

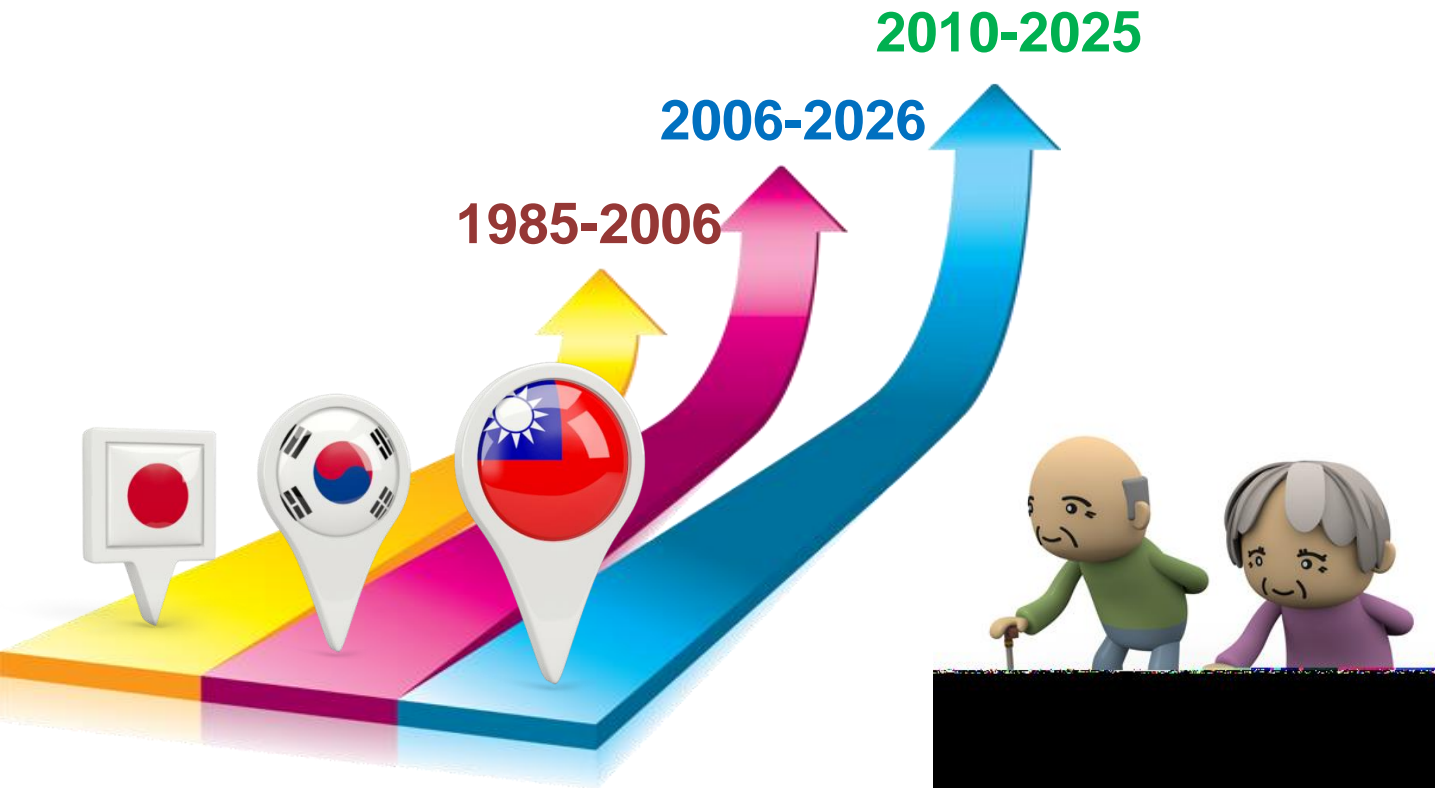


老年周全性評估

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邁向超高齡社會的路程



Decade of Healthy Ageing 2020-2030

避免
歧視



Combatting Ageism



**Age Friendly
Environments**

友善
環境

整合
照護



**Health Systems
Alignment**



Long Term Care

長期
照護

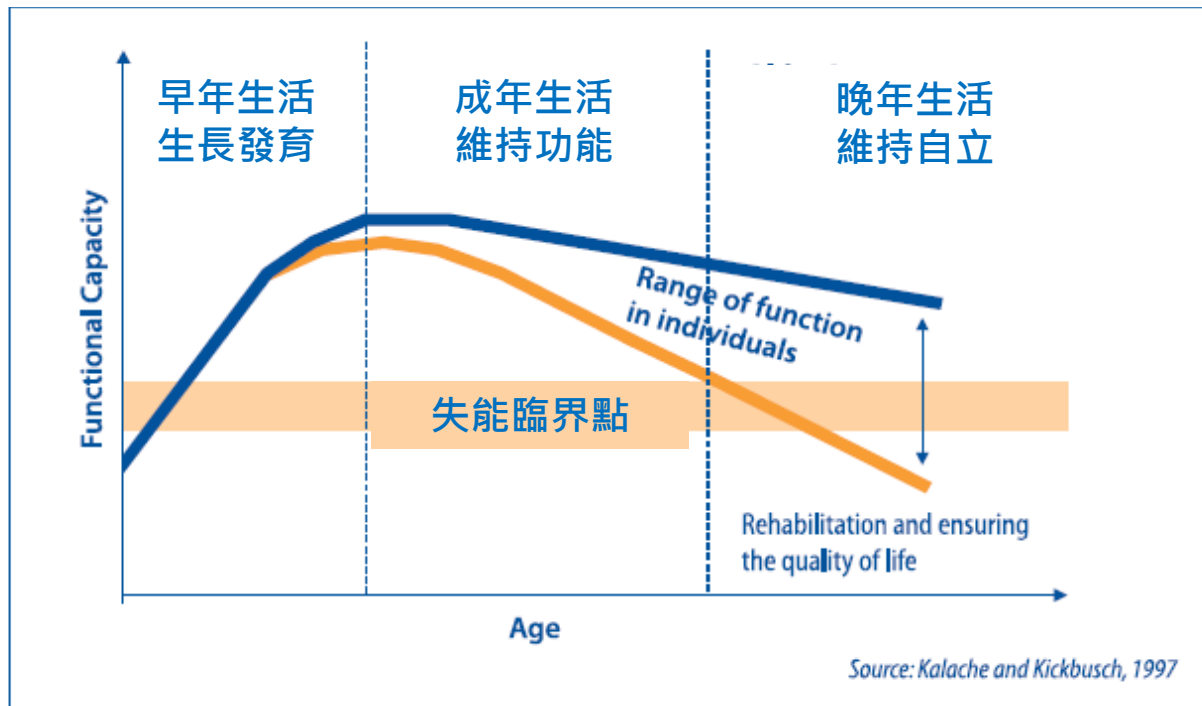
老年人的健康測量方法

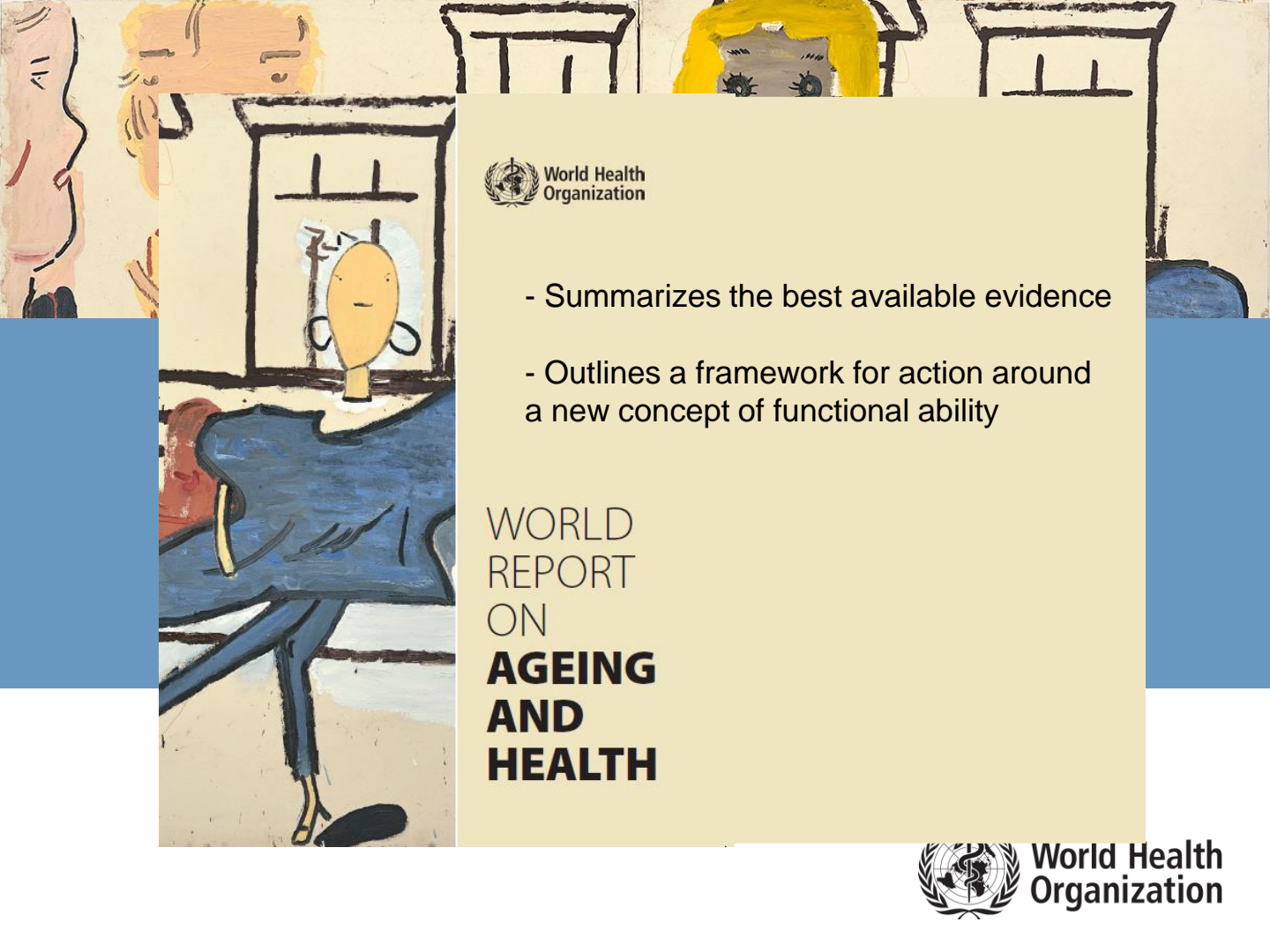
世界衛生組織 定義：

老年人的健康最佳測量方法為

生活功能

高齡照護的目標就是預防與延緩失能





World Health
Organization

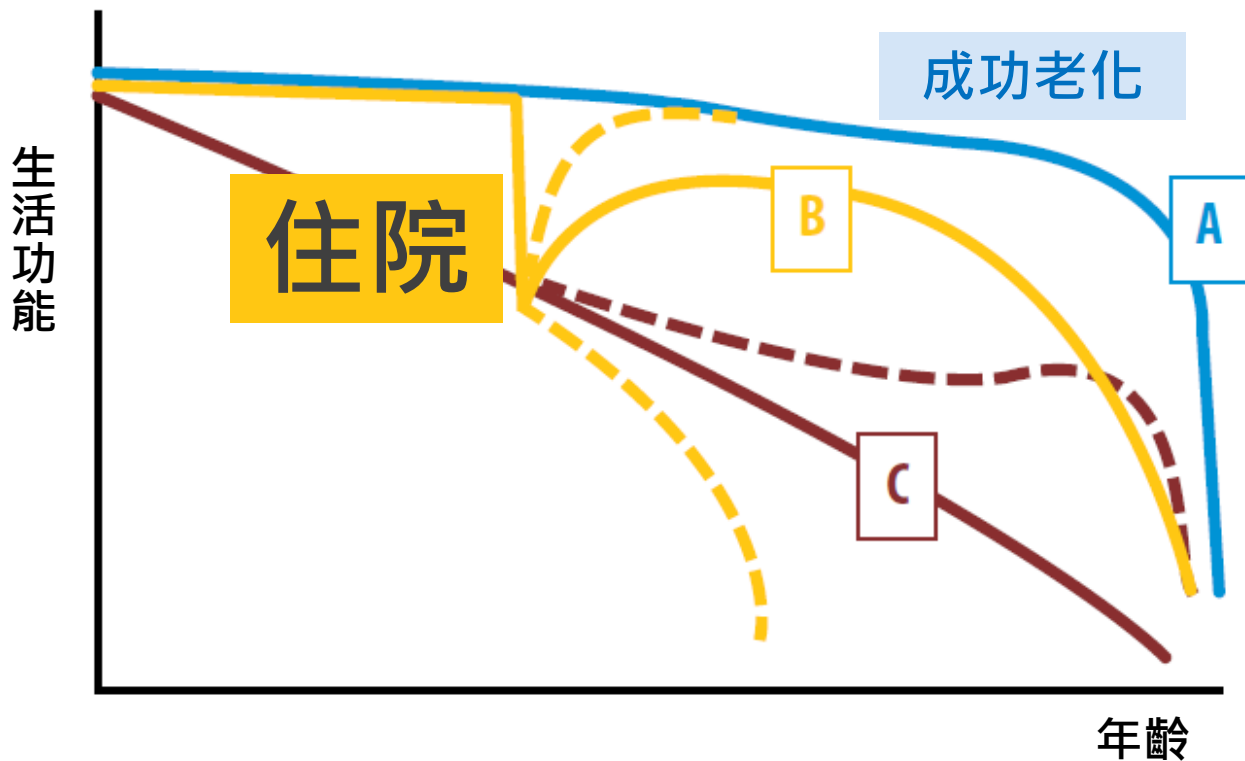
- Summarizes the best available evidence
- Outlines a framework for action around a new concept of functional ability

WORLD
REPORT
ON
**AGEING
AND
HEALTH**



World Health
Organization

老年人生活功能變化趨勢



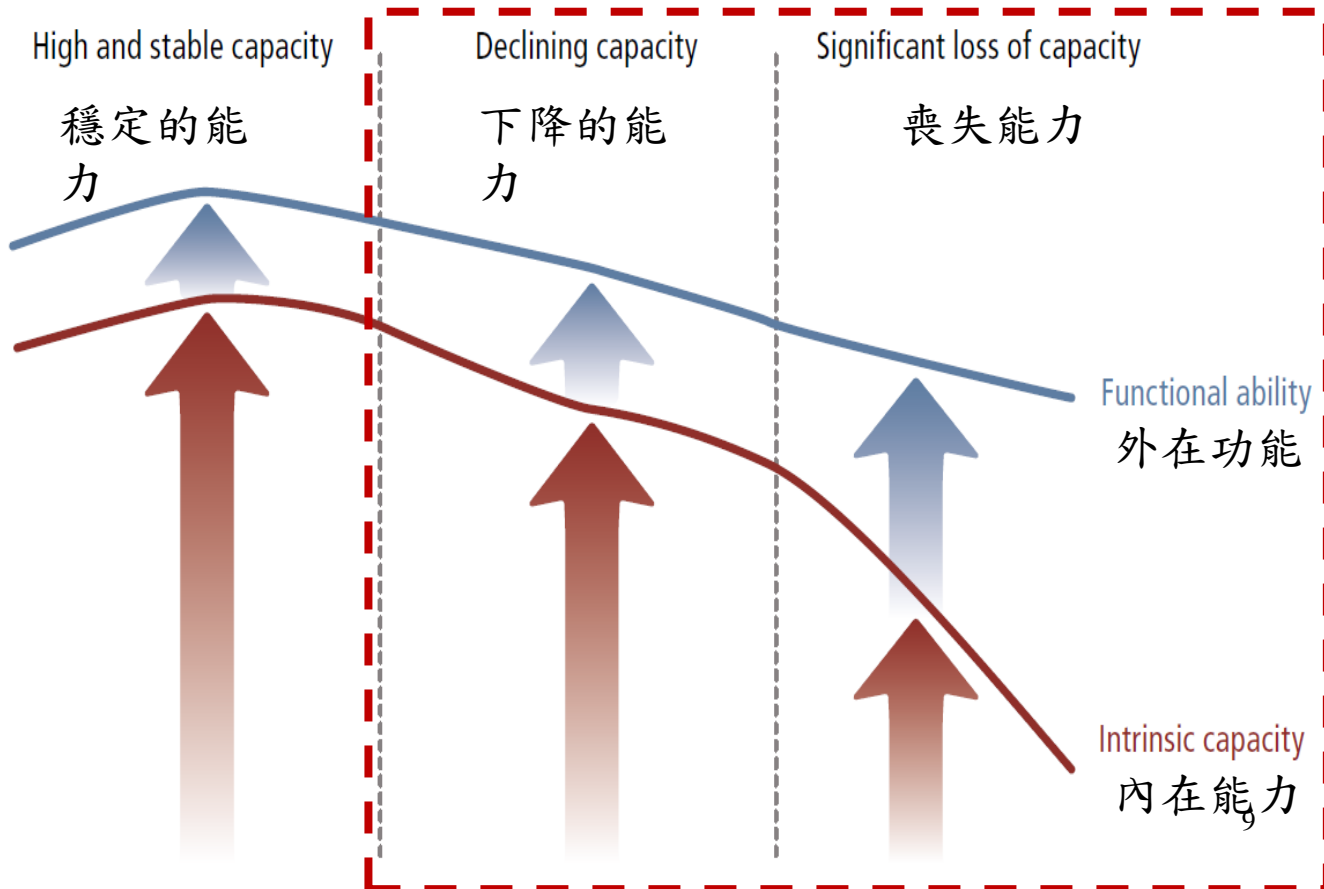
Integrated care for older people

Guidelines on community-level interventions to manage declines in intrinsic capacity



**World Health
Organization**

疾病與老化降低內在能力與外在功能



內在能力下降

Module I: Declining physical and mental capacities

行動

Recommendation 1:

Multimodal exercise training and other exercise components (balance, flexibility and aerobic training), should be recommended for older people with declining physical capacity, measured by gait speed, grip strength and other physical performance measures. *(Quality of the evidence: moderate; Strength of the recommendation: strong)*

營養

Recommendation 2:

Oral supplemental nutrition with **Oral supplemental nutrition with dietary advice** is recommended for older people with undernutrition. *(Quality of the evidence: moderate; Strength of the recommendation: strong)*

視力

Recommendation 3:

Older people should receive **Routine screening** for eye disease in the primary care setting, and timely provision of comprehensive eye care. *(Quality of the evidence: low; Strength of the recommendation: strong)*

聽力

Recommendation 4:

Screening followed by provision of **Hearing aids** should be offered to older people for timely identification and management of hearing loss. *(Quality of the evidence: low; Strength of the recommendation: strong)*

認知

Recommendation 5:

Cognitive stimulation can be offered to older people with **Cognitive stimulation** impairment, with or without a formal diagnosis of dementia. *(Quality of the evidence: low; Strength of the recommendation: conditional)*

憂鬱

Recommendation 6:

Older adults who are experiencing **Psychological interventions** should be offered brief, structured psychological interventions, in accordance with WHO mhGAP intervention guidelines, delivered by health care professionals with a good understanding of mental health care for older adults. *(Quality of the evidence: very low; Strength of the recommendation: conditional)*

內在能力的決定因子

行動力

or



Vitality

活力



Visual capacity

視力



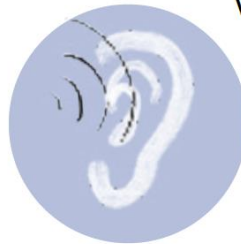
Psychological capacity

身心功能



Cognitive capacity

認知功能



Hearing capacity

聽力

老年症候群

Module II: Geriatric syndromes

Urinary incontinence

Recommendation 7:

Prompted voiding for the management of urinary incontinence can be offered for older people with cognitive impairment. *(Quality of the evidence: very low; Strength of the recommendation: conditional)*

尿失禁

Recommendation 8:

Pelvic floor muscle training (PFMT), alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed). *(Quality of the evidence: moderate; Strength of the recommendation: strong)*

Risk of falls

Recommendation 9:

Medication review and withdrawal (of unnecessary or harmful medication) can be recommended for older people at risk of falls. *(Quality of the evidence: low; Strength of the recommendation: conditional)*

跌倒

Recommendation 10:

Multimodal exercise (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls. *(Quality of the evidence: moderate; Strength of the recommendation: strong)*

Recommendation 11:

Following a specialist's assessment, home modifications to remove environmental hazards that could cause falls should be recommended for older people at risk of falls. *(Quality of the evidence: moderate; Strength of the recommendation: strong)*

Recommendation 12:

Multifactorial interventions integrating assessment with individually tailored interventions can be recommended to reduce the risk and incidence of falls among older people. *(Quality of the evidence: low; Strength of the recommendation: conditional)*



- 老年憂鬱
- 多重用藥
- 老人虐待
- 營養不良
- 疼痛
- 體重減輕
- 失智症
- 視力減低
- 聽力下降

可以處理的症狀

很多老年人把一些可以處理的症狀歸因於

講了許多次都沒得到回應

老啦

年紀大啦

反正講了也沒什麼幫忙

常低估其症狀

約有**1/2-1/3**的症狀被認為如此而沒有跟醫師說

老年症候群

多重原因

單一表現

導致失能

可以介入



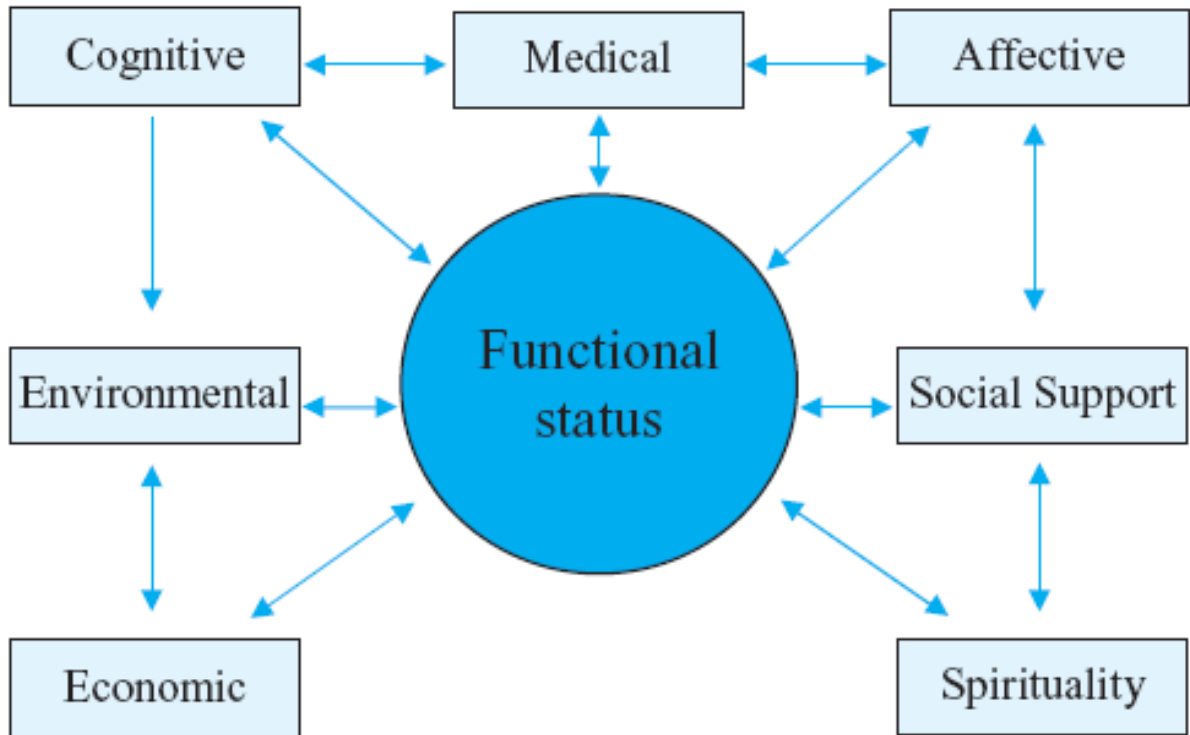


面對複雜
的老年症
候群



如何評估?

周全性評估的元素

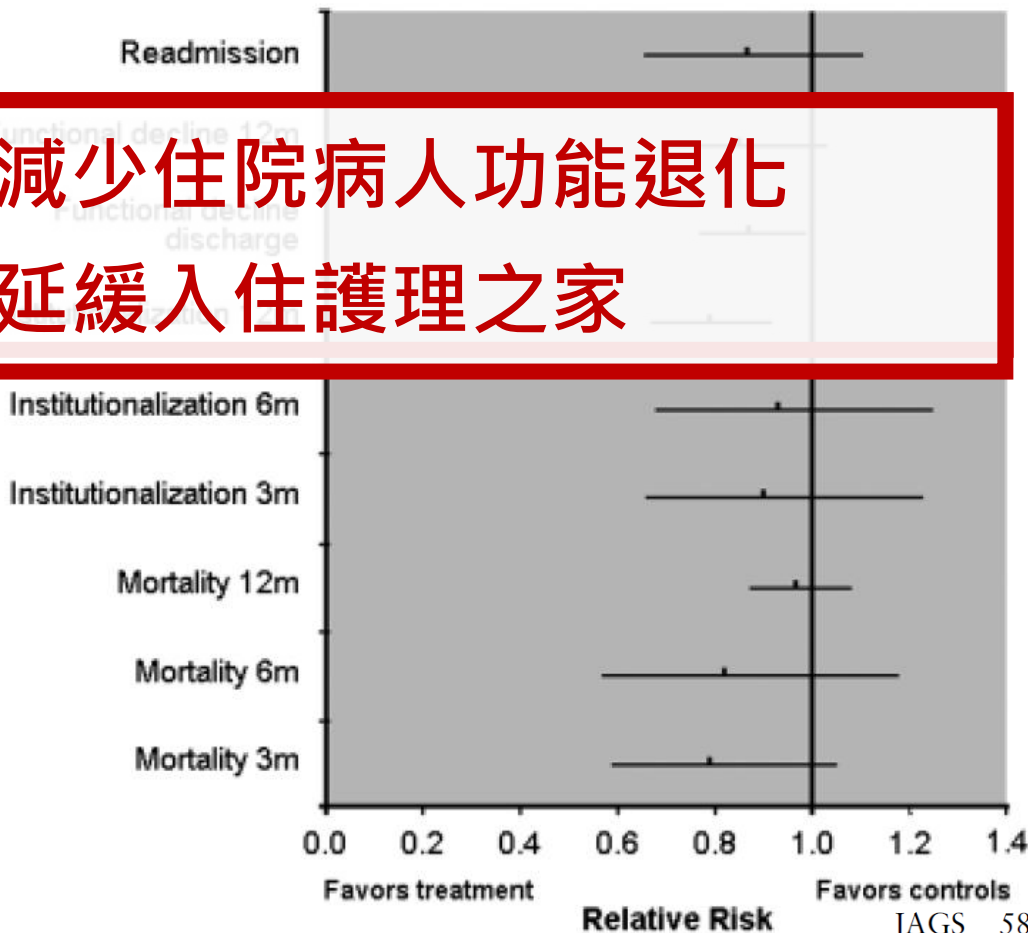


老年人周全性評估(CGA)

- 一種多面向、跨專科領域的診斷過程
- 瞭解老年人的
 - 醫療問題
 - **功能狀態**
 - **社會心理**問題
- 周全性評估內涵：
 - 周全性**功能評估**與全方位**治療計畫**擬定

The Effectiveness of Inpatient Geriatric Evaluation and Management Units: A Systematic Review and Meta-Analysis

減少住院病人功能退化
延緩入住護理之家



篩選的好處

辨識出具有**危險因子**的個案

減少或延遲**失能**

促進**生活品質**與降低**死亡率**

減少**照護與醫療費用**

延後入住**護理之家**的時間

增進**住院的預後結果**

Table 1. Controlled studies that were able to show the benefits of Comprehensive Geriatric Assessment

Study	Patient setting	Year	Benefit found*										
			1	2	3	4	5	6	7	8	9	10	
Rubenstein et al ³²	In-patient	1984	+	+	+	+			+		+	+	+
Landefeld et al ³³	In-patient	1995		+	+				+				
Hogan et al ³⁴	In-patient	1987				+	+						
Hogan and Fox ³⁵	In-patient	1990	+			+					+		
Boult et al ³⁶	Out-patient	1994							+		+		+
Silverman et al ³⁷	Out-patient	1995	+		+	+							
Vetter et al ³⁸	Community	1984				+				+			+
Hendriksen et al ³⁹	Community	1984							+	+	+	+	
Epstein et al ⁴⁰	Out-patient	1990				+							

* Key:

1 = Improved diagnostic accuracy

2 = Improved placement

3 = Improved function

4 = Improved affect or cognition

5 = Reduced medication use

6 = Decreased nursing home use

7 = Increased use of home health care service

8 = Reduced use of medical service

9 = Reduced medical cost

10 = Reduced mortality rate

哪些人**適合**做周全性評估？

- 80歲以上
- 已有功能退化(尤其是最近惡化者)
- 已有老年病症候群
- 有生理的疾病(如多重慢性疾病)
- 同時服用多種藥物或具有多重疾病
- 有精神層面的問題
- 有社會支持系統的問題
- 反覆求診與住院的老年人

哪些人**不適合**做周全性評估?

- 嚴重疾病者，如疾病末期、重症加護病患
- 嚴重失智者
- 活動功能為完全依賴者
- 需長期住在養護之家者
- 健康的老年人

Rockwood K, CMAJ 2005

怎麼做周全性評估？



認知功能的篩檢



Mini-Mental State Exam

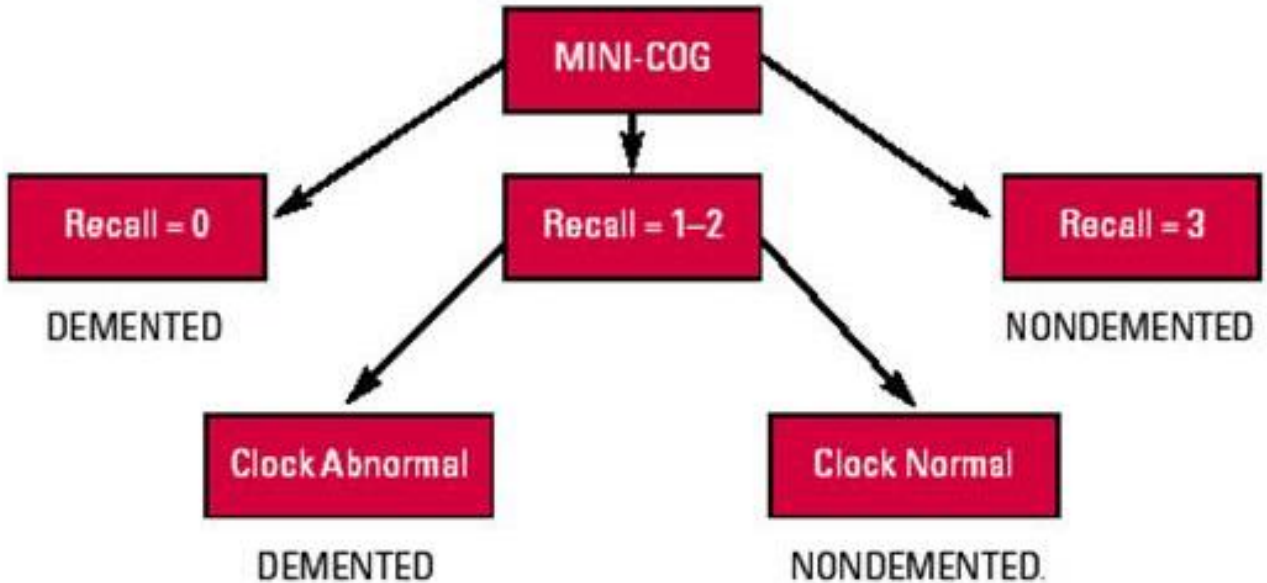
简易智能量表(mini-mental state examination, MMSE)

项 目	评 分		项 目	评 分	
	正确	错误		正确	错误
时间定向			记忆力		
1. 现在是:			5. 回忆刚才复述过的 3 个物体名称		
哪一年?	1	0	手表	1	0
哪一季节?	1	0	钢笔	1	0
几月份?	1	0	眼镜	1	0
几号?	1	0	语言		
星期几?	1	0	6. 说出所示物体的名称		
地点定向			帽子	1	0
2. 我们在:			毛巾	1	0
哪个国家?	1	0	7. 复述“如果、并且、但是”	1	0
哪个城市?	1	0	8. 诵读卡片上的句子		
什么地址?	1	0	“闭上眼睛”	1	0
哪个医院?	1	0	9. 按卡片所写的做:		
第几层楼?	1	0	用右手拿一张纸	1	0
表达			两手将它对折	1	0
3. 复述以下 3 个物体名称			然后放在左腿上	1	0
(由检查者先连续说出)			10. 写一个完整的句子	1	0
手表	1	0	(要有主语、谓语, 且有一定意义)		
钢笔	1	0	11. 模仿画出下图	1	0
眼镜	1	0	(两个五边形交叉形成一四边形)		
注意力和计算能力					
4. 计算:					
$93 - 7 = ?$	1	0			
$86 - 7 = ?$	1	0			
$79 - 7 = ?$	1	0			
$72 - 7 = ?$	1	0			



总分: _____

Mini-Cog Test

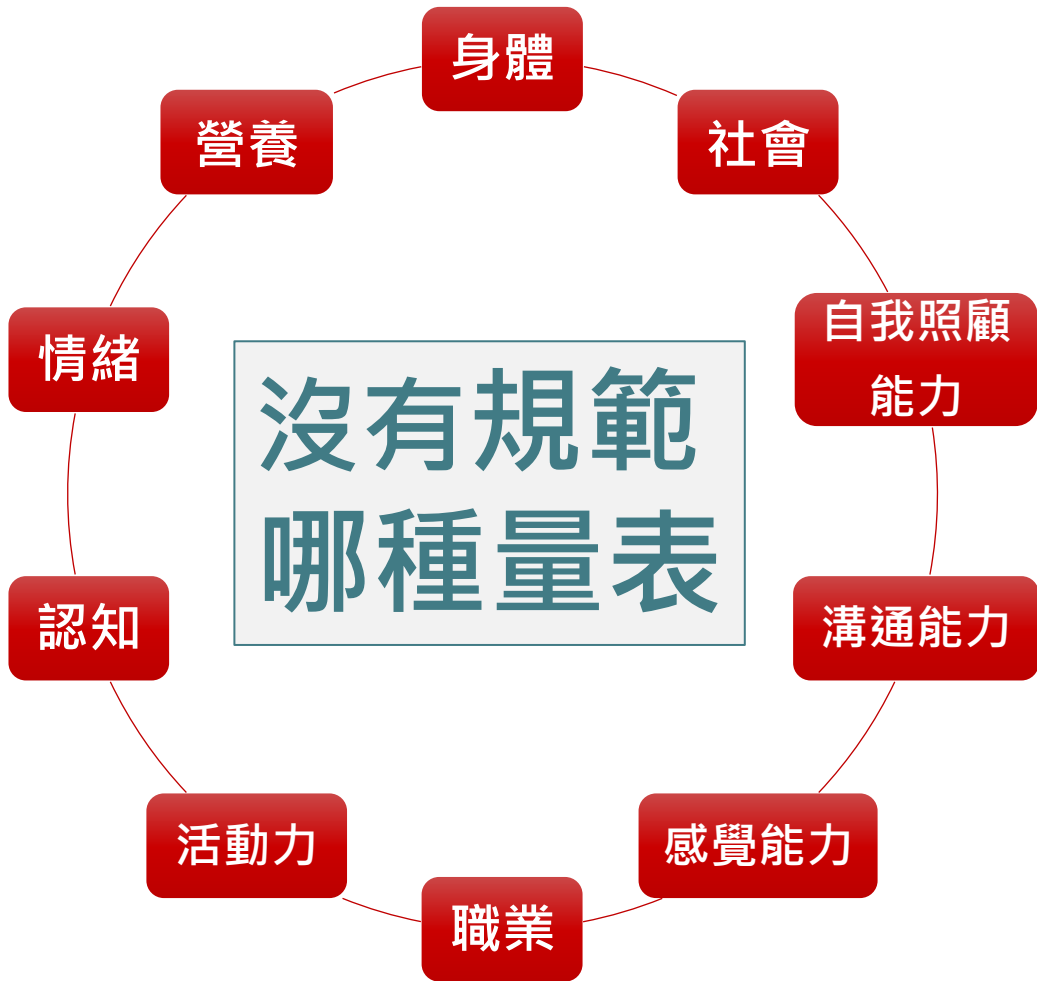


SPMSQ 認知功能評估

	正確=0，不正確=1
1. 今天是幾號？	
2. 今天是星期幾？	
3. 這是什麼地方？	
4. 您的電號號碼是幾號？	
5. 您幾歲了？	
6. 您的出生年月日？	
7. 現任總統是誰？	
8. 前任總統是誰？	
9. 您媽媽叫什麼名字？	
10. 從20減3開始算，一直減3下去	

分數: 0-2分: 正常 3-4分: 輕度認知障礙 5-7分: 中度認知障礙

8分及以上: 嚴重認知障礙 (低學歷可多放寬一分, 高學歷可嚴格少一分算)



CGA成功的基本要件



合適個案
需要追蹤

積極介入

Table 3. Factors contributing to the success of geriatric assessment programmes⁴⁵

High impact	Low impact
Well-targeted elderly patients Includes follow-up period Programme organisers have clinical control Intense intervention strategies used	No patient targeting No follow-up period Programme organisers have no clinical control No intervention strategies used

An aerial photograph of a city harbor, likely Keelung, Taiwan. In the foreground, a large dark-hulled cargo ship with yellow cranes is moving through the water. The middle ground shows a busy port area with several smaller ships and a long pier. The background features a dense urban skyline with various high-rise buildings, including a prominent skyscraper on the right. In the far distance, a range of mountains is visible under a blue sky with scattered white clouds.

感謝各位聆聽

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