



## Norwegian Geriatrics Society

### **RECOMMENDATIONS AND PRIORITIES FROM THE NORWEGIAN GERIATRICS SOCIETY TO THE NORWEGIAN HEALTH DIRECTORATE IN CONNECTION WITH THE COVID-19 PANDEMIA**

A geriatric patient is a person over the age of 70, with one or more significant chronic diseases and at the same time physiological consequences of ageing, which results in reduced function in one or more areas of life. Many have several health problems, with polypharmacy, high age and general functional impairment. This is often defined as frailty, and these patients are very prone to acute illness in general, and now in addition to Covid-19. Some patients have a progressive major disease, which causes major functional impairment. The most significant disease is dementia, but other neurodegenerative and cerebrovascular diseases must also be mentioned. These patients are often somewhat younger, but these diseases are also often present at an older age and have a high impact on function and prognosis.

In the event of a pandemic, the assessment of older patients should include previous illness burden, daily life function, age and life expectancy. This is especially important to consider, so we can be able to make the best priorities for who should receive intensive care and mechanical ventilation, if the capacity is exceeded during the pandemic. In general, an older patient with severe functional impairment has limited benefit from intensive care, when it comes to severe and life-threatening acute illness. With limited functional capacity, as described above, frail patients have a significant worse outcome than patients with better function, lower age and significantly longer life expectancy. For geriatric patients, a palliative focus is most important if the infection develops in a life-threatening direction; to ensure that patients are taken care of and given the best possible palliative treatment.

At the same time, it is important that older patients who can benefit from hospital stay are admitted if needed. Most people between the ages of 70 and 80 are healthy and well-functioning, and so are many over 80 years. These are people with a relatively long life expectancy. As an example, a healthy 80 year old can expect to live another 13 years.

In order to prioritize to the level of care and the benefit of intensive treatment, frailty should be assessed on the basis of nutritional status and physical, cognitive and daily life function. We suggest using the Clinical Frailty Scale (CFS). Experience indicates that very few with a score of 5 and above on this scale will benefit from intensive care.

It is emphasized that the scale is an assessment of the patient's level of functioning 14 days before the acute illness. Most preferably, the scale is used in consultation with a geriatrician, or other health professionals with experience in assessing frailty. The scale can also be used in communication with the patient if possible, and/or the relatives, to demonstrate clear information when making decisions. This dialogue must be started at the earliest possible stage in the course of the disease, in order to clarify the severity and treatment options.

We generally recommend that doctors both inside and outside hospitals confer with geriatricians for decision support if they need it.

It should be noted that the geriatric patient with acute illness often presents with atypical symptoms. During the pandemic so far, several patients have been admitted with acute functional impairment, including delirium and falls, without fever and respiratory symptoms. This has caused delay in Covid-19 detection and increased risk of virus spread among health personnel and other patients. Our recommendation is to be liberal in testing these patients and consider isolation until test answers are available. Acute hypoxia, without any other cause, and without concomitant respiratory symptoms, may also be a symptom of viral infection in geriatric patients.

Residents in nursing homes or other 24-hour residential services, are particularly at risk during a pandemic, and at high risk for a severe course of illness and poor prognosis. They have little benefit from hospitalization and will not benefit from intensive care. In principle, a person who has a permanent place in a nursing home should remain in the nursing home during the pandemic. Support care can be given with iv fluid, oxygen, and antibiotics for additional infections, as well as palliative measures.

Patients at short-term institutional stay for active rehabilitation, where the goal is improved function after an acute illness such as hip fracture or stroke, must be considered separately with regard to hospitalization as the most fit of them can benefit from it. Patients with low function should usually be cared for in the nursing homes and not be hospitalized..

Many older people living at home have functional impairment, and are frail at nearly the same level as nursing home residents. If these patients have serious symptoms, a hospital admission can be the only option. The particular needs of the patient must be assessed to decide whether they are palliative, supportive or both, and whether the need can be met at a lower level of care than in hospitals. In some places, nursing homes have acute beds and several municipalities have intermediate care facilities which can be used to care for older people with Covid-19.

Overall, geriatricians recommend that priorities and decision making during the pandemic must be made on the basis of previous disease burden, functional level, age and life expectancy. We want to contribute with assessments and decision support to our colleagues, both inside and outside hospitals!

Appendix: Concerning patients in nursing homes or other residential facilities we also recommended to obtain expertise from nursing home physician and GP organizations.

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Paal Naalsund, President of the Norwegian Geriatrics Society, in collaboration with the board, and key persons in the geriatric professional environment.

Translated to English by Anette Hylén Ranhoff (Oslo, 24.03.2020)