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The Advent of the Extremely Elderly Clinic: Not If, But When? A District General Hospital Experience

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INTRODUCTION

With the trend of increasing life expectancy with time, the use of secondary care by an ageing population is likely to increase. It is expected that the number of those aged over 80 could triple by 2060. With such a significant increase in the elderly population it is inevitable that presentation of haematological conditions will continue to increase in the extremely elderly (≥90 years). This cohort of patients brings unique challenges to the assessment and management of haematological conditions. Currently there is a lack of a uniform approach in the assessment of these patients in both primary and secondary care. Use of a comprehensive geriatric assessment in primary care may prevent unnecessary referrals to secondary care. Further management of patients who require secondary care input needs to take into account the patient's view, level of social support available, co-morbidities, performance status and general frailty. For patients requiring active treatment, the risks versus benefits must be carefully weighed, and tolerability to treatment must be assessed regularly. Patients would benefit from joint Elderly Care/Haematology clinics with robust primary care links to adopt a more holistic approach that takes into account of the physical, psychological and socio-economic circumstances of the extremely elderly patients. We undertook a review of extremely elderly patients attending our clinic over a six month period to better understand the care we provide.

AIM

To review the outcome of patients aged 90 or over attending our general haematology clinic over a six month period.

OBJECTIVES

To ascertain the diagnosis of each patient.
To assess the number of co-morbidities of each patient.
To assess the outcome at the end of the follow up period.

METHOD

Patients aged 90 and above attending the general haematology clinic were identified from Cerner.
Data was collected from paper notes and electronic records from Cerner.
Time period: 1st June to 31st December 2019
Sample size: 34 patients

Parameters assessed:
- Diagnosis
- Number of co-morbidities
- Outcome at 15 months
- Type of active intervention

RESULTS

There were a total of 34 patients attending the haematology clinic in the 6 month period from June 2019 to January 2020. The age ranged from 90 to 99 with the average age being 92. The sex distribution was 18 female to 16 male.

At 6 months, the majority of patients did not require any active intervention. 6 were discharged back to the GP and 3 patients died.

At 15 months follow up, 7/34 died, 8/27 discharged. Of 19 patients remaining under follow up, 6 required active treatment. 1 non-malignant (ITP) and 5 malignant diagnoses. Of malignant diagnoses, 3 remained on chemotherapy: 1 persistent disease (CLL), 1 progressive disease (CLL), 1 relapsed disease(mantle cell lymphoma); 1 required venesection (PV) and 1 required supportive care (LGL required GCSF).

Fig 1

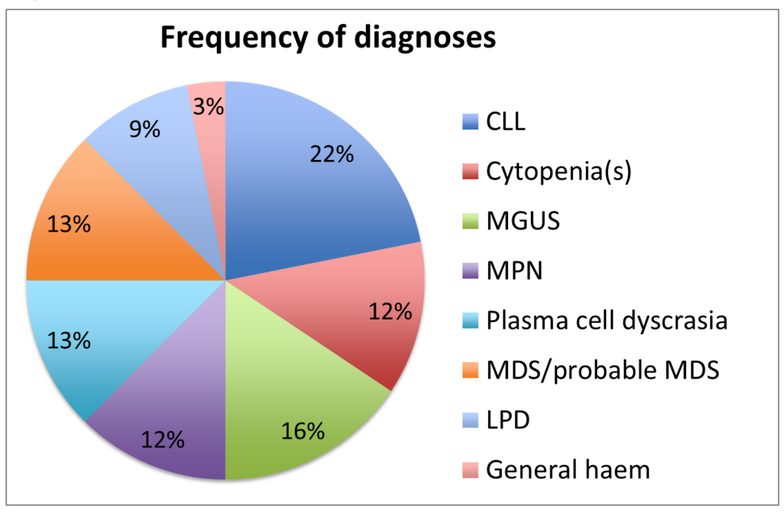


Fig 2

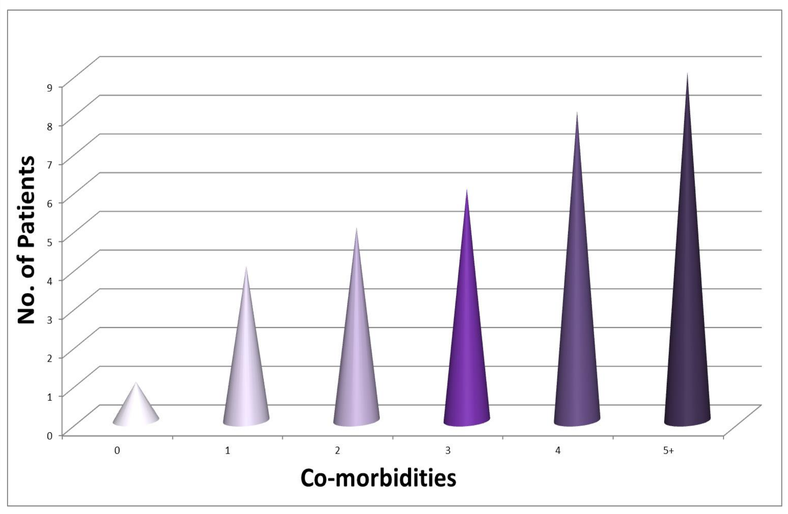


Fig 3

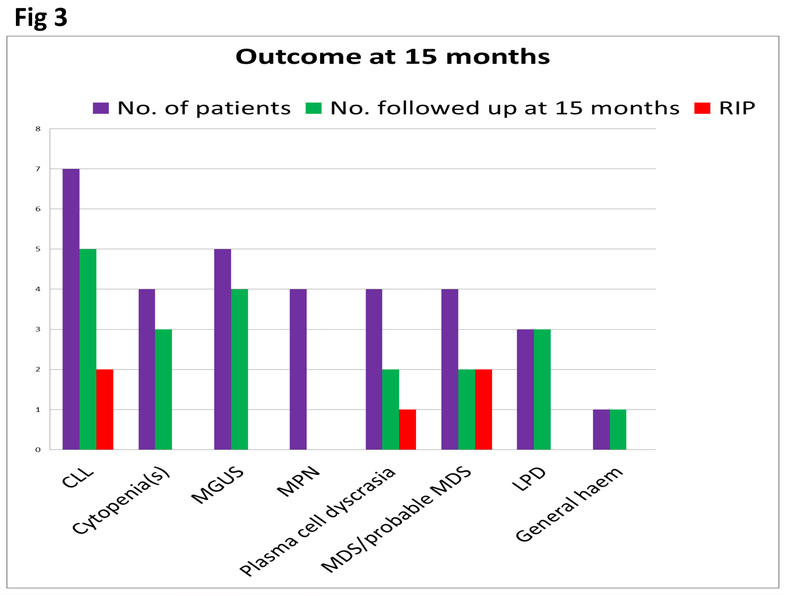
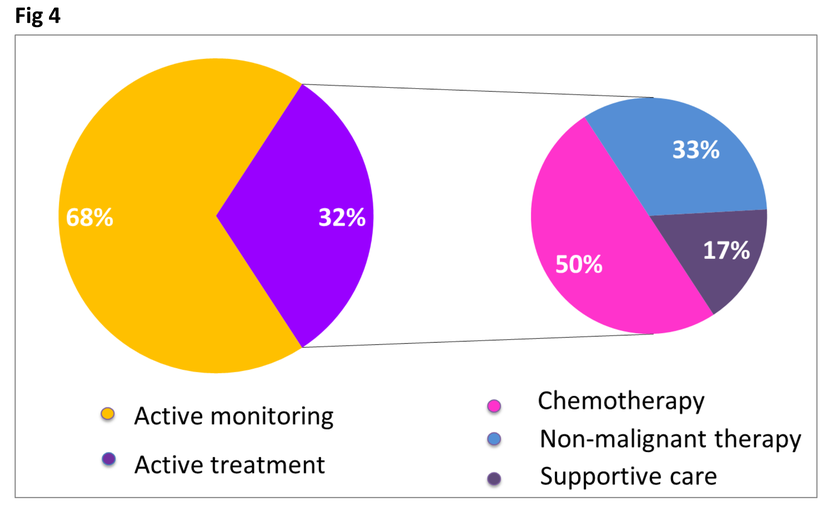


Fig 4



CONCLUSION

Haematological disorders are commonly found in extremely elderly patients. However, in our experience, only a minority of referred patients required treatment over a 15-month period. Given the advanced age of these patients, the management of haematological conditions in this cohort must take into account a number of factors. These include physiological age, number of co-morbidities and estimated life expectancy. Currently, there is a lack of comprehensive geriatric assessment at baseline. Such assessments may prevent unnecessary referrals to secondary care for investigations that are unlikely to affect future outcome. This may, in turn, help to reduce the number of hospital visits, along with negative impacts such as anxiety, transport issues and long hospital waiting times.
For patients who warrant active treatment, additional assessment on general frailty and fitness is essential. Performance status and Clinical Frailty Scale* should be recorded. Special consideration needs to be given to the patient's view and their available social support. Whether treatment should continue depends on the tolerability to treatment in terms of side effects, including those requiring hospitalisations. Quality of life must remain a key focus. Consideration should be given to joint Haematology/Elderly Care clinics with robust primary care links to adopt a more holistic approach that takes account of the physical, psychological and socio-economic circumstances of the extremely elderly patient.

*1. Canadian Study on Health & Aging, Revised 2008
2. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495

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