Abstract Title:
Screening Hospitalized Injured Older Adults for Cognitive and Functional Impairment

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Background & Purpose:
Impaired cognition and physical function are important predictors of poor outcomes in older adults. Screening for these conditions among hospitalized injured older adults (HIOAs) is unreported and understudied. Objective: To determine the feasibility of administering screening instruments for cognitive impairment and pre-injury functional impairment to HIOAs.

Study/Project Design:
Prospective descriptive study

Setting:
Two acute care community hospitals (level II trauma center [TC], non-trauma center [NTC]).

Sample:
One hundred and one older adults (≥ age 65) admitted with a primary injury diagnosis.

Procedures:
Measures: The Mini-Cog or Informant Questionnaire on Cognitive Decline in the Elderly (IQCDE) and Vulnerable Elder Survey (VES-13) were administered to patients or surrogates. Analysis: Descriptive statistics and Chi-square analyses to examine differences between the TC and NTC.

Findings/Results:
Twenty-four (24%) patients were admitted to the TC and 77 (77%) to the NTC. Screening was successful for 80 (79%) patients. Demographics: mean age 78.7; female gender (83%); falls (89%); types of injuries- hip and lower extremity (n = 56, 55%), upper extremity fractures (n = 20, 20%), intracranial injuries (n = 9, 9%), vertebral injuries (n = 9, 9%), and thoracic injuries (n = 5, 6%). Among patients screened (n = 80), cognitive impairment was present in 36 (44%) of patients (abnormal Mini-Cog: 22%; IQCDE ≥ 3.44: 22%); and pre-injury functional impairment was present in 62 (78%) of patients (VES-13 ≥ 3). The percent of cognitive and pre-injury functional impairment was similar for the TC and NTC. Respondents screened included: patients (n = 53, 66%), adult children (n = 18, 23%), spouses (n = 5, 6%), and other (n = 4, 5%).

Discussion/Conclusions/Implications:
Injured older adults had higher cognitive and pre-injury functional impairment than has been reported in other older populations. A combination of brief screening instruments for use with HIOAs or surrogates is useful for capturing important variables for risk adjustment in clinical studies, as well as for risk assessment and clinical management.