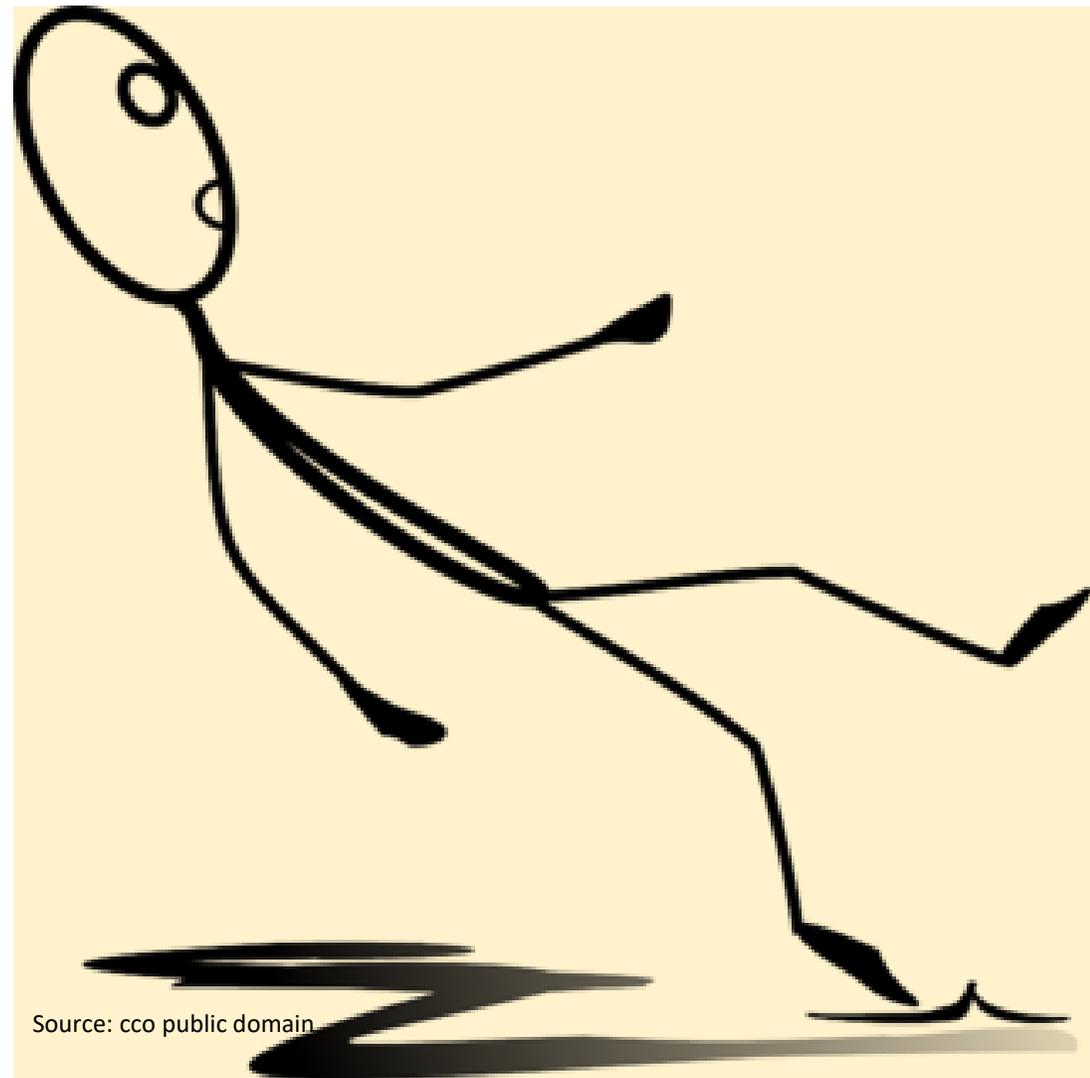


# The geriatrician is in...to talk about aging- related syndromes

Eugenia L. Siegler, MD  
Weill Cornell Medicine  
September 17, 2020



**NATIONAL RESOURCE  
CENTER ON HIV & AGING**



# Weill Cornell Medicine

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I recently was the recipient of support through an investigator-initiated research grant from Gilead Sciences.

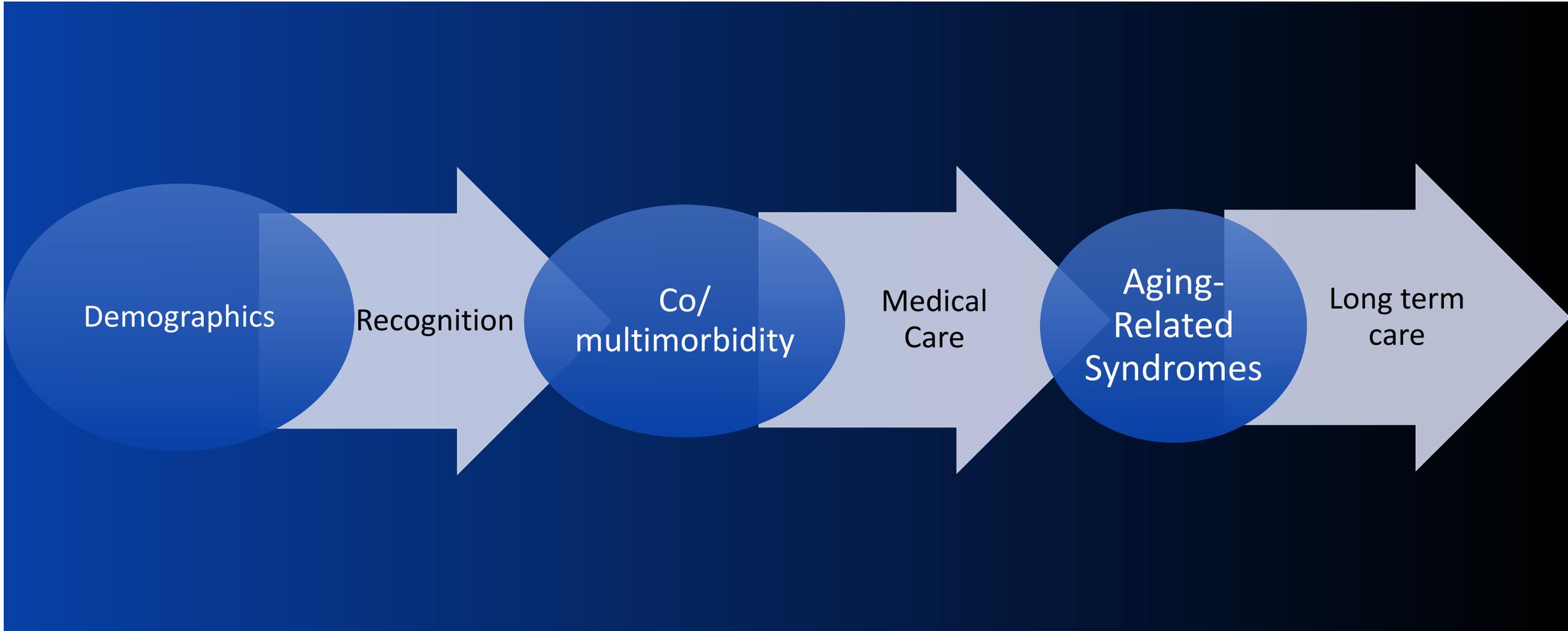
I will be a consultant to Montefiore Medical Center, which has a Gilead-funded program to establish a program in HIV and Aging

Should we really be talking about HIV/Aging now?



YES!

# The field of HIV/Aging is evolving



We must also begin to plan for long term care needs

# Aging-related syndromes are clinical conditions in older persons “that do not fit into discrete disease categories”

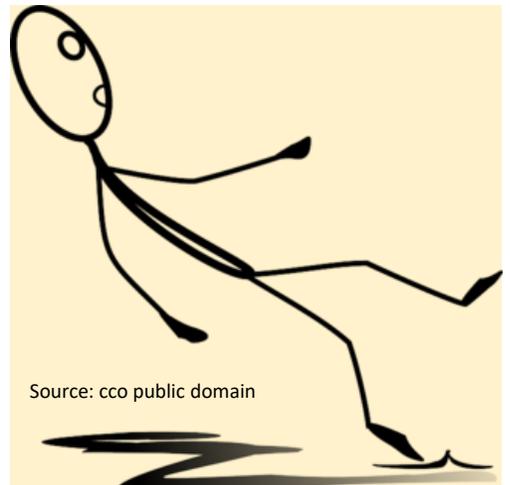
(Inouye et al, JAGS 2007 doi: 10.1111/j.1532-5415.2007.01156.x)



### Clinical Frailty Scale\*

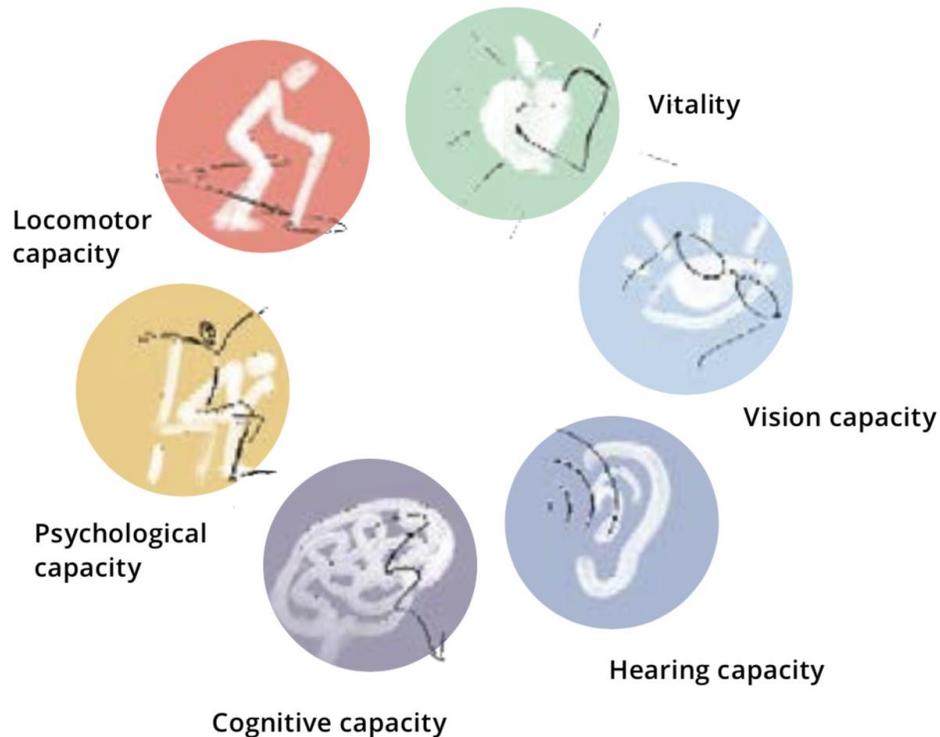
- 1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
- 2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.
- 3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
- 4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”.

<https://cloudfront.ualberta.ca/-/media/medicine/departments/division-of-critical-care/pictures/cfs-01.gif>

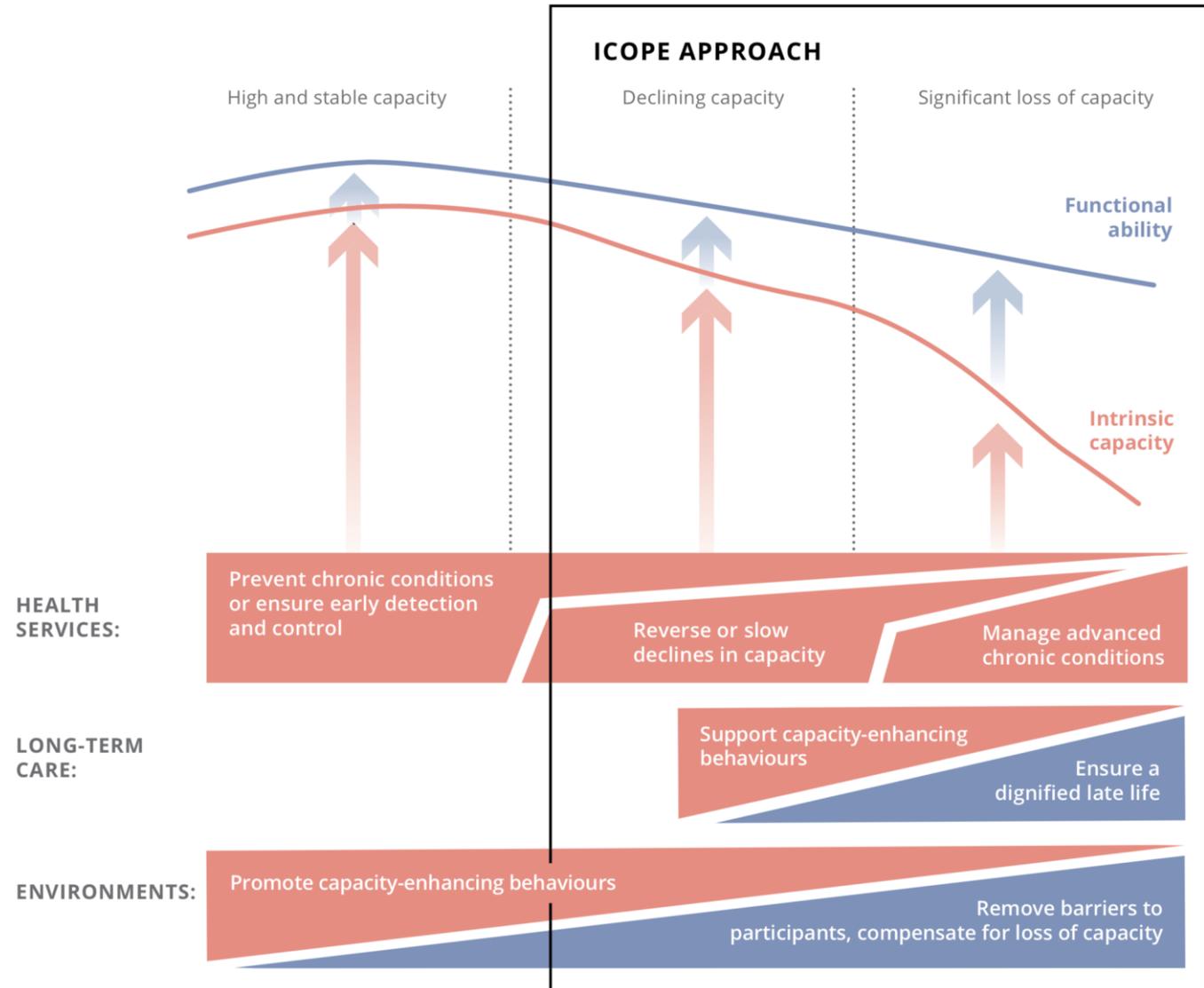


# A clinical program can focus on any or all of the domains of healthy aging

## KEY DOMAINS OF INTRINSIC CAPACITY

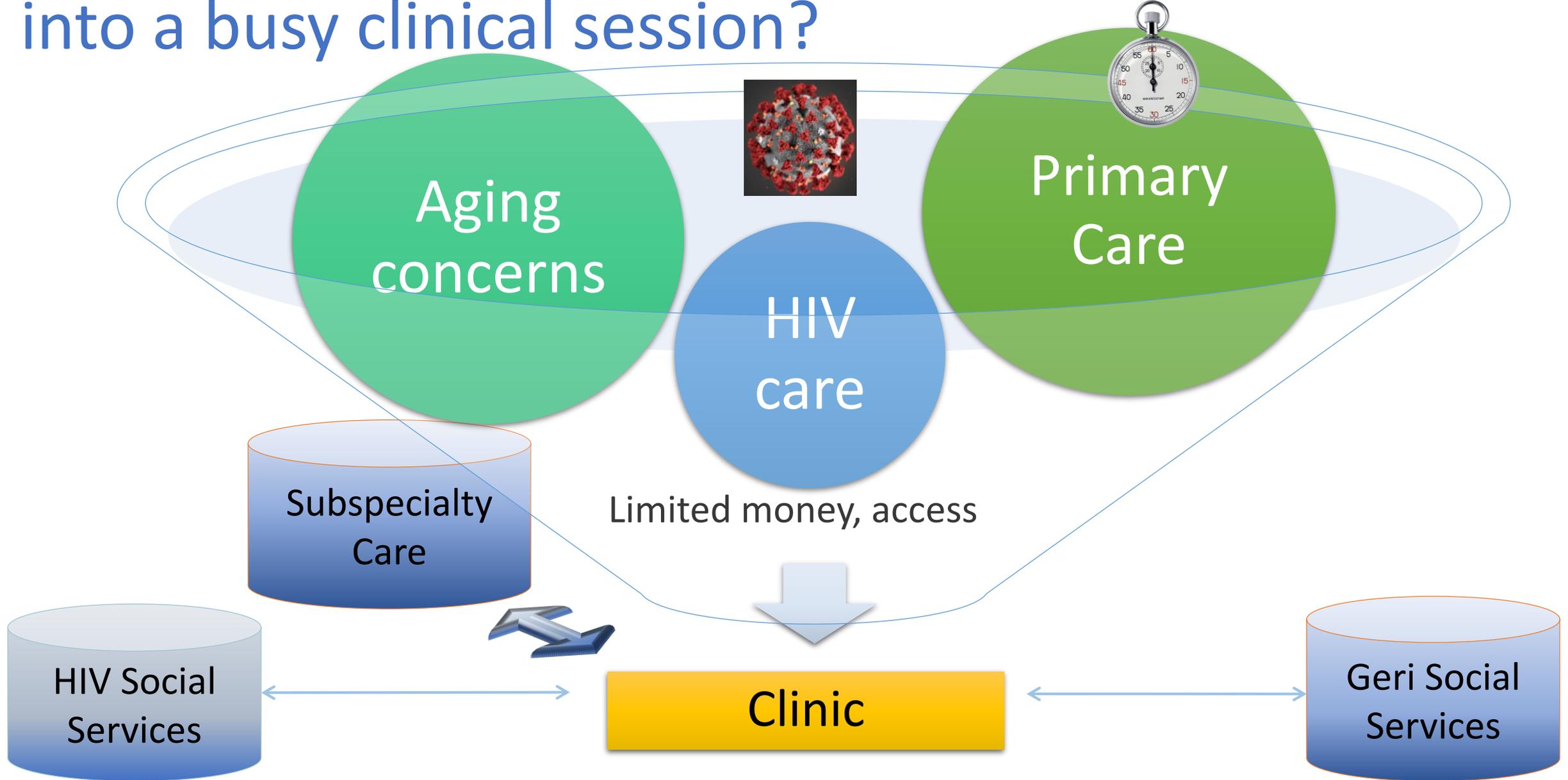


**FIGURE 2. A PUBLIC-HEALTH FRAMEWORK FOR HEALTHY AGEING: OPPORTUNITIES FOR PUBLIC HEALTH ACTION ACROSS THE LIFE COURSE**

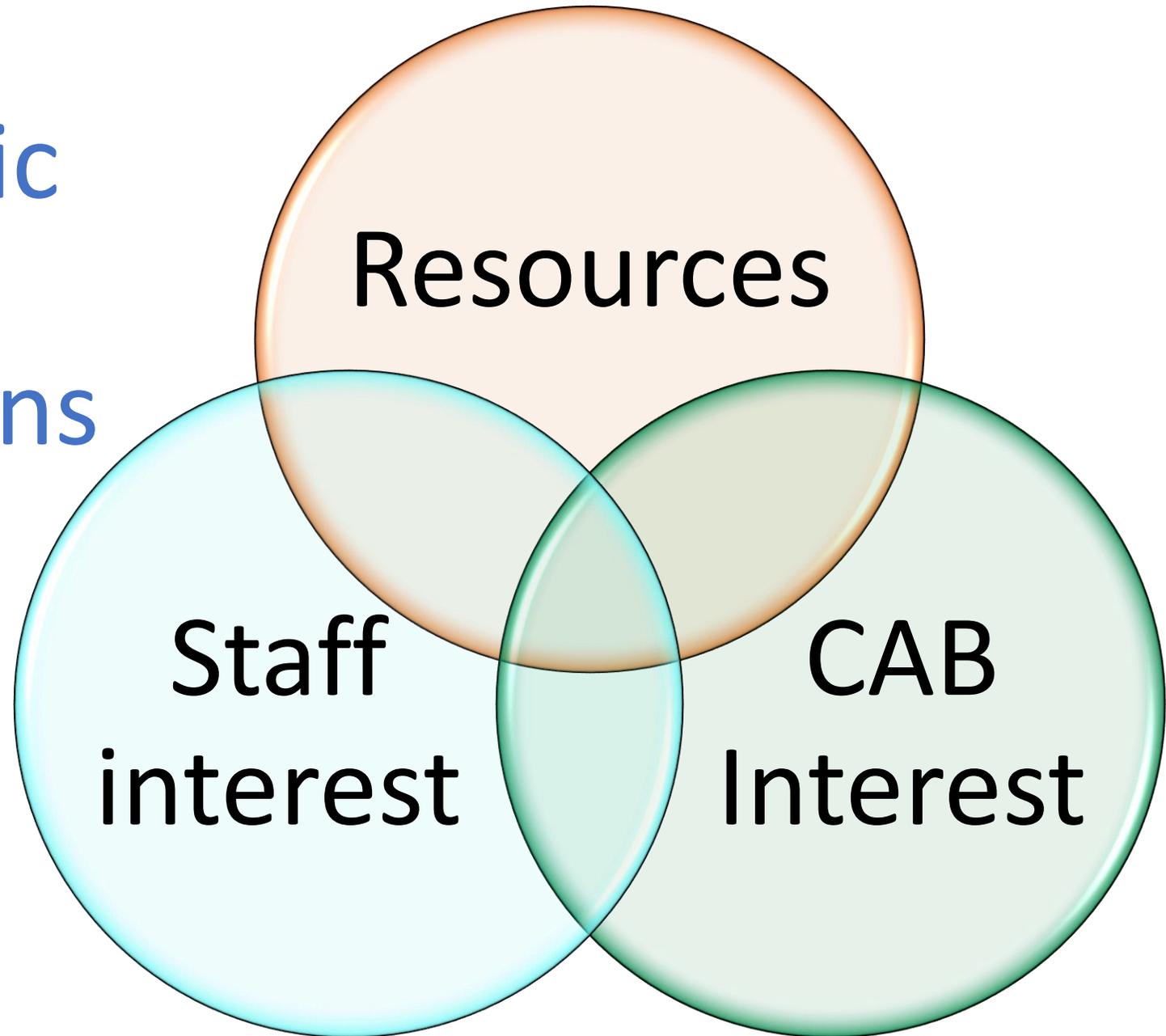


Source: World Health Organization, 2015 (1).

# How can screening for aging-related syndromes fit into a busy clinical session?



Tell your clinic  
what your  
aging concerns  
are



A dark blue, irregularly shaped graphic with a splatter effect, containing the text "Example: Mobility". The graphic has a textured, ink-like appearance with various shades of blue and white splatters around its edges. The text is centered within the dark blue area.

Example:  
Mobility

# Helping improve mobility starts with a screen

## 5

### Locomotor capacity

Care pathways to improve mobility

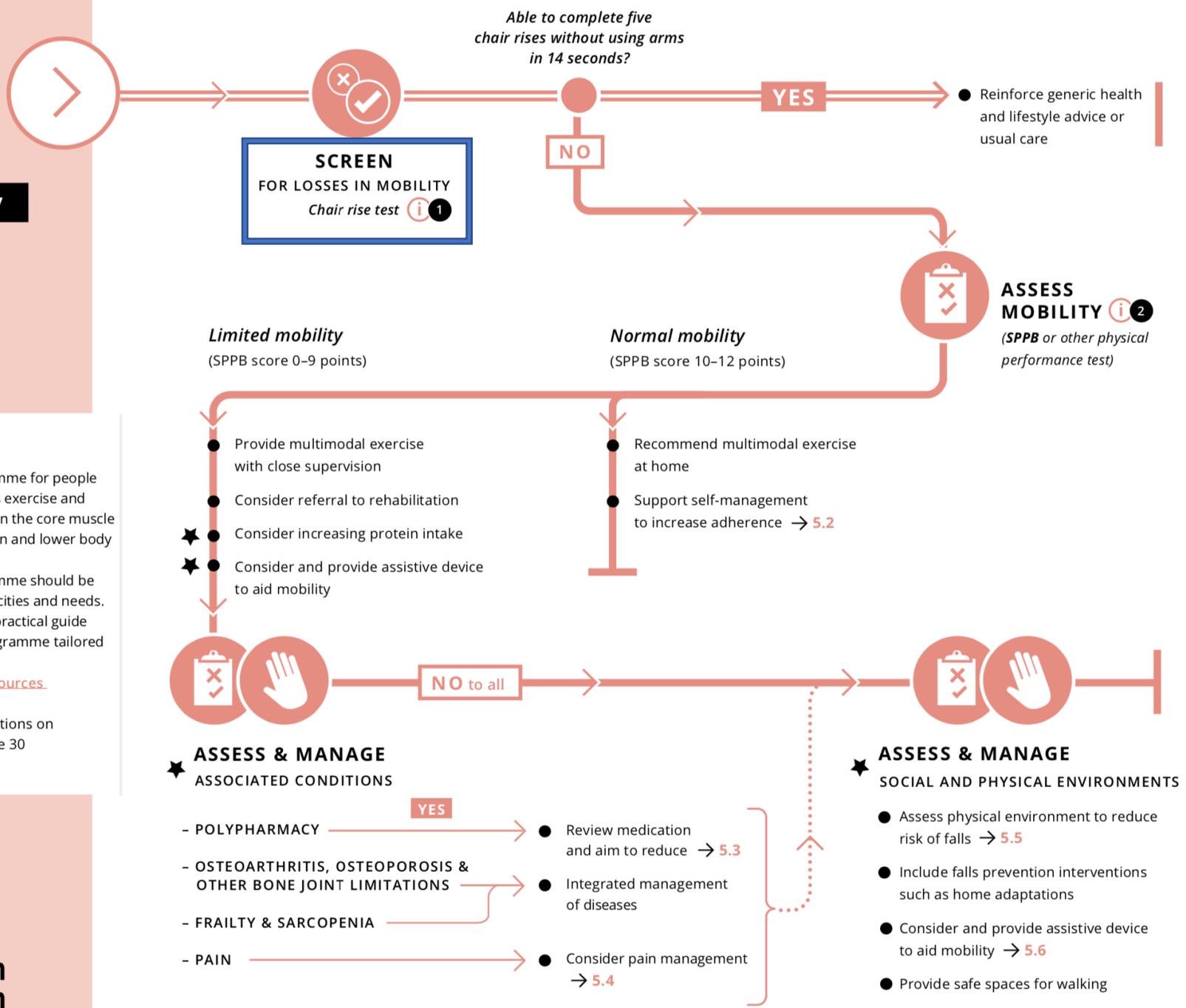
**Multimodal exercise → 5.1**

A multimodal exercise programme for people with limited mobility combines exercise and cross-training with emphasis on the core muscle groups of back, thigh, abdomen and lower body

A multimodal exercise programme should be tailored to suit individual capacities and needs. The **Vivifrail project** offers a practical guide to developing an exercise programme tailored to capacities  
<http://www.vivifrail.com/resources>

For WHO global recommendations on physical activity, see box, page 30

★ Specialized care needed



# i 1

## CHAIR RISE TEST

A simple test can decide whether an older person needs further assessment for limited mobility.

**Instructions:** Ask the person, "Do you think it would be safe for you to try to stand up from a chair five times without using your arms?" (Demonstrate to the person.)

*If YES, ask them to:*

- sit in the middle of the chair
- cross and keep their arms over their chest
- rise to a full standing position and then sit down again
- repeat five times as quickly as possible without stopping.

Time the person taking the test - further assessment is needed if they **cannot stand up five times within 14 seconds.**



# Mobility and Gait: Timed Up and Go Test

Time:

<10 seconds

>=12 seconds

Rating:

Freely mobile

Higher risk of falling



Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

## The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

### Instructions to the patient:

When I say "Go," I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word "Go" begin timing.

Stop timing after patient has sat back down and record.

**Time:** \_\_\_\_\_ seconds

**An older adult who takes  $\geq 12$  seconds to complete the TUG is at high risk for falling.**

Observe the patient's postural stability, gait, stride length, and sway.

**Circle all that apply:** Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

# Now what?

## Multimodal exercise → 5.1

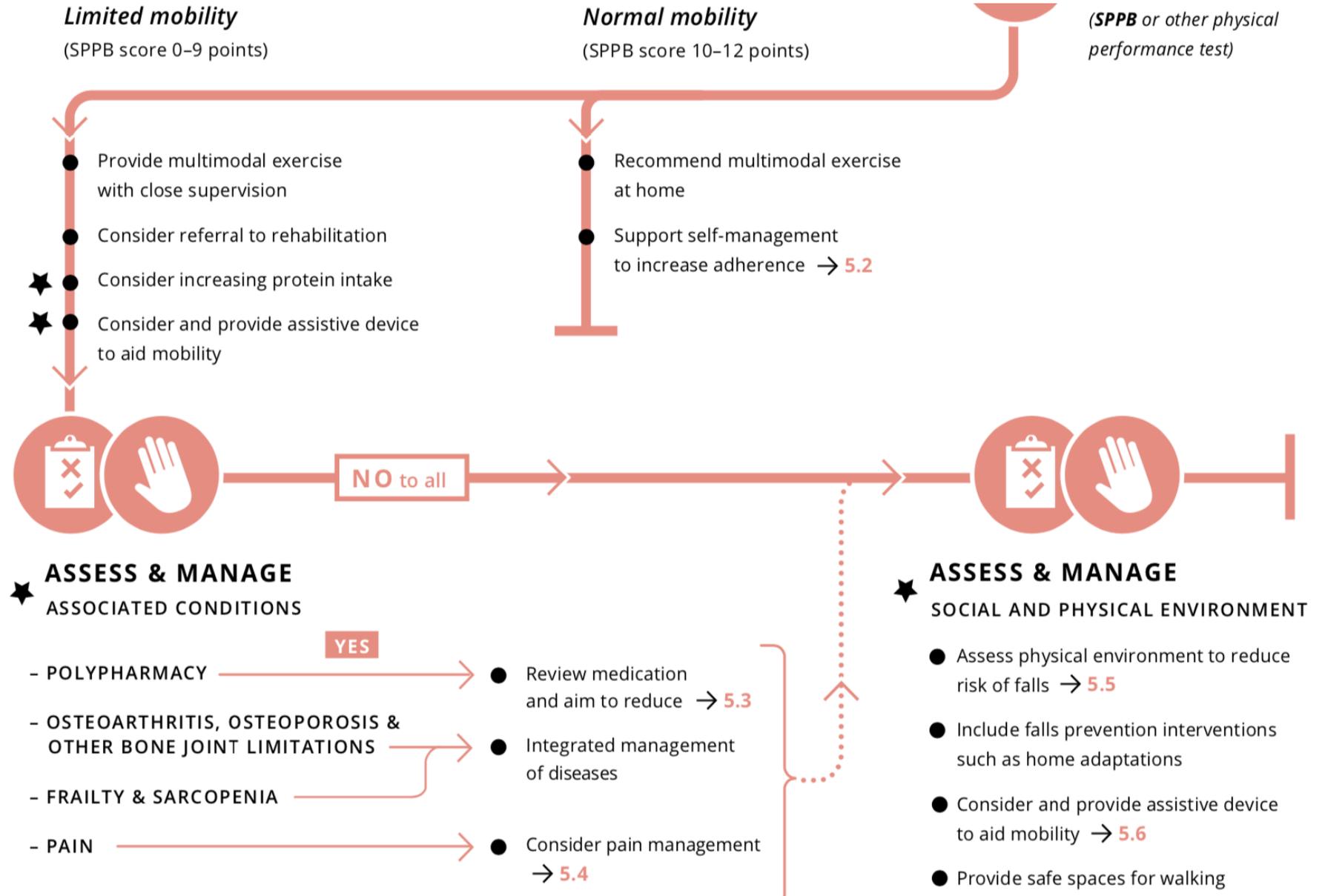
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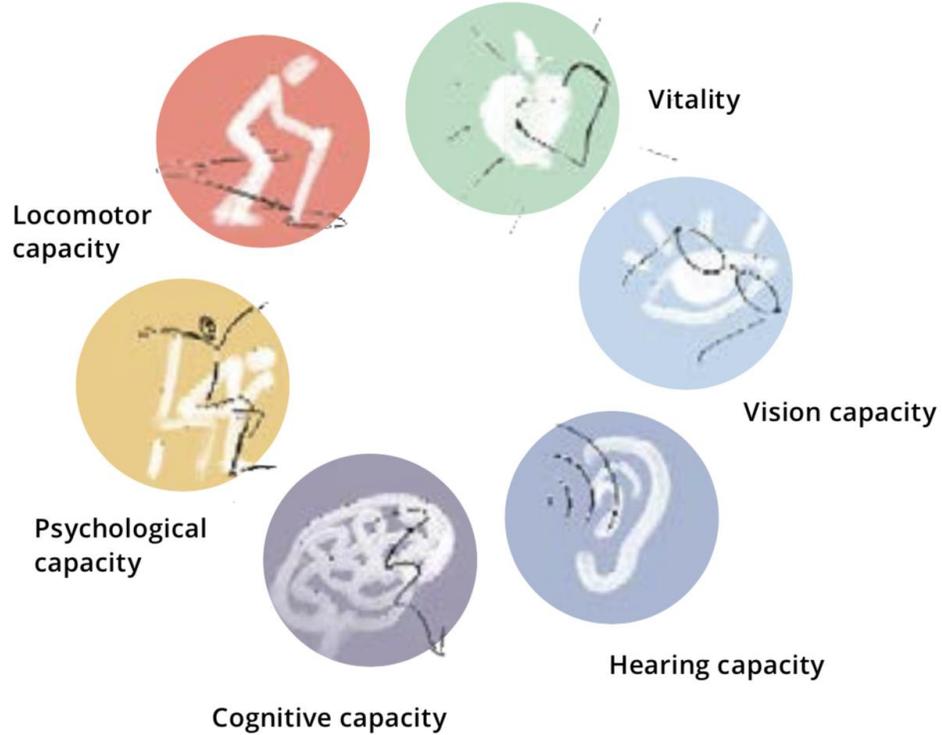
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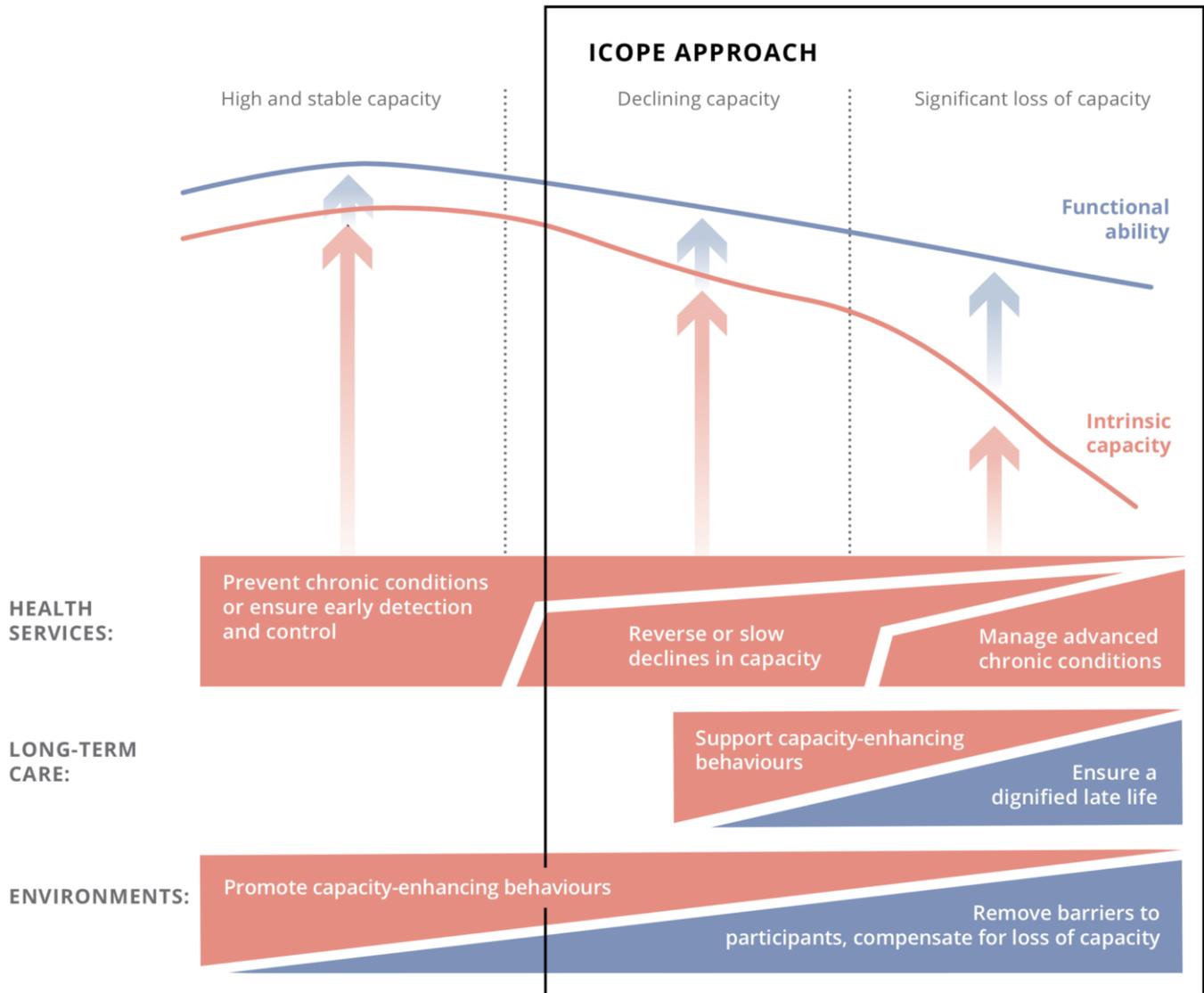


# The WHO defines healthy aging as developing and maintaining the functional ability that fosters well being

## KEY DOMAINS OF INTRINSIC CAPACITY



**FIGURE 2. A PUBLIC-HEALTH FRAMEWORK FOR HEALTHY AGEING: OPPORTUNITIES FOR PUBLIC HEALTH ACTION ACROSS THE LIFE COURSE**



Source: World Health Organization, 2015 (1).

# What questions should I be asking?

- When will the office open again and what changes will be in place to help older PLWH?
- How can telehealth be used to my advantage?
- How will you meet psychosocial needs?
- How will you foster physical fitness and nutrition?
- How will the office do an aging assessment?
- How will you translate assessment into action?
- How will you coordinate care?
- What community-based services are right for me?