General Practitioner Symposium
WEST MORETON — 2025

2:05pm – 2:40pm

Older Persons Update

Dr Champa Ranasinghe and Dr Myitzu Khaing

Symposium organisers

Australian Government

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West Moreton Health

Queensland Government

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West Moreton Health

General Practitioner Symposium 2025
Older Person Update

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Caring Better Together

Queensland Government

Australia is aging

- People are living longer
- As people get older, they have multiple medical conditions
- On higher number of medications
- Due to advances in Medicine, treatment regimes are getting more complicated
- Become functionally dependent
- Become frailer
- Develop Geriatric syndromes

WMH Demographic Profile

- Between 2017 and 2031, the WMH catchment population is projected to increase from 286,207 to 510,811 persons, a 78.5% increase with a 42.5% compound annual growth rate (CAGR).
- The increase to older age groups is projected to be higher than that the WMH population – the number of people aged 65-74 years will increase by 100.2% (5.1% p.a.), those aged 75-84 years will increase by 161% (7.1% p.a.), and the number of peopled aged 85+ years will increase by 178.8% (7.6% p.a.)

Table 3: WMH catchment historical and projected total population by age, 2017 to 2031.

Age	Current state					Future state		Growth 2017-21			Growth 2021-26			Growth 2026-31			Total growth		
(years)	2017	2018	2019	2020	2021	2026	2031	n	%	CAGR	n	%	CAGR	n	%	CAGR	n	%	CAGR
00-14	65,415	67,162	69,200	70,442	65,415	92,221	110,128	5,027	7.7%	2.5%	21,780	30.9%	4.6%	17,906	19.4%	3.6%	44,713	68.4%	3.8%
15-24	39,388	39,766	40,396	40,857	39,388	54,726	66,886	1,469	3.7%	1.2%	13,869	33.9%	5.0%	12,160	22.2%	4.1%	27,498	69.8%	3.9%
25-44	79,291	82,174	85,772	88,423	79,291	117,069	140,406	9,133	11.5%	3.7%	28,645	32.4%	4.8%	23,337	19.9%	3.7%	61,115	77.1%	4.2%
45-64	66,861	68,534	70,305	72,256	66,861	93,790	113,915	5,395	8.1%	2.6%	21,534	29.8%	4.4%	20,124	21.5%	4.0%	47,054	70.4%	3.9%
65-74	21,604	22,544	23,484	24,295	21,604	34,286	43,243	2,691	12.5%	4.0%	9,992	41.1%	5.9%	8,956	26.1%	4.8%	21,639	100.2%	5.1%
75-84	10,205	10,721	11,435	12,291	10,205	20,032	26,636	2,086	20.4%	6.4%	7,742	63.0%	8.5%	6,604	33.0%	5.9%	16,431	161.0%	7.1%
85+	3,443	3,582	3,829	3,989	3,443	6,410	9,597	546	15.9%	5.0%	2,421	60.7%	8.2%	3,187	49.7%	8.4%	6,154	178.8%	7.6%
Total	286,207	294,481	304,421	312,554	286,207	418,535	510,811	26,347	9.2%	3.0%	105,982	33.9%	5.0%	92,276	22.0%	4.1%	224,604	78.5%	4.2%

Source: Australian Bureau of Statistics

How does it affect you?

- As General Practitioners, irrespective of the health care setting
- You will see significant number of Geriatric patients
- Therefore, basic idea of Geriatric Medicine and Geriatric syndromes is essential

Are we ready for the challenge?

- With the projected growth in the elderly population, health care utilization is also expected to increase
- The ED presentations, admissions to hospital are also expected to increase
- Advancing age is associated with increased prevalence of cognitive impairment/dementia and frailty
- Unless we approach this problem strategically with comprehensive assessments and care coordination, the pressure on the health care system will not ease off

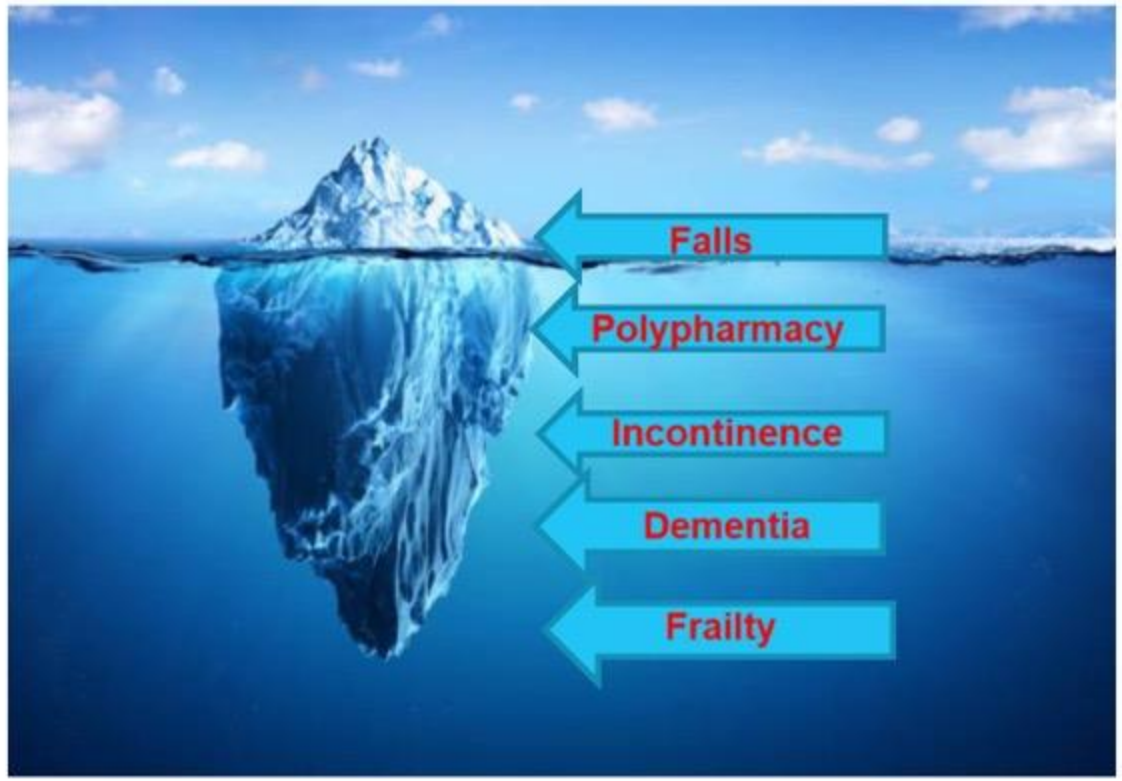
Comprehensive Geriatric Assessment

- Multidimensional, inter-disciplinary, diagnostic process
- quantify an older individual‘s
  - Medical
  - psychosocial
  - Functional capabilities and problems
- with the intention of arriving at a comprehensive plan for therapy and long term follow up.

Geriatric Syndromes

- Frailty
- Dementia
- Polypharmacy
- Falls
- Incontinence

Elderly falls- tip of the ice burg



What is frailty ?

Frailty

- Reduction in an individual's physiological reserve
- Increased vulnerability to stressors
- Low physical activity, muscle weakness, slowed performance, fatigue or poor endurance, and unintentional weight loss
- Decreased ability for independent living
- Pharmacokinetics and pharmacodynamics are altered
- Increased risk of adverse health outcomes
- More vulnerable
- Less capable of recovering from illness and injuries

Frailty

- Increasing frailty is associated with other Geriatric syndromes like dementia, polypharmacy, recurrent falls and incontinence.
- Increases hospital acquired complications like falls, pressure injuries, malnutrition, delirium and at higher risk of entry into residential care
- Frailty is a complex concept
- Tools simplifying the frailty are very useful, so that non-geriatricians also can contribute to reduce complications associated with frailty.

Frailty

CLINICAL FRAILTY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	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**, even if occasionally symptomatic, but often are **not regularly active** beyond routine walking.
	4	LIVING WITH VERY MILD FRAILTY	Previously "vulnerable," this category marks early transition from complete independence. While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILTY	People who often have **more evident slowing**, and need help with **high order instrumental activities of daily living** (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	6	LIVING WITH MODERATE FRAILTY	People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
	7	LIVING WITH SEVERE FRAILTY	**Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	8	LIVING WITH VERY SEVERE FRAILTY	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	TERMINALLY ILL	Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise living with severe frailty**. (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.

DALHOUSIE UNIVERSITY

Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

Clinical Frailty Scale App

App Store Preview

Open the Mac App Store to buy and download apps.

Clinical Frailty Scale (CFS) 12+

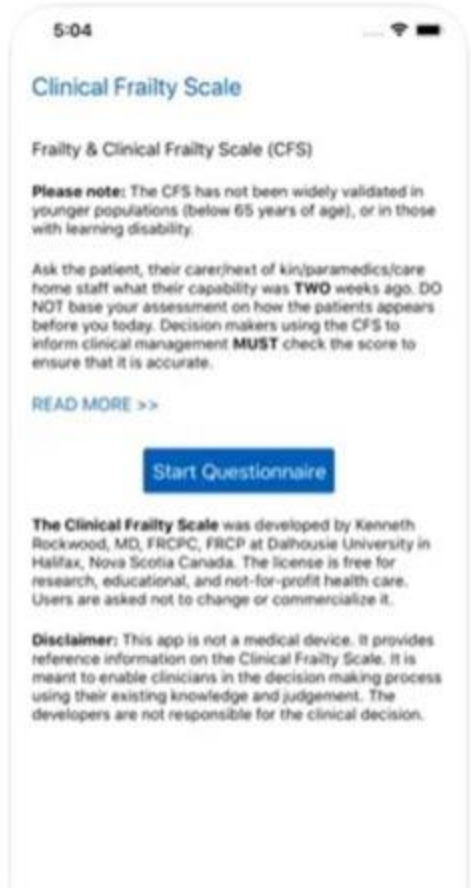
NHS Elect

Designed for iPhone

#67 in Medical

★★★★★ 4.8 • 23 Ratings

Free

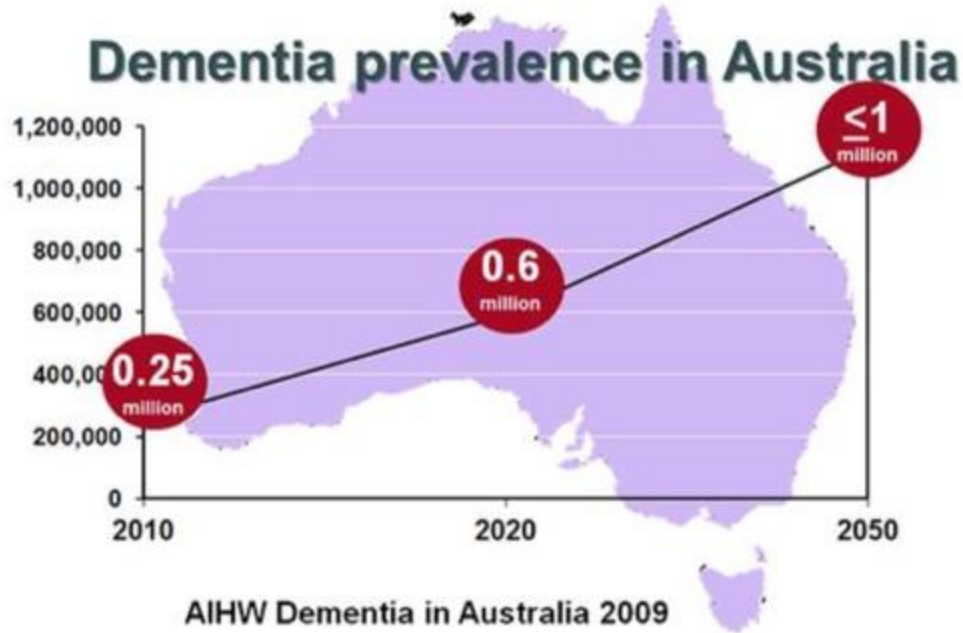


What is Dementia ?

What is Dementia?

- Multi domain cognitive impairment
  - Memory and recall, orientation, language, visuo-spatial orientation, judgement, praxis, executive functions
- Associated with functional decline, therefore needs assistance in
  - PADLs- walking, grooming, toileting, feeding, showering, dressing
  - IADLs- cooking, cleaning, washing, shopping, management of finances, driving

How big is the problem?



GP's role in diagnosing and managing dementia

- Early identification of cognitive impairment/dementia
- Early referral to a specialist cognitive assessment clinic
- Managing risk factors – vascular risk factors, correction of hearing and visual impairment, mental health conditions, substance abuse
- Medication review
- Assistance and advice on future planning –EPOA, Will, AHD/SOC
- Support in linking with community services
- Early identifying complications –delirium, BPSD, malnutrition, aspiration
- Early identification of safety concerns –driving, falls,
- Carer support

Useful resources and services

- Dementia Australia
- Dementia Behavioural Management Advisory Service (DBMAS)
- MAC/ACAT/Carer gateway
- University of Tasmania- carer education modules
- Delirium brochure for patients and carers –WMHHS
- Carer Support booklet –WMHHS
- Public guardian office

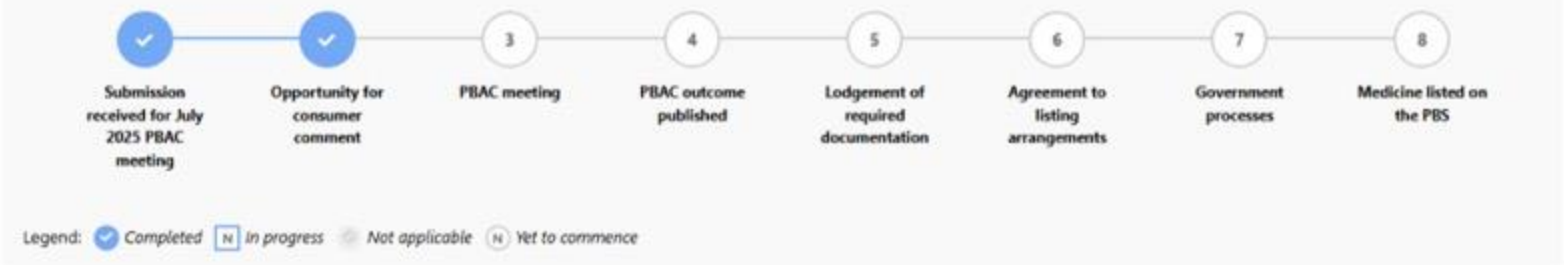
Treatment options for dementia in horizon

- **Monoclonal antibodies -Donanemab**
- TGA approved Donanemab for use in patients with MCI/mild dementia due to Alzheimer's disease
- Targets amyloid plaques in the brain slowing cognitive and functional decline
- 4 weekly intravenous infusion up to maximum of 18 months -$40,000-80,000/ year

DONANEMAB

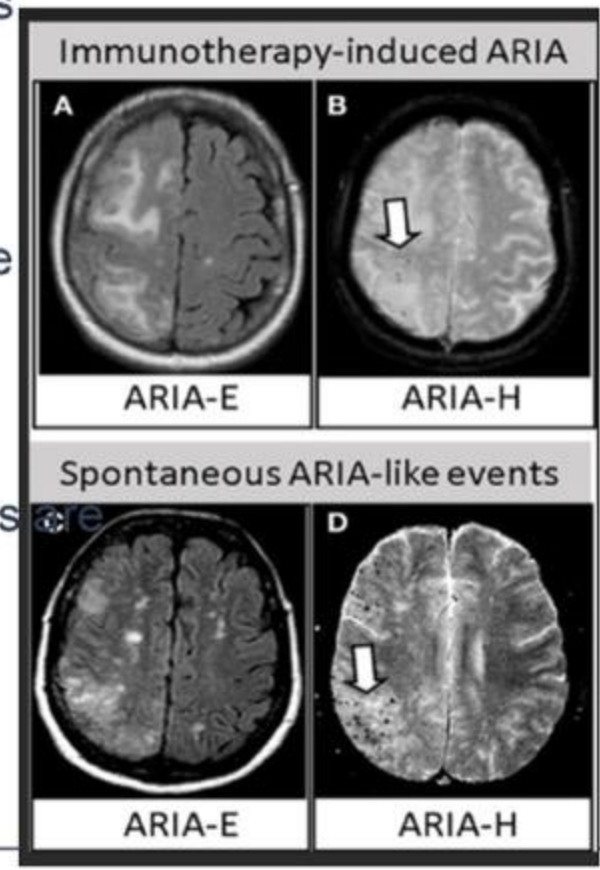
Information current as at: 1 July 2025

PBAC meeting date: July 2025



Amyloid-related imaging abnormalities (ARIA)

- Complications associated with anti-amyloid therapies for Alzheimer's disease primarily manifesting as ARIA-E (edema) and ARIA-H (haemorrhage).
- ARIA-E is more transient, but ARIA-H can be severe
- Patients with APOEe4 allele,
- Patients on anticoagulants, antiplatelets
- Patients who had previous intracranial haemorrhages are at higher risk of ARIA



Polypharmacy

5 or more medications

- Including prescription
- Over the counter
- Complementary and
- Alternative medicines

Polypharmacy

- More difficult to obtain an accurate medication history
- Harder for medication review and prescribing
- The incidence of adverse drug reactions increases
- A barrier to adherence because of the associated complex medication regimens
- Increased medication costs
- Suboptimal prescribing

Why prescribing in elderly is challenging?

- Multiple comorbidities
- Being managed by multiple specialists due to multiple organ pathologies
- Multiple medications- higher risk of side effects, drug interactions
- Pharmacokinetics and pharmacodynamics are different
- Organ dysfunction
- Cognitive impairment
- Visual impairment
- Higher falls risk
- Prescription cascade

Medication review

- Traditional medicine review process typically involved cross-referencing medicines used with current diagnoses
- A more sophisticated version of this process critically reviews the medicines and associated diagnosis, giving less emphasis to diagnoses that are no longer relevant
- Known as un-diagnosis
- Facilitates the withdrawal of corresponding medicines used to manage those conditions.
- Systematically reviewing diagnoses regularly and the associated medicine management strategies could reduce prescribing

Medication assessment

- Obtain an accurate and current history
- Review all medications prescribed, including over-the-counter and complementary medicines
- Consider indication, therapeutic aims, dose, efficacy, safety and (where appropriate) ability to use devices
- Calculate renal function and consider hepatic impairment
- Check for drug interactions, side effects and adverse drug reactions
- Match the medicines to medical conditions and treatment goals. These will change with ageing and may involve un-diagnosis
- Identify discrepancies between medicines being taken and those prescribed, including PRN medicines
- Assess physical and cognitive function eg anti anginal medications
- Evaluate any medicines-related problems, monitoring required, and untreated conditions
- Reassess goals of care

Older person health services in West Moreton Health

Current Services

Inpatient Services:

- OPERA (Older Persons Evaluation and Rehabilitation Assessment) unit
  - Cognitive assessment and diagnosis
  - Management of BPSD
  - Geriatric Evaluation and Management (GEM)
  - Complex Discharge Planning
- OPERA Consultation Service
- Orthogeriatric Consultation Service
- Older Person Mental Health Consultation Service

Current services (cont)

Outpatient Services:

- GEMHITH/MAPS
- RaSS (Residential Aged Care Facility Support Service)
- Memory Clinic x 3 (Monday and Thursday PM, the whole Friday)
- Young onset Dementia Clinic (Tuesday AM)
- Geriatric GOLD Rapid Access Clinic (Tuesday PM)
- Geriatric Nurse Practitioner clinics
- Continence Clinic (Thursday PM)
- Geriatric-OT-Nurse Navigators case conference
- Geriatric Complex Social Worker
- Geriatric Nurse Navigators

Newly commenced services

Geriatric Outreach for Living in Dignity (GOLD) service

- Outpatients (clinic setting and home visit clinic)
- Kambu Healthy aging Clinic – planning under way
- GP Request for Advice (RFA) Service
- Geriatric Rapid Access Clinic (for ED and GP for urgent/semi urgent referrals)
- Rural outreach home visits
- Monthly rural hospital outpatient clinics (Laidley)
- Ipswich community home visit clinics

Future development plans

- Cognitive Assessment and Management (CAM) unit
- Acute Geriatrics Unit
- Ripley Geriatric Evaluation and Management Unit (GEM)
- Ripley Complex Discharged Planning Unit

Thank you!

Any Questions?