

GERIATRIC SYNDROME EMERGENCY SCREENING USING COMPREHENSIVE GERIATRIC ASSESSMENT INSTRUMENTS

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Article info	ABSTRACT
<p>Corresponding Author:</p> <p>Nugrahaeni F. nug.f@gmail.com STIKES Pamenang Kabupaten Kediri</p>	<p>An elderly person is someone who has reached the age of 60 years and above, both men and women. Naturally, elderly people experience the aging process, which is characterized by a decrease in physical and psychological abilities, and an increased risk of disease or health problems that lead to death. This means that the health problem that is often found in the elderly and is multi-pathological is the emergency geriatric syndrome. Comprehensive Geriatric Assessment (CGA) screening results show the nutritional status, functional status, social status, cognitive status and mental status of the elderly. Comprehensive Geriatric Assessment (CGA) is used by health workers to carry out a comprehensive assessment of the elderly from biological, cognitive, psychological and social aspects to determine problems and plan management for the elderly.</p> <p>Keywords: <i>Elderly, Malnutrition, Geriatric, Nutrition</i></p>
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INTRODUCTION

An elderly person is someone who has reached the age of 60 years and over, whether male or female (UU RI, 1998). Naturally, elderly people experience the aging process, which is characterized by a decline in physical and psychological abilities, and an increased risk of disease or health problems that can lead to death (Ministry of Health, 2022). Setiati (2013) stated that the health problem that is often found in the elderly and is multi-pathological is the emergency geriatric syndrome. The problem of geriatric syndrome is known as the 13 i, namely: 1) immobility, 2) instability, 3) intellectual impairment, 4) incontinence, 5) isolation, 6) impotence, 7) immuno-deficiency, 8) infection, 9) inanition, 10) impaction, 11) insomnia, 12) iatrogenic distress, and 13) impairment of hearing (Ginting et al., 2019).

The Indonesian Central Statistics Agency (BPS) stated that the UHH of Indonesia's population in 2022 will reach 71.85 years (with the percentage of the elderly population being 10% in 2020), this figure has increased by 0.28 years compared to the previous year which was 71.57 years. (BPS, 2023). Data from the Central Statistics Agency (BPS, 2022) states that the number of elderly people has increased from 18 million people (7.6%) in 2010 to 27 million people (10%) in 2020, predicted to continue to increase to 40 million people (13.8%) in 2035.

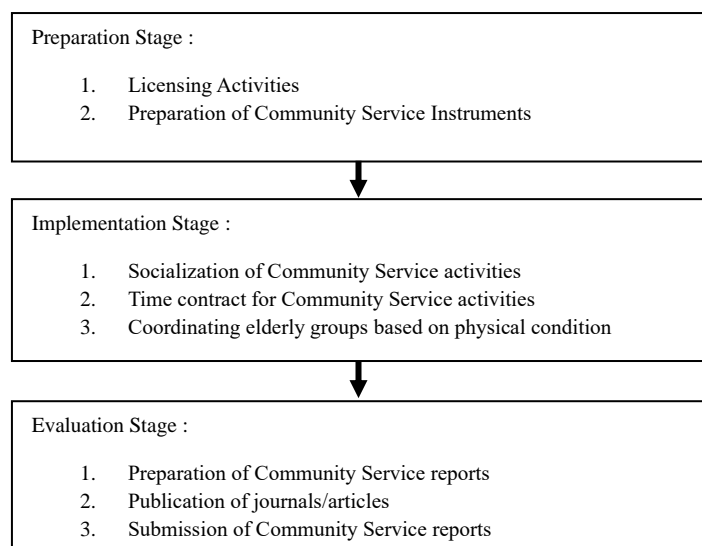
Geriatric syndrome is a multifactorial health condition that affects the elderly (Sunarti, 2019). Research by Prastyawati and Yuliana (2022) shows that the seriousness of geriatric syndrome that occurs in the elderly is related to the quality of life of the elderly, especially in

the physical domain. Geriatric Syndrome Emergency Screening using the Comprehensive Geriatric Assessment instrument in the elderly is expected to be part of early prevention efforts against geriatric syndrome emergencies. Comprehensive Geriatric Assessment is an interprofessional, multimodal, and systematic approach to elderly patients who have complications with the aim of diagnosing geriatric syndromes, developing targeted treatment plans, and improving the elderly's quality of life (Little, 2017).

METHOD

Community service activities were carried out at the UPT Social Services Tresna Werdha Jombang Kediri in June - August 2024. The aim of this activity was to screen for emergency geriatric syndromes in the elderly. The subjects of this community service are all elderly people who are at the Tresna Werdha Jombang Kediri Social Services UPT in June 2024. Community service activities are divided into the Preparation Stage, Implementation Stage, and Closing Stage. The preparation stages include processing permits, site surveys, socializing activity implementation plans, collecting data on participants, preparing schedules, preparing facilities and infrastructure. The permit processing for the Tresna Werdha Jombang Kediri Social Services UPT and the location survey will be carried out in March 2024, after which the activity implementation plan will be socialized to the parties involved. Participant data collection and schedule preparation are carried out after obtaining the results of initial data collection in the field. Facilities and infrastructure are prepared to support the process of implementing community service activities. The implementation stage of community service activities is carried out by the Community Service Lecturer Team for the D-III Nursing Study Program, after previously carrying out socialization, time contracts and conditioning of the elderly at the community service activity site. Community service activities using screening methods, observation techniques, interviews and physical examinations using community service instruments in the form of Comprehensive Geriatric Assessment (CGA) questionnaires filled out by the Community Service Lecturer Team according to the condition of the elderly. In the closing stage, the results of geriatric syndrome emergency screening in the elderly were presented using the Comprehensive Geriatric Assessment (CGA) questionnaire and an evaluation of the implementation of community service activities.

OPERATIONAL FRAMEWORK



RESULTS AND DISCUSSION

The research was conducted at the UPT Social Services Tresna Werdha Jombang Kediri in June 2024. Participants in this community service activity were 31 elderly people. The following data on the general characteristics of the elderly which include: gender, age, marital status, and length of stay in the institution will be described below:

Table 1 General Characteristics of the Elderly

No	Characteristics	Total	
Gender		f	%
1.	Man	11	35,5
2.	Woman	20	64,5
Amount		31	100
Age (year)		f	%
1.	60-65	3	9,7
2.	66-70	9	29
3.	71-75	9	29
4.	> 75	10	32,3
Amount		31	100
Status		f	%
1.	Marriage	16	51,6
2.	Widow/Widower	15	48,4
Amount		31	100
Long Stay		f	%
1.	< 3 month	0	0
2.	3 month – 1 year	9	29
3.	1-5 year	19	61,3
4.	> 5 year	3	9,7
Amount		31	100

The results of observations regarding the gender of the elderly show that of the 31 elderly respondents at the Tresna Werdha Social Services UPT Jombang Kediri in June 2024, 35.5% of the respondents were male, and 64.5% of the female respondents. Results of observations regarding elderly Age shows that as many as 9.7% of elderly people are in the age range 60-65 years, 29% are in the age range 66-70 years, 29% are in the age range 71-75 years, and 32.3% of elderly people are in the age range > 75 years.

Observation results regarding the marital status of elderly respondents at the Tresna Werdha Jombang Kediri Social Services UPT showed that married status was 51.6%, and widow/widower status was 48.4%. The results of observations regarding the length of stay at the UPT Social Services Tresna Werdha Jombang Kediri show data that as many as 29% of elderly people live within a period of 3 months – 1 year, 61.3% for a period of 1-5 years, and as many as 9.7% of elderly lived more than 5 years.

Table 2 Comprehensive Geriatric Assessment Screening Results

No	Characteristics	Total	
		f	%
1.	Nutritional Status	Risk of Malnutrition: 16	51,7%
		Malnutrition: 6	19,4%
2.	Functional Status	Independent: 31	31%
3.	Social Status	Family Dysfunction: 18	58,1%
4.	Cognitive Status	Cognitive Disorders: 12	38,7%
5.	Mental Status	Possible Depression: 24	77,4%
		Depression: 7	22,6%

Comprehensive Geriatric Assessment (CGA) screening results show the nutritional status, functional status, social status, cognitive status and mental status of the elderly. Comprehensive Geriatric Assessment (CGA) is used by health workers to carry out a comprehensive assessment of the elderly from biological, cognitive, psychological and social aspects to determine problems and plan management for the elderly. The results of screening on Nutritional Status show that as many as 51.7% of elderly people are at risk of Malnutrition, 19.4% of elderly people experience Malnutrition. Assessment of nutritional status begins with early detection using MNA.

When the functional status of elderly independence is 100%, functional status examination is defined as a person's ability to carry out daily life activities independently. Due to the acute disease that attacks, usually geriatric patients will experience a decline in functional status, for example from independence to mild or moderate dependence, from mild dependence to moderate to severe dependence or even total dependence. The decline in function that occurs in the elderly is usually related to disease and its severity which will affect the functional ability and well-being of an elderly person. The functional status of the elderly refers to the ability and safe behavior in daily activities (ADL). ADL is very important to determine the independence of the elderly. Sudden changes in ADL are a sign of acute illness or worsening health problems Potter & Perry (2013).

In Social Status, an assessment with the results of family dysfunction was 58.1% in the elderly. Social status assessment is to assess the treatment of people around the elderly which greatly influences the physical and mental health conditions of the elderly, such as mistreatment of the elderly. age (mistreatment/abuse), and neglect of the elderly (neglected). Life transitions,

the majority of which are structured by experiences of loss, include retirement and changes in financial circumstances, changes in roles and relationships, changes in health, functional abilities and changes in social networks Potter & Perry (2013).

In the Cognitive Status examination, it was found that 38.7% of elderly people experienced cognitive impairment. Cognitive status examination is a screening for dementia. Structural and physiological changes in the brain associated with cognitive impairment (decreased cell number and changes in neurotransmitter levels) occur in elderly people who experience cognitive impairment or those who do not experience cognitive impairment Potter & Perry (2013).

In the Mental Status examination, the data showed that as many as 77.4% of elderly people were likely to be depressed, and 22.6% of elderly people were depressed. The psychological problems that often occur in the elderly are three disorders, namely dementia, delirium and depression (Tamher & Noorkasiani, 2009). Naturally, elderly people experience the aging process, which is characterized by a decline in physical and psychological abilities, and an increased risk of disease or health problems that can lead to death (Ministry of Health, 2022).

Comprehensive Geriatric Assessment (CGA) is used by health workers to carry out a comprehensive assessment of the elderly from biological, cognitive, psychological and social aspects to determine problems and plan management for the elderly. In the elderly, it is hoped that it can be one part of preventing geriatric syndrome emergencies, so that it can reduce the morbidity and mortality rates of the elderly due to geriatric syndrome, thereby improving the quality of life of the elderly.

CONCLUSION

Comprehensive Geriatric Assessment (CGA) screening results show the nutritional status, functional status, social status, cognitive status and mental status of the elderly. Comprehensive Geriatric Assessment (CGA). The nutritional status examination showed that as many as 51.7% of elderly people were at risk of malnutrition, 19.4% of elderly people experienced malnutrition. On examination of the Functional Status the elderly's independence was 100%. In the Social Status assessment, the results of family dysfunction were 58.1% of the elderly, in the Cognitive Status examination the results showed that 38.7% of the elderly had cognitive impairment, and in the Mental Status examination the data showed that as many as 77.4% of the elderly were likely to be depressed, and 22.6% of elderly people experience depression. Comprehensive Geriatric Assessment (CGA) is used by health workers to carry out a comprehensive assessment of the elderly from biological, cognitive, psychological and social aspects to determine problems and plan management for the elderly. In the elderly, it is hoped that it can be one part of preventing geriatric syndrome emergencies, so that it can reduce the morbidity and mortality rates of the elderly due to geriatric syndrome, thereby improving the quality of life of the elderly.

BIBLIOGRAPHY

- Badan Pusat Statistik (BPS) diakses dari <http://www.bps.go.id/>, diakses pada tanggal 12 April 2024 pada jam 09.00 WIB.
- Ginting, R., Onk, S. K., & Kedokteran, F. (2019). *Comprehensive Geriatric Assessment: Horizon Baru Aspek Radioterapi Pada Penanganan Pasien Kanker Lanjut Usia*.

- Irine Yunila Prastyawati, Widayani Yuliana: Kegawatan Sindrom Geriatri, Self Care Deficit, Terhadap Kualitas Hidup Lansia[Internet]. 2022. Available from: <https://journal.um-surabaya.ac.id/index.php/JKM/article/view/15338/5717>.
- M, Mia, Fatma Ekasari, dkk.2018. Meningkatkan Kualitas Hidup Lansia, Malang: Wineka Media, 2018.
- Milta Little, DO. (2017). Penilaian Cepat Geriatri: Skrining Cepat untuk Sindrom Geriatri. Missouri Mo Med. Maret-April; 114(2): 101–104.
- Pusat Data Informasi Kementerian Kesehatan Republik Indonesia. Lansia Berdaya, Bangsa Sejahtera[Internet]. Jakarta:2022. Available from: <https://www.kemkes.go.id/downloads/resources/download/pusdatin/infodatin/Infodatin-Lansia-2022.pdf>.
- Republik Indonesia. Peraturan Menteri Kesehatan No 67 Tahun 2015. Tentang Penyelenggaraan Pelayanan Kesehatan Lanjut Usia Di Pusat Kesehatan Masyarakat [JDIH BPK RI]. 2015.
- Republik Indonesia. Undang - Undang No 13 Tahun 1998 tentang Kesejahteraan Lansia. 1998.
- Siti Setiati. Geriatric Medicine, Sarkopenia, Frailty dan Kualitas Hidup Pasien Usia Lanjut: Tantangan Masa Depan Pendidikan, Penelitian dan Pelayanan Kedokteran di Indonesia[Internet]. eJournal Kedokteran Indonesia. 2013. Available from: <https://www.neliti.com/id/publications/59531/geriatric-medicine-sarkopenia-frailty-dan-kualitas-hidup-pasien-usia-lanjut-tant>.
- Sunaryo, et al. Asuhan Keperawatan Gerontik. Yogyakarta:CV. Andi Offset;2015.
- Sri S, Retty R, Dian N, Gadis N M M, Rahmad R, Rahmad B, et al. Prinsip Dasar Kesehatan Lanjut Usia (Geriatri). Malang:Tim UB Press;2019.
- Tamher & Noorkasiani. (2009). Kesehatan Usia Lanjut Dengan pendekatan Asuhan Keperawatan. Jakarta: Salemba Medika.