## **Abstract BGS:**

# (Word Count 370) – Deadline 15th June

**Title**: Does preventative outpatient comprehensive geriatric assessment reduce hospital admissions? A systematic review.

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## **Introduction:**

With an increasing ageing population the NHS is faced with the challenges of delivering a holistic approach to patient care. Indeed, approximately two thirds of medical beds in hospital are occupied by people over the age of 65 years, 30% of whom have dementia. NHS England recommends a personalised care plan, identification of frailty and advanced care planning using an integrated care pathway inclusive of Comprehensive Geriatric Assessment (CGA) for these older patients. Despite such positive endorsement, evidence describing the effective components, or demonstrating cost effectiveness of such an approach remains sparse. We performed a systematic review of the published evidence surrounding preventative outpatient CGA and the effect this has on hospital admissions and length of stay.

## Methods

A multiple database multi-field search was performed using the term "geriatric\* or gerontology or elderly or older or elder AND assessment or review AND Community or home AND admission\*". All reference lists were checked for further relevant papers. Only original research articles, including randomised controlled trials and observational studies of CGA conducted in the community, with hospitalisation as an outcome, written in English, were included in the review. The original abstract search was conducted by two separate reviewers and then the results were compared for consistency.

## Results

2413 papers were identified by the search, of which 22 met the inclusion criteria. No studies included patients from nursing homes. Further, advanced care planning was not included in any assessment. Nine studies showed a reduction in hospitalisation, two of which were significant, whereas three showed an increase, one of which was independently significant. The remainder showed no impact on admissions.

There was no clarity on the impact of a CGA on length of stay, with only one paper showing a statistically significant reduction in length of stay, and the remainder presenting limited (if any) evidence.

## **Conclusions**

On the basis of published data, there it is not possible to determine whether CGA as a preventative intervention in the community reduces hospital admissions or length of stay. A large randomised controlled trial including a full CGA with advanced care planning is required

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