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Comprehensive Geriatric Assessment: Beyond Baseline Status

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Healthcare for older adults has become a fundamental pillar of medicine, driven by the increase in global life expectancy. Population aging poses complex healthcare challenges that require appropriate assessment tools; among these, comprehensive geriatric assessment (CGA) is one of the most crucial for geriatricians and other healthcare professionals caring for older patients.

CGA is defined and distinguished as a multidimensional process that extends far beyond a simple medical evaluation (1,2). It involves a comprehensive assessment that enables the identification of specific problems and needs from the time of patient admission, thereby facilitating the development of an individualized, interdisciplinary, and coordinated care plan aimed at preventing functional decline, improving quality of life, and optimizing resource utilization (3,4).

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When conducting a CGA, healthcare professionals should consider specific aspects of each component of the medical history, from history taking to detailed clinical assessment. Within this process, there is a fundamental element referred to as baseline status. This is documented as the patient's usual condition before the onset of an acute event or significant deterioration (5).

Baseline status therefore represents the baseline or reference point that reflects how the patient functioned in everyday life. However—and this is the central point we wish to emphasize—this component alone does not constitute a CGA (2). Confusing the static description of a previous state (baseline status) with the comprehensive assessment required

in the care of geriatric patients is a luxury we cannot afford (1,4).

Whereas a physician may simply document that a patient was independent at baseline, CGA goes much further (3,5). It relies on this crucial information but uses it as a starting point. CGA not only documents functional status but also evaluates it in depth, while exploring its causes and implications. Put succinctly, baseline status tells us "how the patient was," whereas CGA tells us why the patient is this way and what can be done about it.

For example, when a patient experiences a change, CGA will determine whether the previous level of independence has been maintained and, if not, will analyze the underlying reasons, identifying potential deficits in the cognitive, emotional, or social domains. The rigorous and comprehensive application of CGA transcends mere clinical documentation. It is an essential predictive and therapeutic tool. Its benefits are well documented and have major implications for healthcare management and patients' quality of life. When CGA is applied comprehensively, tangible outcomes can be achieved, including minimizing iatrogenic cascades, reducing unnecessary hospitalizations, and improving the quality of life of older adults. In addition, CGA establishes the patient's overall clinical profile, disease risk, and both short- and long-term prognosis. This facilitates clinical decision-making and enables the development of a truly individualized care plan (4-6).

Emphasizing the appropriate implementation of CGA is, in essence, an investment in the future of geriatric care. It entails moving beyond the simple static description of a previous state toward a dynamic process of interdisciplinary assessment and management aimed at optimizing resource utilization and preventing functional decline (7). CGA is the cornerstone of high-quality care for our aging society.

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