

# Effectiveness of a Geriatrics and Palliative Care Consultation on Symptom Management and Geriatric Syndromes

Angelica E Davila<sup>1</sup>, Jeanette S Ross<sup>1,2</sup>, Scotte Hartronft<sup>1,2</sup>, Mary Garza<sup>1,2</sup>, Shuko Lee<sup>2</sup> and Sandra Sanchez-Reilly<sup>1,2\*</sup>

<sup>1</sup>Department of Medicine, The University of Texas Health Science Center at San Antonio, USA

<sup>2</sup>GEC and GRECC, The South Texas Veterans Health Care System, San Antonio, TX, USA

## Abstract

With the increase in geriatric patients and the wide spectrum of their illnesses, geriatricians and palliative care physicians would benefit from combining their expertise in treating chronically and terminally ill elder patients in a hospital setting. The objective of our pilot study was to determine if a Geriatric Palliative Care consult could improve pain management and prevent geriatric syndromes in elder patients. Our data was collected from a retrospective chart review of subjects older than 65 years-old who received combined Geriatrics and Palliative Care consult from a combined Geriatrics Palliative Care team. Previously validated instruments identified pain score and level of co-morbidity. A total of 60 charts were reviewed. Results showed a Geriatric Palliative Care consultation lowered pain score from pre-consult to post-consult (2.63 vs. 1.17;  $p=0.012$ ) and effectively improved pain in 20% of subjects (41.7% vs. 21.7%;  $p=0.002$ ). The Geriatric Palliative Care consult team effectively lowered the in-hospital complication of restraints (11.7% vs. 3.3%;  $p=0.025$ ) and also had a positive effect on delirium and advance directives ( $p=0.5$ ). In conclusion, Geriatric Palliative Care consults have shown to improve the quality of care for older adults by effectively managing pain symptoms and improving pain scores among 20% of the subjects.

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**\*Corresponding author:** Sandra Sanchez-Reilly, Associate Professor, Palliative Medicine Section Chief Hospice and Palliative Medicine Fellowship Program Director, Division of Geriatrics, Gerontology and Palliative Medicine, The University of Texas Health Science Center at San Antonio and the South Texas Veterans Health Care System, 7703 Floyd Curl Drive MC 7875, San Antonio, Texas 78229, USA, E-mail: [sanchezreill@uthscsa.edu](mailto:sanchezreill@uthscsa.edu)

(STVHCS)-A die M h Di i n in San An ni , TX. e A die L. M h Ve an Admi n (VA) H l i a 268 bed facili dding ima ec nda and a a heal ca e in medicine, ge chia and ehabil n medicine. a 90-bed E dded Ca e e a Ce , a 30-bed S inal C d Inj Ce , an eight bed B ne Ma T an lan Un and a Ge iatic Re ea ch, Ed ca n and Clinical Ce . A ima 65% f all admi d the ac medical e ce a e 60 sea ld. Min g c m i e m ehan 60% f the la n e ed - f the e a ima 75% a e Hi anic and 25% Af ican Ame ican. Ge iatic and E dded Ca e (GEC) g am incl de in- admi amb la h me, n ing h me, h ice, e and dental ca e. e STVHCS i a liad n the Uni e f Te a Heal Science Ce a San An ni . e GEC g am a e a ima f ge iatic aining am ng medical and the ir - fe i nallea e .

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Of the 100 patients who did not have an advance directive, the GPC was successful in obtaining 22% completion ( $p=0.5$ ) (Table 1).

Since the imaging team make the final decision for each patient management, the percentage of cases identified by the GPC was

