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. [(1)]

Why is it important?

- Prevalence of frailty is higher in women and increases with age
- Many residents in LTC would be considered "frail" although there may be reversible components
- Social vulnerability, aging, and chronic disease lends 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 [(1)]
- Frail survivors are more likely to become functionally dependent, had a lower quality of life, and more often re-admitted to hospitals than the non-frail survivors [(1)]
- 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 [(1)(3)]

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 [(2)] http://geriatricresearch.medicine.dal.ca/pdf/Clinical%20Faily%20Scale.pdf
- Align goals and preferences of the patient and family
- 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
    - Consult physiotherapist, occupational therapist, recreationist as feasible

References,

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