

COMPREHENDING THE COMPREHENSIVE GERIATRIC ASSESSMENT

Feasibility, outcomes and experiences of frail older people

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Akademisk avhandling

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Fakultetsopponent:

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Avhandlingen baseras på följande delarbeten

- I. Westgård T, Ottenvall Hammar I, Holmgren E, Ehrenberg A, Wisten A, Ekdahl W, Dahlin-Ivanoff S, Wilhelmson K. Comprehensive geriatric assessment pilot of a randomized control study in a Swedish acute hospital: a feasibility study. *Pilot and Feasibility Studies* 2018; 4:41.
- II. Westgård T, Dahlin-Ivanoff S, Andersson Hammar I, Wilhelmson K. Can Comprehensive Geriatric Assessment meet frail older people's needs? Results from the randomized controlled study CGA-Swed. (In manuscript)
- III. Westgård, T, Wilhelmson K, Dahlin-Ivanoff S, Lagerlöf Nilson U. Voices of Ill Frail Older People: Personal resources and experiences of health care services. (In manuscript)
- IV. Westgård T, Wilhelmson K, Dahlin-Ivanoff S, Ottenvall Hammar I. Feeling Respected as a Person: a Qualitative Analysis of Frail Older People's Experiences on an Acute Geriatric Ward Practicing a Comprehensive Geriatric Assessment. *Geriatrics*; 2019; 4:1.

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Abstract Despite existing knowledge on how to approach frail people in health care, the care they receive is commonly not designed to meet their complex needs and support them in maintaining their activities of daily living. One way to support frail older people when needing health care could be to enable them to share their life-stories and communicate their wants and wishes. Learning about a person's social history can be a key element in comprehending older people in their care needs. **The overall aim** of this thesis was to evaluate the Comprehensive Geriatric Assessment (CGA) for frail older people aged 75 or older and to explore their experiences of care following a CGA. **Methods:** A pilot study with 30 frail older people (≥ 75 years) was performed to determine the feasibility of the CGA, the process and procedures, instruments and proof of principle. Participants were included to the CGA intervention group or the control group that received regular medical care. After the pilot was determined to be feasible, the full RCT was carried out with an additional 125 participants. The 155 participants were followed up at one and six months. During the RCT 10 participants from the CGA ward partook in additional qualitative interviews, which explored through narratives 1) what personal resources they had and how they experienced health care services using three dimensional-analysis, and 2) how they experienced receiving a CGA, using a conventional content analysis. **Results:** Identifying and screening frail older people who might benefit from a CGA was successful, and those receiving the intervention were met by staff practicing increased attention to safety, ADLs, assistive devices, and discharge planning (Study I). The participants to a high extent agreed that the CGA care met their needs (Study II). The CGA participants experienced having a voice when receiving health care services by using their personal resources (Study III), and they felt respected as a person who could communicate, understand and participate in their care (Study IV). **Conclusion:** CGA provides care that is better adapted to frail older people's needs, as they themselves felt that the care met their needs; however, no statistically significant effects for frail older people receiving care based on CGA were achieved. The lack of additional results supporting the CGA could be due to difficulties performing pragmatic intervention trials in clinical hospital settings leading to a risk of low statistical power. In addition, a CGA during a single hospital stay is probably not enough to have long-term effects, since frail older people are in need of integrated care provided by multidisciplinary teams. To best benefit frail older people when receiving health care, an organized continuum of care is needed. In order to secure the care is based on what people need, a person-centered approach is fundamental.

Keywords: Frailty, person-centeredness, historical background, life stories, capability, activities of daily living, well-being, occupation, fragmented care.

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