

Overview of Assessment Tools for Older Adults: Summary of Interventions, Recommendations and Evidence

Geriatric condition	Assessment	Interventions and recommendations (summary)	Level of evidence*
1.Falls & Mobility	Get-up and Go-test	- Multidisciplinary, multifactorial, health/environmental risk factor; Screening/intervention programs in the community;	- A1
	Falls Efficacy Scale (FES-NL)	- A program of muscle strengthening and balance retraining, individually prescribed at home by a trained health professional;	- A1
		- Medication control and, if possible, withdrawal of psychotropic medication.	- A1
2.Physical functioning	Instrumental Activities of Daily Living (IADL scale Lawton & Brody)	- Exercise programs that consist of muscle strengthening, balance retraining, endurance and flexibility;	- A1
		- Motivation, feedback, patient education;	- A1
		- Practice should reflect the opportunities that are available in the community.	- B
3.Nutrition & Malnutrition	Short Nutritional Assessment	- Screening the nutritional status	- A1
	Questionnaire (SNAQ-65)	- Systematic identification of nutrition problem	- A1
	Mini Nutritional Assessment (MNA)	- Educating health care workers on the consequences of malnutrition	- A1
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4.Cognitive decline	Mini Mental State Examination (MMSE) Clock Drawing	<ul style="list-style-type: none"> - Support, motivating activities on social interaction, cognitive and physical activities - Individual programs focus on IADL problems - Cognitive stimulation and training 	<p>- B</p> <p>- B</p> <p>- A1</p>
5. Polypharmacy	Medication review assessment	<ul style="list-style-type: none"> - Multifactorial interventions are more effective than mono-interventions - Tailored patient education, instruction, support, feedback and follow-up - Tools and reminders for adherence 	<p>- A1</p> <p>- A1</p> <p>- A1</p>
6. Mood & depression	Mini Mental State Examination (MMSE) Geriatric Depression Scale (GDS) Observation List early symptoms Dementia (OLD) Clock Drawing test	<ul style="list-style-type: none"> - Screening instruments as part of the intervention strategy - Exercise interventions - Collaboration with other disciplines is essential 	<p>- A1</p> <p>- C</p> <p>- A1</p>
7. Loneliness	De Jong-Gierveld loneliness scale	<ul style="list-style-type: none"> - Adapted interventions to target patients - Patient education, instruction, referral - Knowledge of health care workers about referral possibilities 	<p>- A1</p> <p>- A1</p> <p>- C</p>

8. Vision impairment & hearing loss	Hearing Handicap Inventory for the Elderly-Screening (HHIE-S)	<ul style="list-style-type: none"> - Determine the cause of reduced vision - General practitioners have important role in screening (vision) - Knowledge about referral possibilities and environmental adaptations 	<ul style="list-style-type: none"> - A1 - A1 - D
9. Urinary incontinence	Protection Amount Frequency, Adjustment, Body image (PRAFAB)	<ul style="list-style-type: none"> - Bladder training - Pelvic floor muscles training - Planned bladder 	<ul style="list-style-type: none"> - A1 - A1 - A1
10. Caregiver burden	Experienced burden informal care (EDIZ) Caregiver Strain Index (CSI)	<ul style="list-style-type: none"> - Ask for use of support. If rejected, ask for underlying reason - Nurses can play an important role in case finding - Multidimensional programs on physical and mental support 	<ul style="list-style-type: none"> - D - C - A2

*Level of evidence:

A1: Systematic review of at least two independently conducted studies of A2 level.

A2: Well-designed, double blind, randomized controlled trial.

B: Comparative studies not randomized but well-designed cohort or case/control analytic studies (preferably from more than one center or research group).

C: Observational studies, case series studies.

D: Expert opinion.