

# Frailty

Frailty is a dynamic condition experienced by many older adults. It is a vulnerability to adverse outcomes resulting from an interaction of physical, socio-economic and co-morbidity factors: major adverse events are more common among frail patients in comparison to non-frail patients. <sup>(1)</sup>

## Why is it important?

- Prevalence of frailty is higher in women and increases with age
- Social vulnerability, aging, and chronic disease leads to development of frail elderly individuals
- When an individual is frail the impact of an “illness” further impairs function and ability to cope
- Frailty causes increased risk of other diseases
- In-hospital mortality is higher among frail patients than among non-frail patients <sup>(1)</sup>
- Frail individuals are more likely to become functionally dependent; have a lower quality of life; and are more often re-admitted to hospital than non-frail individuals
- Frailty increases the risk for adverse health outcomes such as falls, hospitalization, increased length of stay, increased costs, with worsening of outcomes including mortality and need for long term placement <sup>(1) (3)</sup>

## Common Causes

- Physical: extreme age, weight loss, slow gait, fatigue, inactivity, poor grip strength
- Socio-economic: isolation, caregiver gaps, poverty, gender, immigration status
- Co-morbidity factors: impaired cognition/mood, poly-pharmacy, multiple chronic diseases

## Key Considerations

- CSHA Clinical Frailty Scale widely used to describe and classify the severity of frailty: based on function for Activities of Daily Living and Instrumental Activities of Daily Living <sup>(2)</sup> <http://geriatricresearch.medicine.dal.ca/pdf/Clinical%20Frailty%20Scale.pdf>
- Align goals and preferences of the patient and family  
[www.sagelink.ca/GPHE\\_intro\\_all\\_related\\_documents\\_2014\\_geriatric\\_periodic\\_health\\_exam\\_patient\\_questionnaire\\_2014](http://www.sagelink.ca/GPHE_intro_all_related_documents_2014_geriatric_periodic_health_exam_patient_questionnaire_2014)
- Components of the Comprehensive Geriatric Exam can be used to flag issues for further review with Geriatric Periodic Health Exam
- Focus should be on:
  - Early identification of onset and acute illness, optimizing sensory inputs, assessing cognition/mood, reviewing medications, and promoting regular exercise and nutrition supplementation.
  - Optimizing chronic disease management strategies and modify geriatric syndromes (e.g. falls, immobility, confusion, depression, incontinence)
  - Implementing necessary environmental changes/adaptations and maximization of community and socio-economic supports
  - Encouraging activity and socialization in order to help prevent advancing frailty

## References,

1. Bagshaw, S.M., et al (2014). *Association between frailty and short and long-term outcomes among critically ill patients: a multicenter prospective cohort study.* CMAJ, 186 (2), doi: 10.1503/cmaj.130639. Retrieved Feb. 2014 from: <http://www.cmaj.ca/content/186/2/E95>
2. B.C. Ministry of Health. (2012). *Frailty in Older Adults- Early Identification and Management.* Retrieved February 2014 from: [http://www.bcguidelines.ca/pdf/frailty\\_summary.pdf](http://www.bcguidelines.ca/pdf/frailty_summary.pdf)
3. Fried, L.P., et al (2001). Frailty in Older Adults: Evidence for a Phenotype. *Journal of Gerontology: MEDICAL SCIENCES*, 56A(3), M146-M156. Retrieved Feb. 2014 from: <https://rds185.epi-ucsf.org/ticr/syllabus/courses/83/2012/02/15/Lecture/readings/fried%20frailty%202001.pdf>