

Optimizing geriatric care with the GERIATRIC 5Ms

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Clinical question

When can geriatric medicine and care of the elderly physicians best help me care for medically complex frail seniors?

Bottom line

In 2017, Canadian and US specialists in geriatric medicine officially launched the GERIATRIC 5Ms: *mind, mobility, medications, multicomplexity, and matters most* (Table 1).¹ This aide-memoire represents a common-sense, practical, easy-to-remember repackaging and rebranding of the “geriatric giants” to better define those care issues that reflect the expertise of specialists in geriatric medicine and family physicians with care of the elderly training.

Evidence

- Comprehensive geriatric assessment has been shown to improve outcomes for frail seniors in acute care and rehabilitation settings, and models of care involving geriatricians in family medicine have shown positive outcomes and patient and provider satisfaction.²
- Geriatric outreach teams performing home visits have been shown to decrease mortality rates in patients aged 65 to 80 and to reduce nursing home admission rates.³
- Geriatric day hospital care was associated with reduced death, reduced institutionalization, greater independence, and higher levels of physical function.⁴

Approach

All of the clinical issues listed in the GERIATRIC 5Ms (Table 1)¹ are managed daily by family physicians, but there might come a time when physicians with care of the elderly training or geriatric medicine specialists can help you care for your older patients. When reviewing a medically complex and frail senior, employ Table 1¹ and ask yourself, “Has the older patient now reached the point where he or she would benefit from a consultation and collaborative care with experts in seniors’ care, who might have access to specialized teams and resources that I do not?”

Implementation

The GERIATRIC 5Ms have attracted considerable attention in the United States⁵ and the United Kingdom.⁶ The GERIATRIC 5Ms are now used to guide care in an increasing number of sites in the United States, Canada, Australia, and New Zealand.

Table 1. The GERIATRIC 5Ms

GERIATRIC 5Ms*	DESCRIPTION
Mind	<ul style="list-style-type: none"> • Mentation • Dementia • Delirium • Depression
Mobility	<ul style="list-style-type: none"> • Impaired gait and balance • Fall injury prevention
Medications	<ul style="list-style-type: none"> • Polypharmacy, deprescribing • Optimal prescribing • Adverse medication effects and medication burden
Multicomplexity	<ul style="list-style-type: none"> • Multimorbidity • Complex biopsychosocial situations
Matters most	<ul style="list-style-type: none"> • Each individual’s own meaningful health outcome goals and care preferences

*A French version was also developed by José Morais from McGill University in Montreal, Que: *mental, mobilité, médication, multi-pathologie, mes motivations*. Adapted from Molnar et al.¹

Join the movement. Consider the GERIATRIC 5Ms when planning care and when selecting patients for referral to care of the elderly or geriatric medicine physicians. Check if your specialists recognize the new “high five” visual presentation of the GERIATRIC 5Ms! (See the picture at <http://canadiangeriatrics.ca/wp-content/uploads/2017/04/UPDATE-THE-PUBLIC-LAUNCH-OF-THE-GERIATRIC-5MS.pdf>.)

Also, review the 5 Fs of frailty in this issue of *Canadian Family Physician* (page 74).⁷

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Competing interests

None declared

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