

the cumulative effect of multiple comorbidities. Thus, a person-centered approach is essential.

Older adults generally experience decreases in functional status after receiving chemotherapy. Most of this negative effect appears to be related to comorbidity and baseline functional status, rather than due to age alone. For this reason, specialists in geriatric oncology have proposed using comprehensive geriatric assessment, including many of the issues addressed in [Table 477-3](#), as a strategy to better predict which older adults will tolerate and benefit most from cancer treatment. Other considerations before making decisions about treatment plans should include socioeconomic factors. Lack of social support has been associated with poor outcomes after radiation and chemotherapy, especially in older women. Other important issues in cancer treatment planning include availability of transportation for treatments, economic and insurance status, the patient's ability to follow treatment plans, and family and social support available during therapy, when adverse effects and functional decline may occur.

■ ANEMIA

A low hemoglobin or hematocrit is not a normal age-related change in older adults. All anemic older adults should have a basic evaluation to determine the etiology including a complete blood count, examination of a peripheral red blood cell smear, reticulocyte count, and measurement of iron, iron binding capacity, and transferrin saturation. A serum ferritin level can help distinguish iron deficiency from anemia of chronic disease; the two types of anemia occur commonly in older adults. The prevalence of anemia in older adults varies between 7% and 47%, with the highest prevalence among nursing home residents. Even mild anemia is associated with worse overall outcomes in older adults, including functional and cognitive decline, falls, hospitalization, frailty, and mortality. Microcytic indices suggest occult blood loss. Iron deficiency is the most common cause, with other nutritional anemias (e.g., B₁₂ deficiency) and myelodysplasia each accounting for a small percentage. Anemia of chronic disease is common in older people who have several chronic illnesses. The etiology of the anemia in older adults cannot be specifically explained in more than a third of