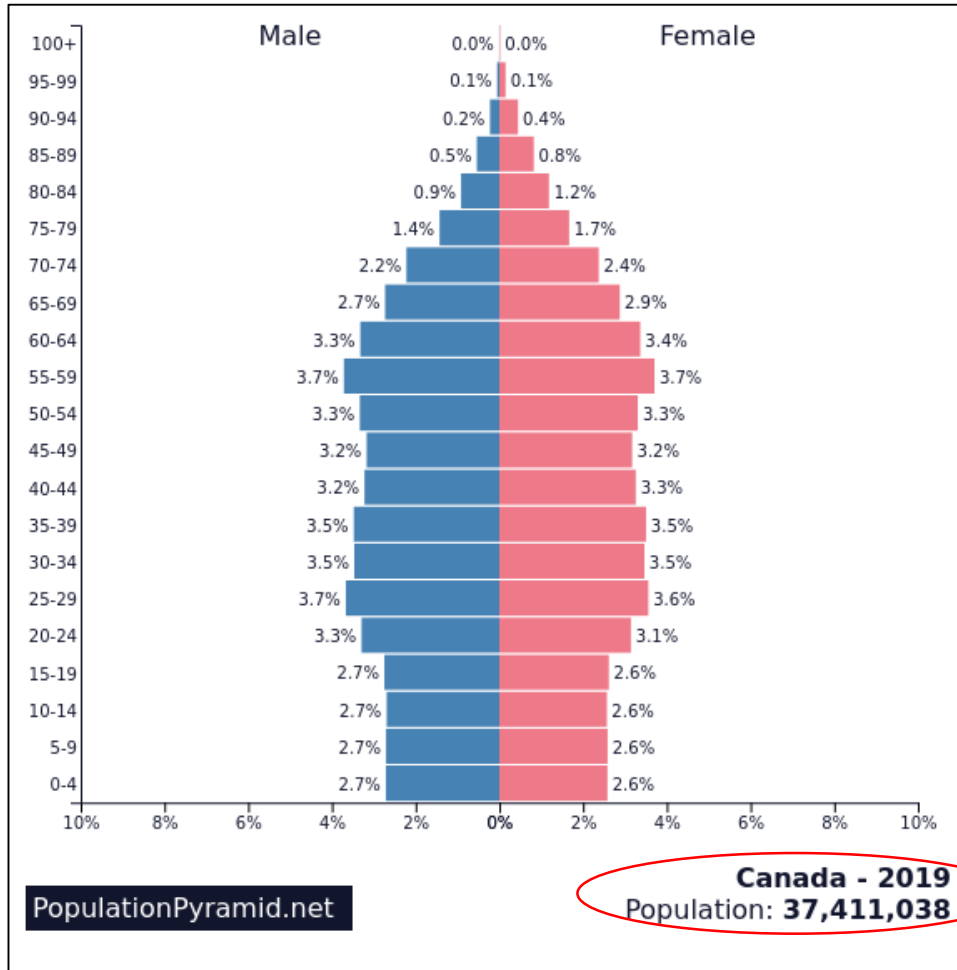


IOM 2008

Rising tide of population demography



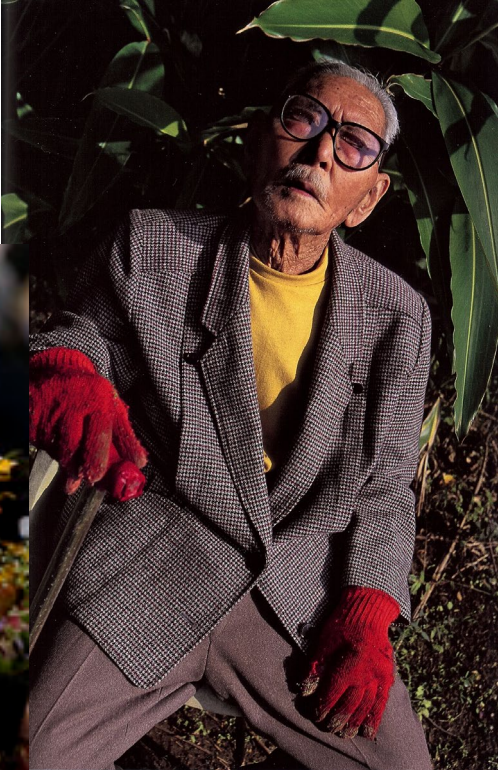
Rising tide of population demography



THE CANADIAN CONTEXT

- Canadian population = 37.4M (2019)
- 'Baby boomers' first turned 65 on Jan 1, 2010
- **1000** Canadians turn 65 *every day*
- Canadian Geriatrics Society 2012 Physician Resource Workgroup report: 240 Geriatricians in Canada + **need 216 more**
- Royal College specialty (5-year training) since 1979

WHEN I GET TO BE 100-YEARS OLD I WANT TO BE LIKE:



What does a geriatrician do?

Internist for older adults?

Specialist in frailty?

Expert in falls?

Expert in medication management?


Long-term care?

Rehab specialist?


complexivist?

The unknown profession: A geriatrician (2012)

https://www.youtube.com/watch?v=VCrqrLt0S_8&t=4s



In April 2017,
the Canadian Geriatrics Society
launched the Geriatrics 5Ms,
a communication framework to help
describe what geriatricians do.



GERIATRIC 5Ms[©]

MIND

Mentation,
Dementia,
Delirium,
Depression

MOBILITY

Impaired gait and balance,
Fall injury prevention

MEDICATIONS

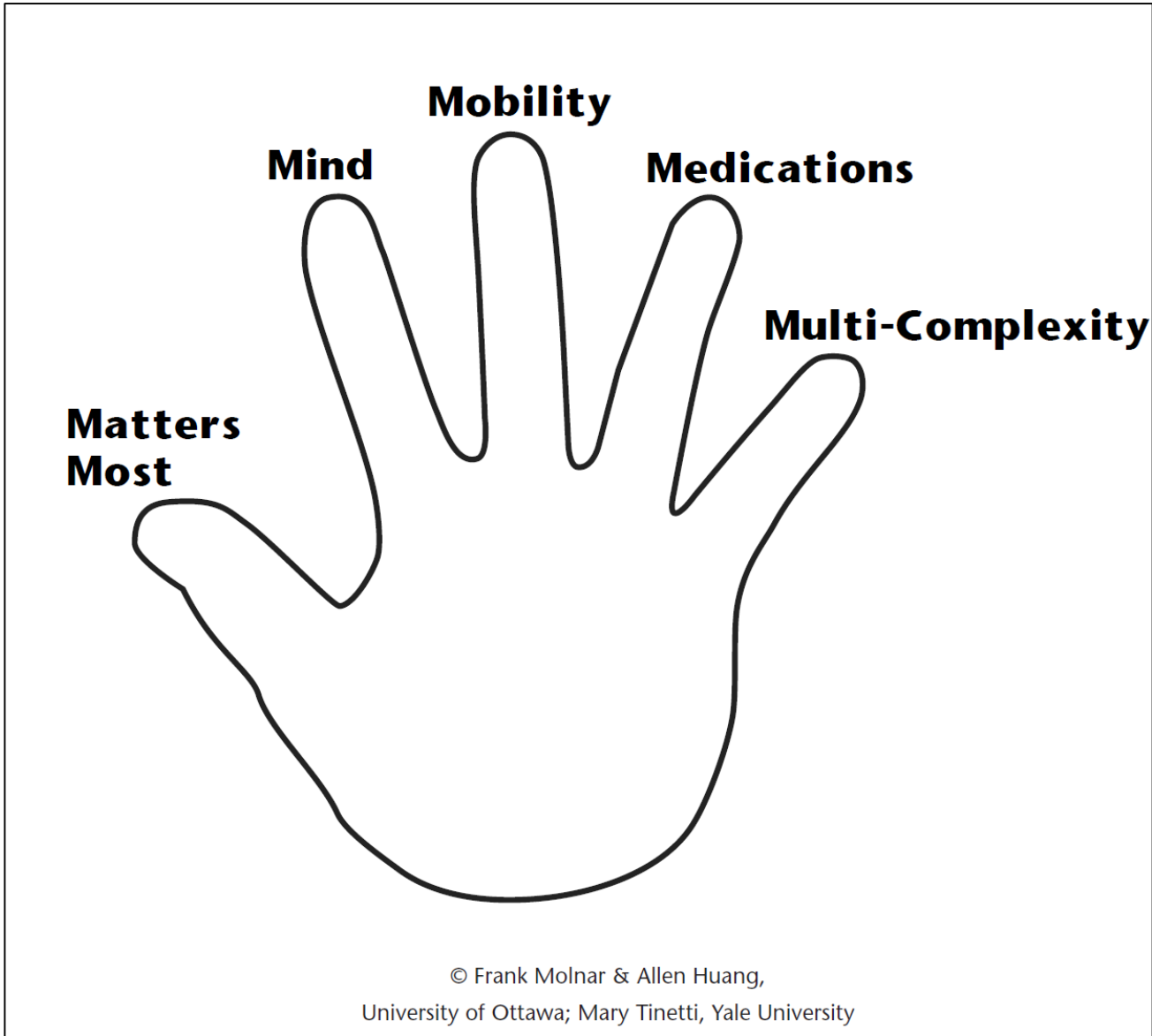
Polypharmacy,
De-prescribing,
Optimal prescribing,
Adverse medication effects and medication burden

MULTI-COMPLEXITY

Multi-morbidity,
Complex bio-psycho-social situations


MATTERS MOST

Each individual's own meaningful health outcome goals and care preferences.



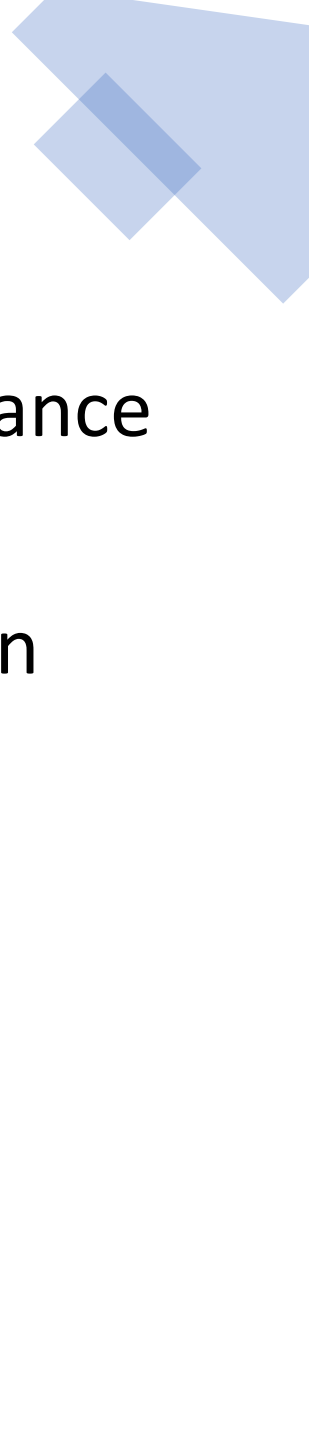


MIND

- Mentation
 - Dementia
 - Delirium
 - Depression
- 




MOBILITY

- Impaired gait and balance
 - Fall risk
 - Fall / injury prevention
 - Bone health
- 




MEDICATIONS

- Optimal, appropriate, rational prescribing
 - De-prescribing (thoughtful medication debridement)
 - Medication review analysis
 - Best possible medication history
 - Interactions
 - Med-med
 - Med-disease
 - Med-alcohol, food, supplements
 - Medication cascades
 - Time-to-benefit
- 



MULTICOMPLEXITY

- Medical conditions
 - Mental health conditions
 - Social (family) supports
 - Economic context
 - Psychological factors
 - Cultural, religious, personal beliefs
- 

MATTERS MOST

- Meaningful health outcomes and care preferences
- Goals of care
- Patient reported outcomes
- Substitute decision-maker(s)
- Power of attorney

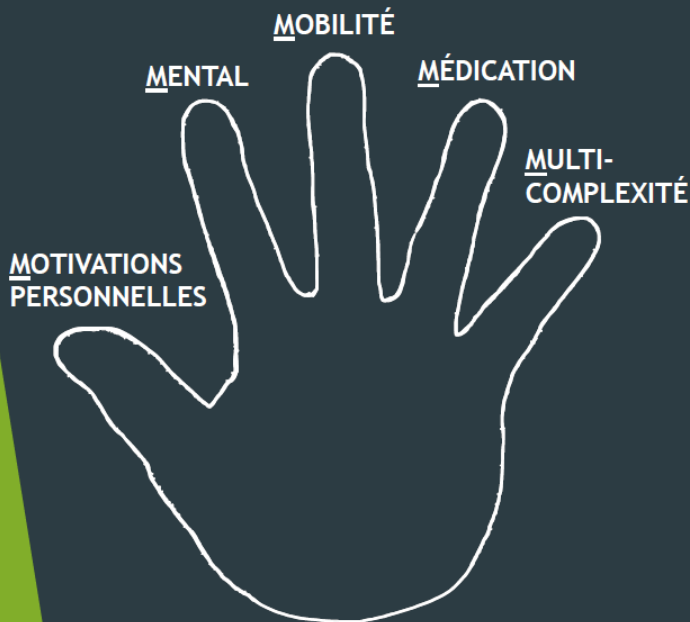




The Geriatrics 5Ms has gone
global !

en français

QUAND LA GÉRIATRIE PEUT AIDER VOS PATIENTS



En présence des troubles ou des besoins cités ci-dessus, demandez une consultation en Gériatrie, surtout si votre patient est FRAGILE.

LES 5 M DE LA GÉRIATRIE

MENTAL

- Manque de lucidité
- Démence
- Délirium
- Dépression

MOBILITÉ

- Troubles de la marche et de l'équilibre
- Prévention des blessures liées aux chutes

MÉDICATION

- Polypharmacie
- Dé-prescription
- Optimisation de chaque prescription
- Effets néfastes des médicaments et leur fardeau

MULTI-COMPLEXITÉ

- Multimorbidité
- Situations bio-psycho-sociales complexes
- Maladies concomitantes multiples

MOTIVATIONS PERSONNELLES

- Objectifs de santé significatifs pour le patient
- Ses propres préférences et objectifs en matière de soins


en español

Las “ 5Ms de la Geriatría” ©	
Mente	Cognición y Demencia Delirium Depresión Manifestaciones psicológicas o cambios conductuales
Movilidad	Trastorno de marcha o balance Caídas Deterioro funcional/físico Sarcopenia
Medicamentos	Polifarmacia Prescripción óptima De prescripción Diagnóstico y prevención de eventos adversos asociados a medicación
Multimorbilidad y complejidad	Manejo de múltiples enfermedades Condiciones biopsicosociales complejas Fragilidad
Metas personales	Consideración de metas y principios del adulto mayor, planes a futuro

Modificado de Frank Molnar, Allen Huang Universidad de Ottawa , Mary Tinetti, Universidad de Yale © (11)



Tools of the geriatricians' trade






- Comprehensive geriatric assessment
 - Multi-professional team
 - RN, PT, OT, SW, Pharm, dietetics, neuropsychology, speech-language, pastoral, recreation
- 

What can I, as a primary care provider do for my older patients?

Focus	Focus on the elements of the Geriatrics 5Ms
Screen	Screen for cognitive problems
Screen	Screen for falls
Review	Review meds, especially after discharge from hospital
Refer	Refer if there is a recent change in functioning

Clinical Frailty Scale score 4 and higher

CLINICAL FRAILTY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally , e.g., seasonally.
	3	MANAGING WELL	People whose medical problems are well controlled , even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILITY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities . A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILITY	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	6	LIVING WITH MODERATE FRAILITY	People who need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	7	LIVING WITH SEVERE FRAILITY	Completely dependent for personal care , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	8	LIVING WITH VERY SEVERE FRAILITY	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	TERMINALLY ILL	Approaching the end of life. This category applies to people with a life expectancy <6 months , who are not otherwise living with severe frailty . (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca
Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

Conclusions

Geriatrics 5Ms is a communication framework

The framework helps focus care around issues that can improve the outcomes of older people

Geriatric medicine specialists are rare, use them wisely

add life to years

Selected rules of Life from Jeanne Calment (when she was 120-years old)



- "I'm in love with wine."
- "I think I will die of laughter."
- "I've got only one wrinkle, and I'm sitting on it."
- "I never wear mascara; I laugh until I cry often."
- "If you can't change something, don't worry about it."
- "Always keep your smile. That's how I explain my long life."
- "I see badly, I hear badly, and I feel bad, but everything's fine."
- "I have a huge desire to live and a big appetite, especially for sweets."
- "I have legs of iron, but to tell you the truth, they're starting to rust and buckle a bit."
- "Being young is a state of mind, it doesn't depend on one's body. I'm actually still a young girl, it's just that I haven't looked so good for the past 70 years."



Thank you

allenuang@toh.ca

Reference: Tinetti, M., Huang, A., Molnar, F.
"The Geriatrics 5M's: A New Way of Communicating What We Do."
Journal of the American Geriatrics Society, 2017, **65**(9): 2115-2115.