



The Regional Geriatric Program of Eastern Ontario
Programme gériatrique régional de l'Est de l'Ontario

When To Refer To Geriatrics? (If a Patient Presents With One or More of the Following Problems)

- **Cognitive Changes** (dementia or delirium meeting the following criteria):
 1. Recent unexplained changes
 2. Unclear etiology
 3. Un-addressed management issues (e.g. behaviours, function)
- **Depression With Additional Medical Problems**
 1. Too medically unstable or ill to focus on depression in isolation
 2. Presentation complicated by concomitant medical problems
 3. Possible medical side effects of antidepressant therapy
- **Weight Loss**
 1. Unknown etiology
 2. 5% of body weight over 3 months, 10% of body weight over 6 months
 3. Strategies to maximize nutritional status not fully explored
- **Polypharmacy**
 1. Compliance concerns
 2. Possible side effects impacting on health and function
 3. Need to coordinate, streamline or simplify therapeutic regimes
- **Incontinence**
 1. New onset (within the past year)
 2. Unexplained etiology
 3. Strategies to minimize impact on function have not been fully explored
- **Impaired Mobility**
 1. New onset (within the past year)
 2. Unexplained etiology
 3. Requires further rehabilitation or compensatory strategies
- **Falls**
 1. Recurrent falls
 2. Unexplained etiology
 3. Strategies to avoid further falls not yet optimized
- **Multiple Or Complex Medical Problems**
 1. Multiple interactive problems addressed by individual specialists (e.g. requires coordination of therapies)
 2. Medical problems overlapping with delirium, dementia, or depression
 3. Altered or atypical expression of medical problems in the elderly
- **Decrease In Overall Function** (this may be an indicator of an underlying medical, affective, or cognitive disorder)
 1. Unexplained etiology
 2. Recent (one year) unexplained loss of function and high risk of further decline
 3. Strategies to prevent further loss of function incompletely addressed
- **Increase Use Of Health Care Services Of Unclear Etiology**
 1. Multiple hospital admissions or frequent emergency department visits
 2. Increased number of family physician visits
 3. Escalating home care needs
- **Un-addressed Safety Concerns**
 1. Wandering
 2. Fire risk
 3. Questionable ability to cope with requirements of home situation (e.g. nutrition, hygiene)
- **Caregiver Stress/Situation**
 1. Caregiver unable to maintain role
 2. Potential for neglect/abuse rising due to stress (situations beyond family doctor or home care resources)