

Periodic Health Examination: Recommended Guidelines for the Elderly

This chart is adapted from the *Canadian Task Force on the Periodic Health Exam: The Canadian guide to clinical preventative health care* (Health Canada, 1994) and summarizes recommendations for screening of the elderly in seven areas. The following guide should be used to interpret the results.

- A** – There is good evidence to support the recommendation that the condition be specifically considered in a PHE.
- B** – There is fair evidence to support the recommendation that the condition be specifically considered in a PHE.
- C** – There is poor evidence regarding the inclusion or exclusion of the condition in a PHE, but recommendations may be made on other grounds.
- D** – There is fair evidence to support the recommendation that the condition be excluded from consideration in a PHE.
- E** – There is good evidence to support the recommendation that the condition be excluded from consideration in a PHE.

(Health Canada, 1994)

Screening for Cognitive Impairment in The Elderly			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Screening with short mental status instruments	Instruments often demonstrate sensitivity and specificity for identifying cognitive impairment early; the early intervention does not correlate to modifying the course of the illness	Cohort analytic studies and case series	C Insufficient evidence to recommend for or against screening Physicians encouraged to conduct appropriate assessments based upon the presence of symptoms
	The possible benefits of early detection must be weighed against the potential harm of labeling which has not been systematically studied	Expert opinion	
Prevention of Household and Recreational Injuries			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Perform multidisciplinary post fall assessment on elderly patients	Significant reduction in subsequent falls/injury in the elderly, if assessment is completed after the first fall	Randomized control trails	A Good evidence to refer to multidisciplinary team for assessment
Monitor elderly patients for medical impairment	Association between falls in elderly and medical impairment	Expert opinion	C Insufficient evidence to include or exclude
Use safety aids in hazardous areas (i.e. stairs) through legislation	Decrease rate of injury with modification of stairs	Cohort analytic study	B Fair evidence to implement
Use safety aids in hazardous areas (i.e. stairs and bathtubs) through individual counseling	Little information about the ability of physician to influence the use of safety devices	Expert opinion	C Insufficient evidence to include or exclude
Use non flammable fabrics and self extinguishing cigarettes with public education and/or individual counseling	Examination of the association between burns and scalds in the elderly and smoking or cooking practices Little information about the ability of the physician to influence behaviour	Expert opinion	C Insufficient evidence to include or exclude

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Secondary Prevention of Elder Abuse			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Various questionnaires	Detection of elder abuse by questionnaire is not optimal and limited studies on protocols Intervention by professionals or teams has variable but often disappointing results	Descriptive studies Descriptive studies and expert opinion	C Insufficient evidence to include or exclude
Prevention of Vascular Disease: Case Finding Hypertension			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Measurement of blood pressure (BP) level used to identify individuals with hypertension	Average of at least two readings on each of at least 3 visits over a period of six months for individuals 65 to 84 years of age	Expert opinion	B Fair evidence to include in the PHE
Prevention of Hearing Impairment and Disability			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Screening for hearing impairment	Audioscope has high sensitivity for detecting hearing loss Significant hearing loss can be identified with high sensitivity through a single question Whispered-voice out of the field of vision (E.g. Whisper Test) demonstrates high sensitivity for detecting hearing loss	Case studies Case series Case series	B Fair evidence to screen the elderly for hearing impairment
Screening for Asymptomatic Bacteriuria			
Manoeuvre	Effectiveness	Level of Evidence	Recommendation
Screening urine to identify bacteriuria by culture or leukocyte esterase/nitrate dipstick in asymptomatic individuals	Ambulatory elderly women: nonsignificant decrease in symptomatic infection in subsequent 6 months after treatment Ambulatory elderly men: no evidence for significant morbidity and mortality from untreated asymptomatic bacteriuria Subjects with long term indwelling catheters: morbidity similar with or without antimicrobial therapy; increased antimicrobial resistance with therapy	Randomized controlled trail Prospective cohort Randomized controlled trials	C Insufficient evidence to recommend for or against screening D Fair evidence to exclude screening E Good evidence that screening and treatment not be included

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Screening for Visual Impairment			
Maneuvre	Effectiveness	Level of Evidence	Recommendation
Snellen sight card	Reliably detects reduced visual acuity in community studies Population screening can lead to useful improvements in vision	Cohort analytic Cohort analytic	B Fair evidence to include screening in PHE
Diabetic Retinopathy			
Fundoscopy or retinal photography in diabetics	Fundoscopy and retinal photography are sensitive for detection of diabetic retinopathy; early detection preserves vision Photocoagulation in proliferative diabetic retinopathy preserves vision	Case series overview and expert opinion Randomized controlled trials	B Fair evidence to include screening in PHE of diabetics
Age-related Macular Degeneration (ARMD)			
Fundoscopy	ARMD can be detected in those trained in ophthalmoscopy Photocoagulation preserves vision in ARMD with neurovascular changes	Expert opinion Randomized control trials	C Insufficient evidence to include or exclude in PHE
Glaucoma			
Fundoscopy, tonometry or automated perimetry	Examination or optic disc (fundoscopy) is sensitive for detection of glaucoma Schiotz tonometry has poor sensitivity and specificity for early detection of glaucoma Automated perimetry (Humphrey) is sensitive for detection of glaucoma Topical application of beta adrenergic blockers lowers intraocular pressure and may retard vision loss	Cohort analytic Case series Case series Randomized controlled trials	C Insufficient evidence to include or exclude in PHE

This chart has been adapted from the *Canadian Task Force on the Periodic Health Examination: The Canadian guide to clinical preventive health care*, published by Health Canada in 1994. Full details on the report can be found in the guide and is available online at <http://www.phac-aspc.gc.ca/publicat/clinic-clinique/index.html>.

Health Canada (1994). *Canadian Task Force on the Periodic Health Examination: The Canadian guide to clinical preventive health care*. Canada Communication Group Publishing: Ottawa, Ontario.