Executive summary of recommendations
Details of recommendations can be found in the main text at the pages indicated.

Physical function

Community-dwelling older adults should be screened for functional disability (pg 12).

Grade C, Level 2+

The Vulnerable Elders Survey-13 (VES-13) and the Short Physical Performance Battery (SPPB) can be used to screen for functional disability in older adults (pg 12).

Grade C, Level 2+

Older adults who score $\geq 3$ on the Vulnerable Elders Survey-13 (VES-13) or $\leq 6$ on the Short Physical Performance Battery (SPPB) tools can be considered for referral to a primary care physician. (pg 13)

Grade D, Level 4
Vision

**GPP** Community-dwelling older adults should be screened for visual impairment (pg 15).

**B** A visual acuity chart (e.g. Snellen chart) is recommended for identifying the presence of visual impairment (pg 15).

*Grade B, Level 2++*

**GPP** Older adults with visual acuity 6/12 or better (acceptable/normal visual acuity) should be screened every 1-2 years (pg 15).

**GPP** Individuals with visual acuity worse than 6/12 (abnormal visual acuity) without pinhole on initial screening should have visual acuity testing repeated **with pinhole**.

Individuals with pinhole visual acuity of 6/12 or better are likely to have refractive error and should be referred to an optometrist based in an optical outlet.

Individuals with pinhole visual acuity worse than 6/12 may have eye conditions other than refractive error and should be referred to an ophthalmologist (pg 15).
Suggested algorithm for vision screening

Visual acuity testing (with optical correction if necessary)

- VA 6/12 or better
  - Acceptable/Normal

- VA worse than 6/12
  - VA testing with pinhole (with optical correction if necessary)
    - VA with pinhole 6/12 or better
      - Refer to optometrist
    - VA with pinhole worse than 6/12
      - Refer to ophthalmologist

Hearing

B Community-dwelling older adults should be screened for hearing impairment (pg 18).

Grade B, Level 1+

D The Single Global Screening Question: “Do you or your family think that you may have hearing loss?” is recommended as a first screening tool for hearing impairment, although mild hearing impairment might still be missed (pg 18).

Grade D, Level 2+

C The Hearing Handicap Inventory for the Elderly-Screening (HHIE-S) is recommended as a screening tool for hearing impairment (pg 19).

Grade C, Level 2+
The audioscope is recommended as a screening tool for hearing impairment (pg 19).

Grade B, Level 2++

The algorithm in section 4.5 is recommended for the screening of hearing impairment in older adults (pg 20).

Currently in Singapore, individuals that fail any of the three tests (Single Global Screening Question, HHIE-S & Audioscope test) should be referred to an audiologist and/or otolaryngologist (pg 20).

For older adults that have been screened for hearing impairment and found to have normal hearing, screening for hearing impairment should be repeated yearly (pg 21).

Suggested algorithm for hearing screening

1. Older adults with possible hearing loss
   - Positive results on Global Question and/or Hearing Handicap Inventory Elderly-Screening (HHIE-S) and/or Audioscope
     - Yes: Refer for formal audiometric testing
     - No: Educate that mild hearing impairment may be missed by screening. To seek audiologist or otolaryngologist consult if there are any problems with hearing.
Oral health

D All individuals should be screened on their level of oral cleanliness, number and condition of teeth, health of oral tissues, characteristics of saliva, condition of prosthesis, as well as the signs and symptoms of dental pain (pg 23).

Grade D, Level 3

D Individuals should be screened using the Oral Health Assessment Tool (OHAT) (pg 23).

Grade D, Level 3

D It is recommended that:

- Individuals with only poor oral hygiene should be provided with advice and skills to improve oral self-maintenance.

- Individuals with oral pain, dry mouth, poor dentition status, poor periodontal health, in need of oral prosthesis or have existing prosthesis in need of repair/relining should be referred to a dentist (pg 24).

Grade D, Level 3

Suggested algorithm for oral health screening

[Diagram showing the assessment process and decision points for normal/healthy, poor oral hygiene, and unhealthy problems, leading to knowledge, skills, and materials to improve oral hygiene or referral to dentist.]
Continence

**D** Community-dwelling older adults should be screened for urinary incontinence (pg 27).

Grade D, Level 3

**D** Individuals should be screened for urinary incontinence with the International Consultation on Incontinence Questionnaire Urinary Incontinence – Short Form. (ICIQ-UI SF) (pg 27).

Grade D, Level 3

**GPP** Older adults with an ICIQ score of 1 or greater are recommended to visit a primary care physician for further evaluation and follow-up consultation (pg 28).

GPP

**Suggested algorithm for continence screening**

![Algorithm Diagram]

**Mood**

**GPP** Community-dwelling older adults should be screened for depression (pg 32).

GPP
It is recommended that the 15-item Geriatric Depression Scale (GDS-15) be used to screen for depression among older adults (pg 32).

Grade B, Level 2++

Individuals who score 5 or more points on the GDS-15 must be referred to primary care doctors for further assessment and treatment. Primary care doctors can refer the more complicated patients to mental health professionals for treatment as necessary (see algorithm in section 7.6) (pg 33).

Grade C, Level 2++

**Suggested algorithm for depression screening**

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<table>
<thead>
<tr>
<th>GDS-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score &lt; 5</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Score ≥ 5</td>
</tr>
<tr>
<td>Suggestive of depression</td>
</tr>
<tr>
<td>Referral to Primary Care Physician/Mental Health Professional</td>
</tr>
</tbody>
</table>
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**Cognition**

Currently, community screening or routine screening in the primary care setting for dementia in asymptomatic older persons is **not recommended.** (pg 37)

Grade C, Level 2+