

# Geriatric Syndrome Screening

## Implementing an evidence-based process in hospitalized older adults with cancer

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**BACKGROUND:** Oncology nurses are in a key position to screen patients for geriatric syndromes that can disproportionately affect older adults with cancer. Early recognition can promote informed decision-making, initiation of interventions, and tolerance of treatment.

**OBJECTIVES:** This study aimed to implement a nursing-sensitive screening process to identify types and frequency of geriatric syndromes in hospitalized older adult patients with cancer.

**METHODS:** Nurses were trained to screen for geriatric syndromes using the SPICES tool (sleep disorders, problems with eating or feeding, incontinence, confusion, evidence of falls, and skin breakdown). The electronic health record was leveraged to facilitate documentation and provide a geriatric syndrome profile for each patient.

**FINDINGS:** Results demonstrated ability of staff nurses to lead an evidence-based practice initiative and the challenges faced. Adherence to SPICES screening was 47%. About 80% of patients had two or more geriatric syndrome issues.

### KEYWORDS

geriatric syndromes; acute care; cancer; evidence-based practice

### DIGITAL OBJECT IDENTIFIER

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**OLDER ADULTS, DEFINED AS BEING AGED 65 YEARS OR OLDER**, are at risk for health-related adverse events associated with normal changes occurring with age (Inouye et al., 2007; National Comprehensive Cancer Network [NCCN], 2020). These health changes are related to geriatric syndromes that can be important indicators of health and risk for deterioration. Geriatric syndromes are clinical conditions not attributable to specific disease categories (e.g., vision and hearing problems, sleep disorders, dementia, depression, falls, frailty, osteoporosis, syncope, poor nutrition, urinary incontinence) and are associated with poor health outcomes (Inouye et al., 2007; Mohile et al., 2011). Such conditions are experienced by many older adults, reducing their ability to tolerate physiologic stressors (Magnuson et al., 2019).

Almost half of older adult patients with cancer experience geriatric syndromes (Ethun et al., 2017; Howlader et al., 2020). By 2030, more than 70 million adults in the United States will be aged 65 years or older, and the fastest-growing age group will be aged 85 years or older (U.S. Census Bureau, 2018). Many of these older adults have multiple comorbidities that complicate care, resulting in diverse physical, psychosocial, and supportive care needs that increase vulnerability to poor tolerance of cancer treatment, complications, length of stay, readmissions, and mortality (Hubbard et al., 2017; McMillan et al., 2019; Tan et al., 2016). In hospitalized older adults, geriatric syndromes can lead to an increased risk of falls, pressure injuries, delirium, functional decline, length of stay, and readmissions, which are costly for patients and the healthcare system (Ethun et al., 2017; Mohile et al., 2011; Overcash et al., 2018).

About 60% of older adults with cancer experience geriatric syndromes as compared to 53% of older adult patients without cancer (Mohile et al., 2011). In a systematic review of 20 studies identifying outcomes in frail older adult patients with cancer, 42% had an increased risk for all-cause mortality, post-operative mortality, and treatment complications, including intolerance to cancer treatment (Handforth et al., 2015).

Recognizing geriatric syndromes can promote cancer treatment tolerance and reduce risk of adverse events. The NCCN (2020) specifies clinical practice guidelines that detail important considerations for older adults with