

Introduction to Geriatric Periodic Health Exam (GPHE) in Primary Care

Background and Significance

The GPHE has the ability to target high risk “Geriatric Issues” such as: frailty, sensory loss, cognition, depression, falls and mobility issues, deficits in activities of daily living (ADLs) / instrumental activities of daily living (IADLs), caregiver support, urinary incontinence and medications (Polypharmacy).

The management of chronic diseases has become a relevant issue within primary care practice and the impact of chronic disease has prompted the Ministry of Health to develop a framework to deal with chronic disease management. A GPHE has the potential for early identification or case finding for many chronic diseases that affect the elderly such as: diabetes, thyroid disease, cancer, asthma and chronic obstructive pulmonary disease, obesity, cardiovascular disease, stroke risk factors, arthritis, osteoporosis and pain.

The Evidence

The evidence reviewed in the development of this toolkit demonstrates that:

- 90% of type 2 Diabetes and 80% of Coronary Artery Disease can be avoided with good nutrition, regular exercise, smoking cessation and stress management¹.
- A GPHE reduces patient worry and may be a powerful motivator for action on the part of the patient².
- A concise, easy to perform GPHE takes no more than 30 minutes to complete³.
- Short and long term studies have found that the Periodic Health Exam (PHE) improves health⁴ and that it is more effective than a routine annual physical examination⁵.
- Chronic diseases, if left undiagnosed and untreated, such as diabetes and depression are causally related to other diseases⁶.
- 90% of type 2 DM and 80% or coronary heart disease can be avoided with good nutrition, regular exercise, smoking cessation and stress management⁷.

1 Ministry of Health and Long Term Care (2006). Ontario's Chronic Disease Prevention and Management Framework. Presentation by Dr. Jack Lee, May 30, 2006. Accessed September 9, 2008, from http://www.toronto.ca/health/resources/tcpc/pdf/conference_lee.pdf.

2 Boulware, L.E., Marinopoulos, S., Phillips, K.A., Hwang, C.W., Maynor, K., Merenstein, D., Wilson, R.F., Barnes, G.J., Bass, E.B., Powe, N.R. and Daumit, G.L. (2007). Systematic review: The value of the periodic health evaluation. *Annals of Internal Medicine*, 146(4), 289-300.

3 Mann, E., Koller, M., Mann, C., van der Cammen, T. and Steurer, J. (2004). Comprehensive geriatric assessment (CGA) in general practice: Results from a pilot study in Vorarlberg, Austria. *BMC Geriatrics*, 4, 4.

4 Boulware et al, 2007.

5 Stachenko, S. (1994). Preventative guidelines: Their role in clinical prevention and health promotion. In Health Canada. Canadian Task Force on the Periodic Health Examination: The Canadian guide to clinical preventive health care. Canada Communication Group Publishing: Ottawa, Ontario. Accessed, June 30, 2008, from <http://www.phac-aspc.gc.ca/publicat/clinic-clinique/index.html>

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- 20% reduction in cancer rates with daily diets high in vegetables and fruit⁸ (MOHLTC, 2006)⁸.
- Mammography screening for 70% of women (aged 50-69) would prevent 1/3 of breast cancer deaths in Ontario over a 10-year period⁹.
- 90% of cervical cancer is preventable with regular screening¹⁰.
- FOBT in those aged 50 - 75 could reduce colorectal cancer mortality by 15% -33%¹¹.

The as individuals age their risk for certain health conditions increases. Their risks are compounded by the prevalence of co-morbid diseases such as arthritis, age-related changes and possible health events such as a fall.

A GPHE completed in the primary care setting has the potential to achieve:

- Fewer people with chronic diseases.
- Better clinical outcomes with a longer life engaged in functional occupations.
- Increased efficiency of “the system”, quality care in the right setting, by the right person at the right time.
- Reduced hospitalizations, reduced ED use and reduced service duplication.
- Increased healthy behaviors in the elderly population.

6 Ministry of health and Long Term Care (2006).

7 Ministry of health and Long Term Care (2006).

8 Ministry of health and Long Term Care (2006).

9 Ministry of health and Long Term Care (2006).

10 Ministry of health and Long Term Care (2006).

11 Ministry of health and Long Term Care (2006).