VISION

Visual loss in the elderly can lead to depression, and social isolation, and may precipitate falls.
1. Ask: “Do you have difficulty driving or watching TV, or reading, or doing your daily activities because of your eyesight?” If yes →→ Snellen chart
2. Check for cataract using beam of light (white lens [leukocoria] will replace the red reflex)

HEARING

Hearing loss in the elderly can lead to depression, social isolation, and disrupted communication.
1. Check both ear canals for wax using an otoscope
2. Ask about the use of hearing aids
3. Use audioscope set at 40 dB; use 1000 & 2000 Hz. Abnormal if unable to hear either frequency in both ears, or unable to hear frequencies in both ears
4. Assess the need for ENT referral

FUNCTIONAL STATUS

1. Does the patient use an assisting device (walker, cane) for ambulation?
2. Ask about a fall in the past year
3. “Get Up & Go Test” →→ Ask the patient to rise from hard-back chair, walk 10 feet (3 meters), turn, walk back to chair, & sit down. Increased risk of falls if unable to complete task in 10 seconds.

URINARY INCONTINENCE

1. Ask: “In the past year, have you lost urine and gotten wet?”

NUTRITION

1. Ask: “Have you lost 10 pounds over the past 6 months without trying to do so?”
2. Weight < 100 pounds? Positive Predictive Value = 0.99 for malnutrition

MEMORY

Undiagnosed cognitive impairment can result in mismanagement of associated comorbidity, depression, and family and caregiver stress. Overlooking this diagnosis can lead to missed opportunities for early treatment, and delays in recruitment of supportive community services.
1. One-minute three-item recall (ex: ball, flag, pen)
2. Clock-Draw Test (CDT): Ask patient to place numbers over clock face & set time at 20 after 11. SCORING: 3-item recall = 0, or 3-item recall = 1-2 + abnormal CDT →→ probable dementia. 3-item recall = 3, or 3-item recall = 1-2 + normal CDT →→ dementia unlikely.

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