

Tailor-made for older adults, new tools improve doctor-patient relations

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A Wilmot Cancer Institute-led study in *JAMA Oncology* shows that when physicians fully appreciate the concerns of older adults with cancer, such as function and forgetfulness, it elevates patient care and satisfaction.

The study is believed to be the first to assess in a randomized clinical trial whether a tool known as geriatric assessment (GA) can meaningfully influence [cancer care](#) for vulnerable older people.

Many oncologists in community practices are not aware of, or do not ask their patients who are 70 or older, about living conditions, functional ability, cognition, and family support, for example. But impairments in these areas are linked to chemotherapy toxicity, an inability to complete treatment, and an overall decline in health or risk of early death, said Supriya Mohile, M.D., corresponding author and the Philip and Marilyn Wehrheim Professor of Hematology/Oncology at the University of Rochester Medical Center.

A geriatric assessment can personalize care and prompt better conversations between physicians, patients, and their families, the study found.

"We've shown that we can modify the behavior of oncologists if they have the right tools and guidance," said Mohile, who also co-leads the Cancer Survivorship and Supportive Care research program at Wilmot.

"And when oncologists are better informed about the special needs of

their older adult patients," she added, "everyone's experience is much improved." Mohile and co-authors suggest that a GA summary should be considered standard care for older adults with cancer, and appropriate interventions based on the report should be used as needed.

A case might look like this: Jane Doe recently fell at home, which was revealed through geriatric assessment. Evidence shows that falls increase the risk of chemotherapy side effects, and therefore the physician talks to the patient and her primary caregiver about those risks and recommends [physical therapy](#) to prevent additional falls.

The study involved 541 older people with advanced [cancer](#) who were being treated at 31 oncology clinics across the U.S., through the UR National Cancer Institute Community Oncology Research Program (NCORP). The [oncology](#) practices either received a tailored GA assessment and summary with recommendations for the patient, or the usual alerts related to depression or [cognitive impairment](#). Then, researchers measured patient and caregiver satisfaction with questionnaires and through audio recordings of physician visits.

More information: Supriya G. Mohile et al. Communication With Older Patients With Cancer Using Geriatric Assessment, *JAMA Oncology* (2019). [DOI: 10.1001/jamaoncol.2019.4728](https://doi.org/10.1001/jamaoncol.2019.4728)

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