



SEARCH-Plan (GP Guide)

Individuals who have had intrinsic capacity deficits identified after completing the SEARCH may benefit from more detailed assessment as specified under each domain below. Where deficits are confirmed, a range of potential interventions are described in the second part of the document. Some interventions may benefit multiple intrinsic capacities.



☐ Deficit Identified

Nutritional Status

Investigate Further:

- Mini Nutritional Assessment (MNA-SF)
- Malnutrition Universal Screening Tool (MUST)

Recommended Interventions:

2 Nutritional Intervention **3** Exercise **4** Physical Activity



☐ Deficit Identified

Oral Health

Investigate Further:

- Refer if any 'yes' response to screening questions.

Recommended Interventions:

12 Oral Health Strategies



☐ Deficit Identified

Fatigue

Investigate Further:

- Investigate reversible causes of fatigue including:
 - sleep apnoea
 - depression
 - anaemia
 - hypotension
 - hypothyroidism
 - undernutrition
 - B12 deficiency
 - Sedating medication

Recommended Interventions:

2 Nutritional Intervention **3** Exercise **4** Physical Activity **5** Mental Health Interventions **6** Sleep Strategies **8** Social Engagement **13** Pain Management **14** Chronic Condition Management



☐ Deficit Identified

Pain

Investigate Further:

- Faces Pain Scale
- Pain Assessment in Advanced Dementia Scale (PAINAD)
- Assess for the underlying cause of the pain

Recommended Interventions:

3 Exercise **4** Physical Activity **5** Mental Health Interventions **6** Sleep Strategies **13** Pain Management



☐ Deficit Identified

Physical Activity

Investigate Further:

- performs 150 minutes of moderate-intensity physical activity per week?

Recommended Interventions:

3 Exercise **4** Physical Activity **8** Social Engagement



☐ Deficit Identified

Strength

Investigate Further:

- Grip Strength: Hand-held dynamometer

Recommended Interventions:

2 Nutritional Intervention **3** Exercise **4** Physical Activity



☐ Deficit Identified

Walk Speed

Investigate Further:

- Timed Up and Go.
- 4-Metre Walk

Recommended Interventions:

3 Exercise **4** Physical Activity



☐ Deficit Identified

Falls & Balance

Investigate Further:

- Falls Risk for Older People in the Community (FROP-COM) Screen

Recommended Interventions:

2 Nutritional Intervention **3** Exercise **4** Physical Activity **9** Falls & Balance Interventions **10** Urinary Incontinence Management **11** Medication Review **14** Chronic Condition Management



☐ Deficit Identified

Urinary Continence

Investigate Further:

- Assess for Urge and Stress Incontinence

Recommended Interventions:

3 Exercise **4** Physical Activity **10** Urinary Incontinence Management **14** Chronic Condition Management



☐ Deficit Identified

Memory

Investigate Further:

- Mini-Mental State Examination (MMSE)
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Montreal Cognitive Assessment (MOCA)

Recommended Interventions:

3 Exercise **4** Physical Activity **7** Cognitive Interventions **8** Social Engagement



☐ Deficit Identified

Mental Health

Investigate Further:

- Geriatric Depression Scale (GDS)
- Geriatric Anxiety Scale (GAS)

Recommended Interventions:

3 Exercise **4** Physical Activity **5** Mental Health Interventions **7** Cognitive Interventions **8** Social Engagement



☐ Deficit Identified

Multiple Medications

Investigate Further:

- Refer for Medication Management Review

Recommended Interventions:

11 Medication Review **14** Chronic Condition Management



☐ Deficit Identified

Health Conditions

Investigate Further:

- Condition specific assessments

Recommended Interventions:

2 Nutritional Intervention **3** Exercise **4** Physical Activity **14** Chronic Condition Management



☐ Deficit Identified

Sensory

Investigate Further:

- Vision: Hand held Snellen's chart, or
- Hearing: Whisper voice test

Recommended Interventions:

14 Chronic Condition Management **15** Sensory Interventions.

Interventions

Frailty is a complex multi-factorial process often requiring multiple interventions.¹ Each intervention can impact on multiple capacity deficits.

1 Medical Review

- Individuals who are identified as being either frail or at risk of frailty should be encouraged to be reviewed by their medical practitioner for a comprehensive assessment.² In particular, individuals with suspected mild cognitive impairment should have a comprehensive medical assessment to identify other conditions that may be contributing to this impairment.³

2 Nutritional Intervention

- Aim to ensure protein and energy requirements are being met. The optimal daily protein intake for older people is at least 1.0 -1.2 g/kg/day (requirements are increased in those who are unwell) and reduced in those with severe kidney disease.⁴
- Consider referral to dietetics for assessment and intervention.
- Consider dental review if dental problems causing chewing difficulties.⁵
- Consider speech pathology review if there are swallowing problems.⁶

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Fatigue, Strength**

3 Exercise

- Exercise is a key frailty intervention and includes strength, endurance and balance training.^{1, 7}
- Strength training is a priority area for exercise intervention, and may need to be addressed first prior to endurance training.⁸
- Progressive resistance training (PRT) is an important intervention for addressing weakness and involves exercising muscles against resistance that is progressively increased as strength improves.⁸ High-intensity training (exercise machines) results in greater lower limb strength and vitality than low-intensity (elastic tubing / bands).⁸ PRT is effective in improving neuromuscular activity, muscle mass, strength, power, and functional capacity.⁷
- Individuals should aim to perform 150 minutes of moderate-intensity physical activity per week.⁹ (also see physical activity below)
- Walking is an affordable and accessible activity for achieving moderate intensity activity targets.
- Consider referral to an exercise physiologist

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Fatigue, Pain, Physical Activity, Strength, Walk Speed, Falls & Balance, Urinary Continence, Memory, Mental Health, Chronic Conditions**

4 Physical Activity

- Aim to reduce the time spent sitting and increase participation in daily physical activity. Even a small increase in activity has substantial benefits.¹⁰
- Aim to achieve 150 minutes of moderate intensity activity per week.⁹
- Individuals who are reluctant to do exercise may be willing to participate in a program that is embedded in their daily activity.¹¹ This lifestyle approach has been found to achieve greater functional gains than a structured exercise program.

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Fatigue, Pain, Physical Activity, Strength, Walk Speed, Falls & Balance, Urinary Continence, Memory, Mental Health, Chronic Conditions**

5 Mental Health Interventions

- Depression is both a risk factor and a consequence of frailty.^{12, 13}
- A number of strategies have been demonstrated to be effective in addressing depression including antidepressants,¹⁴ psychotherapy,¹⁵ physical activity / exercise,¹⁶ and social activities.¹⁷
- Commencing a program focused on physical frailty may also indirectly address depressive symptoms.
- There is evidence to suggest that older adults with a generalised anxiety disorder are likely to benefit from either psychotherapeutic or pharmacological interventions, or both in combination.¹⁸
- Reducing isolation and boredom through social engagement and participating in pleasant activities is also an important component preventing or reversing the cycle of increased anxiety. Activity can be a means of facilitating connection and intimacy with other people..¹⁹
- As there is a relationship between anxiety and mild cognitive impairment, interventions targeting anxiety may also indirectly benefit cognition.²⁰
- Relaxation interventions have also been identified as resulting in improvements in depression and anxiety for older adults.²¹ Particular interventions of benefit were progressive muscle relaxation training, music interventions and yoga.

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Fatigue, Pain, Physical Activity, Strength, Walk Speed, Memory, Mental Health,**

6 Sleep Strategies

- Addressing insomnia through multicomponent intervention has been demonstrated as most effective for older adults.²² This approach consisting of a combination of: stimulus control, sleep restriction, relaxation and sleep hygiene. Exercise has also been shown to improve sleep quality.²³

This intervention may benefit deficits in following intrinsic capacities:

- **Fatigue, Pain**

7 Cognitive Interventions

- Multimodal interventions are recommended for individuals with reversible cognitive impairment: promotion of physical activity, cognitive stimulation, exercise, healthy diet, active and social engagement, getting adequate sleep, maintaining a proper body weight, and metabolic control (lipids, diabetes, blood pressure).²⁴
- Interventions that focus on physical frailty and the management of chronic conditions may also delay cognitive frailty.²⁴
- Interventions that involve social or group interaction may also benefit depression and anxiety.¹⁸
- Cognitive Stimulation Therapy (CST) is an important non-pharmacological intervention for individuals with mild to moderate dementia that has been associated with a significant improvement in cognition.²⁵ CST is a group-based program that aims to enhance cognitive and social functioning of participants through structured activities including: physical activity, discussion of events past or present, puzzles and word games, music and practical activities, such as gardening, baking or craft. CST is a time limited program that is typically delivered over seven weeks with two 60 minutes sessions per week and is usually facilitated by an occupational therapist.

This intervention may benefit deficits in following intrinsic capacities:

- **Fatigue, Physical Activity, Memory, Mental Health**

8 Social Engagement

- Social engagement may reduce the risk of cognitive decline as well as reducing depressive and anxiety symptoms.^{3, 17} Some forms of social engagement may also provide greater opportunities for incidental physical activity (e.g., dancing).

This intervention may benefit deficits in following intrinsic capacities:

- **Fatigue, Physical Activity, Memory, Mental Health**

9 Falls & Balance Interventions

- Falls and balance interventions should focus on intrinsic risk factors (related to a person's condition or behaviour)) and extrinsic factors (associated with a person's interaction within his or her environment).²⁶
- Consider referral to a falls management program
- Multifactorial intervention programs address a range of risk factors: exercise focused on muscle strengthening and balance retraining; occupational therapy home safety assessment and home hazard modification; general practitioner medication prescribing review, the withdrawal of psychotropic medications.²⁷ The most effective exercise programs for falls prevention are those which include a component of balance training, have a higher dose of exercise, and do not include a walking program.²⁸ Exercises for falls prevention should be performed at least twice weekly on an ongoing basis and progress in difficulty throughout the program.²⁹

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Fatigue, Physical Activity, Strength, Walking Speed, Falls & Balance, Multiple Medications, Health Conditions.**

10 Urinary Incontinence Management

- The association of urinary urge incontinence with numerous chronic conditions means that the effective management of continence and chronic conditions is likely to be mutually beneficial.³⁰ There is evidence to suggest that conservative management is effective for older adults with UI.³¹ These interventions include:
 - Pelvic Floor Exercise (PFE) in combination with physical exercise. This intervention has moderately strong effectiveness.
- Conservative management in residential care setting:
 - Attention training (prompted voiding and reminders to make toilet visits), being helped to go to the toilet every hour, in combination with functional exercise
 - Physical exercise in combination with ADL training
- Pharmacological treatment, such as anticholinergic drugs, have a significant but small effect on the management of UI. However, adverse side effects such as dry mouth and constipation are common, as well as the potential risk to cognitive function, making the treatment of UI in the frail elderly not evidence based.³²

This intervention may benefit deficits in following intrinsic capacities:

- **Physical Activity, Strength, Walking Speed, Urinary Continence, Health Conditions**

11 Medication Review

- The reduction in the absolute number of medications is one the most important interventions for reducing the risk of ADRs in older adults.³³
- Medications should be avoided where the risk of use is greater than the benefits.³⁴
- Medications with an anticholinergic effect (e.g., antihistamines, tricyclic antidepressants, major tranquilisers, old and atypical antipsychotics, and antimuscarinics for urinary incontinence) are specifically highlighted as being associated with frailty after adjusting for polypharmacy..³⁵ The 2015 updated Beers Criteria is a useful reference for identifying inappropriate medication for older adults.³⁶ <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.13702>
- Vitamin D deficiency is common among older people, supplementation (without testing) is recommended for those at risk.^{37, 38}
- Consider a pharmacist home medication review (MBS Item number 900)
- Consider compliance aids such as Webster packs or dosette boxes, as well as simplification of medication regimens.^{36, 39}
- Provide education to patients and families about their medications.

This intervention may benefit deficits in following intrinsic capacities:

- **Pain, Falls & Balance, Memory, Multiple Medications, Health Conditions.**

12 Oral Health Strategies

- Oral health and general health are closely linked.⁴⁰
- Encourage regular dental review.⁴¹
- Consider the person's physical ability to maintain oral hygiene, which may require carer assistance.^{42, 43}

This intervention may benefit deficits in following intrinsic capacities:

- **Nutritional Status, Oral Health**

13 Pain Management

- Assess for the underlying cause of the pain.
- Pharmacology is the most common approach to addressing pain in older adults, however, greater reductions in pain and improvement in function may be achieved in combination with non-pharmacologic treatments.
- Key non-pharmacological interventions include:
 - therapeutic exercise programs (that address range of motion, muscle strength and power, enhance postural and gait stability, and restoring cardiovascular fitness);
 - participation in physical activity; patient education (self-management and coping strategies);
 - cognitive coping strategies (distraction methods, mindfulness, and methods for addressing self-defeating thoughts);
 - behavioural strategies (pacing, increasing involvement in pleasurable activities, and relaxation methods).⁴⁴
- Individuals with disabling foot pain would benefit from podiatry treatment that also addresses footwear advice modification, education in self-care, orthoses for pressure distribution, foot and ankle exercises, and falls prevention education.^{45, 46}

This intervention may benefit deficits in following intrinsic capacities:

- **Fatigue, Pain, Physical Activity, Strength, Walking Speed, Mental Health.**

14 Chronic Condition Management

- A holistic approach is required to the management of chronic conditions in older adults, particularly for those individuals with multimorbidity. Comprehensive assessment and well-integrated care are two key components to the effective management of multimorbidity.⁴⁷ The treatment of diseases in isolation is inefficient and may result in burdensome and potentially inappropriate treatment as rigidly following practice guidelines may result in polypharmacy, adverse drug interactions and unnecessary cost.^{47, 48} Frailty has been identified as a potential framework for addressing multimorbidity in primary care through a structured holistic assessment that may support identification of the goals of care, highlight both the risks and benefits of preventive and screening interventions, and support informed recommendations and decisions about care.⁴⁹ In addition, interventions that target frailty and slow the ageing process may also be considered as useful strategies in delaying or preventing the onset of chronic conditions.⁵⁰
- The major modifiable risk factors for chronic conditions include: dyslipidemia, hypertension, diabetes, smoking, obesity, and physical activity.⁴⁷
- Strategies with demonstrated effectiveness in supporting the management of chronic conditions for older adults include:
 - **Care coordination** with a minimum of one in-person contact per month, teaching patients how to manage their medications, and close liaison with hospitals to manage acute transitions and to reduce short-term admissions has been linked with improved health outcomes, reduced hospitalisation and health expenditure.⁵¹
 - **Self-management** programs delivered by health professionals utilising either group or individualised sessions have been associated with improved patient outcomes.⁵²⁻⁵⁴
 - **Technology** has evidence supporting its effectiveness as both a mechanism for delivering therapy, in particular for achieving health behaviour change,⁵⁵ as well as for monitoring, to support the management of chronic conditions.⁵⁶
- Challenges to the management of multimorbidity in older adults include overcoming ageist attitudes that are widespread among older people themselves and health professionals, namely, that poor health is inevitable, interventions are ineffective, and improved outcomes are not valuable.⁴⁷
- From the perspective of older adults with multimorbidities, the ideal processes of care are those which: focus on patients' overall needs, provide convenient access to care providers, are individualised and patient-centred, provide good communication about care plans, have continuity of care with providers, have a single coordinator as a primary contact, and are delivered by providers who have good listening skills and a caring attitude.⁵⁷

This intervention may benefit deficits in following intrinsic capacities:

- Urinary Continence, Multiple Medications, Chronic Conditions

15 Sensory Interventions

- **Vision** – A comprehensive eye examination is recommended every 1-2 years for older adults, consisting of a visual acuity test, pharmacologic dilation of the pupil, tonometry, and visual field testing.⁵⁸
- **Hearing** – individuals with a functional hearing impairment or screening positive to whispered-voice tests for hearing loss should be referred for formal testing.⁵⁹

This intervention may benefit deficits in following intrinsic capacities:

- Cognition, Sensory Function

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