

American Geriatrics Association Publishes Guidelines on Gomeritis

The American Geriatrics Association has finally published its guidelines on gomeritis, a complex entity caused by the progressive deterioration of a gomerular brain. A brief summary follows:

Gomeritis is a complex clinical entity and should be suspected when a patient:

- Is on Namenda, Aricept, Excellon, Seroquel and Ativan
- Has pulled out his PEG more than three times in the past three weeks
- Is sent in from the nursing home with a PMHx that contains more than 40 conditions or is longer than 3 pages typed
- Has a prior history of gomeritis flares
- Is on more than 28 medications
- Is found curled into a tighter ball than usual
- Swinging and cursing at staff more than usual

Additional clues to the diagnosis may be a family assurance that “Mom is normally sharp as a tack,” “altered mental status,” on the nursing home transfer sheet, and a sodium level above 180.



AGA experts warned physicians not to confuse gomeritis with dwindles, which, while frequently precedes gomeritis is still a distinct entity, has more treatment options, and carries a slightly better prognosis.

It is important for practitioners to understand that gomeritis is a progressive and incurable condition. Optimal strategies for managing gomeritis flares are not agreed upon. Various experts recommend [broad-spectrum antibiotics](#), broad-spectrum antipsychotics, broad-spectrum laxatives, trials of hydration, trials of diuresis, and broad-spectrum [consults](#).

A recent multi-center single arm trial of Turfing Admitted Patient with GOMERitis (TAP GOMER) concluded that, “The only feasible service where a gomeritis patient can be turfed is psychiatry and only if they have too many open beds.”

Authors further concluded that the benefit of a successful turf were outweighed by the costs of having to read lengthy psychiatry consults with NNT (number needed to turf) of 48.

At present an approach of, “Lets just watch them for a while and send them back” is being evaluated across several centers against a control of high doses of intravenous [Haldol](#).