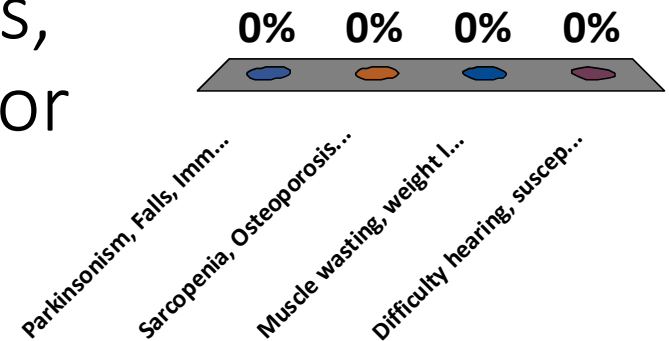


# Frailty

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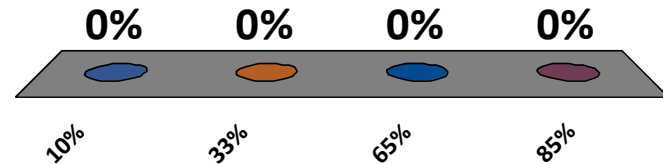
# What are the 4 key components of frailty?

- A. Parkinsonism, Falls, Immobility, Osteoarthritis
- ✓ B. Sarcopenia, Osteoporosis, Fatigue, Anorexia
- C. Muscle wasting, weight loss, fractured neck of femur, poor vision
- D. Difficulty hearing, susceptibility to infection, polypharmacy, age 85+



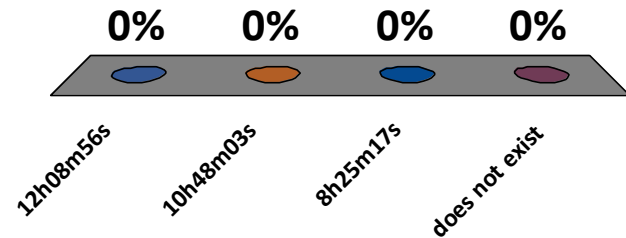
# What % of people > 85 are affected by frailty ?

- A. 10%
- ✓ B. 33%
- C. 65%
- D. 85%



# What is the world record in the 100+ year age group for running the marathon?

- A. 12h08m56s
- B. 10h48m03s
- ✓ C. 8h25m17s
- D. does not exist



# What do we understand by Frailty?



# Academic Definition

- 4 key components
  - SARCOPENIA (loss of muscle mass and strength)
  - ANOREXIA
  - OSTEOPOROSIS
  - FATIGUE
- +/- Falls, Incontinence, Delirium, Dementia, Polypharmacy & Multiple Medical Comorbidities

# Fast Recognition

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

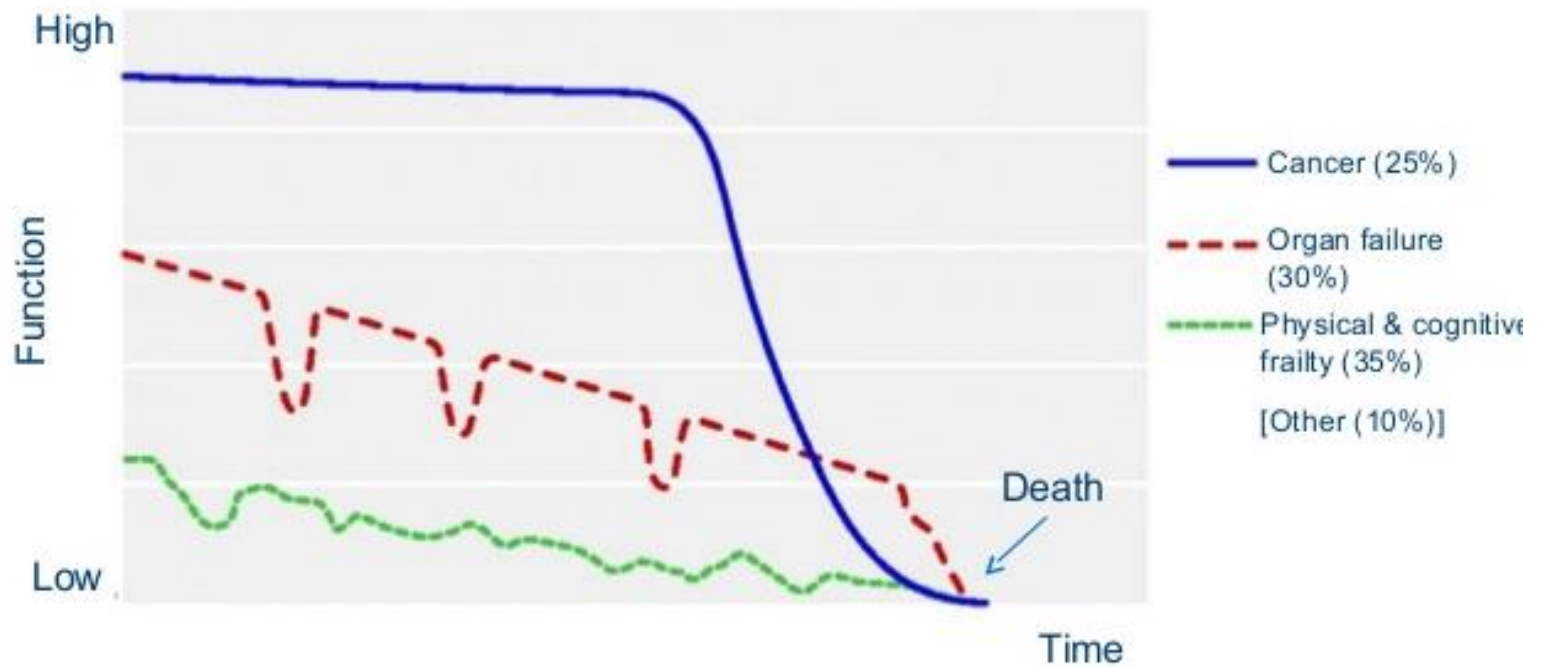
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

# Diagnosing Frailty

- PRISMA 7 Questionnaire
- Walking speed
- Timed up and go test
- Self-reported Health
- GP assessment
- Polypharmacy
- The Groningen Frailty Indicator questionnaire

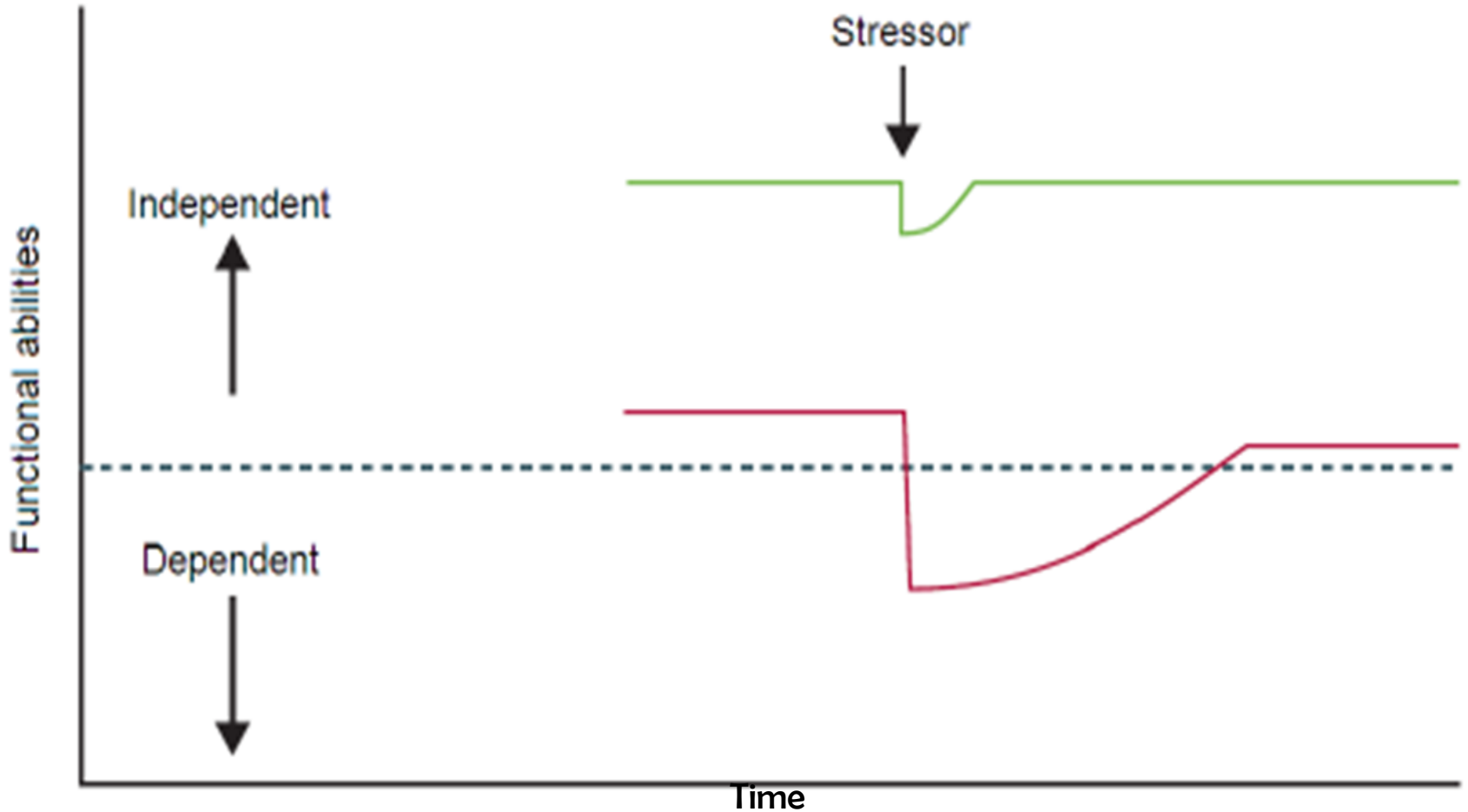


### The three main trajectories of decline at the end of life<sup>5</sup>

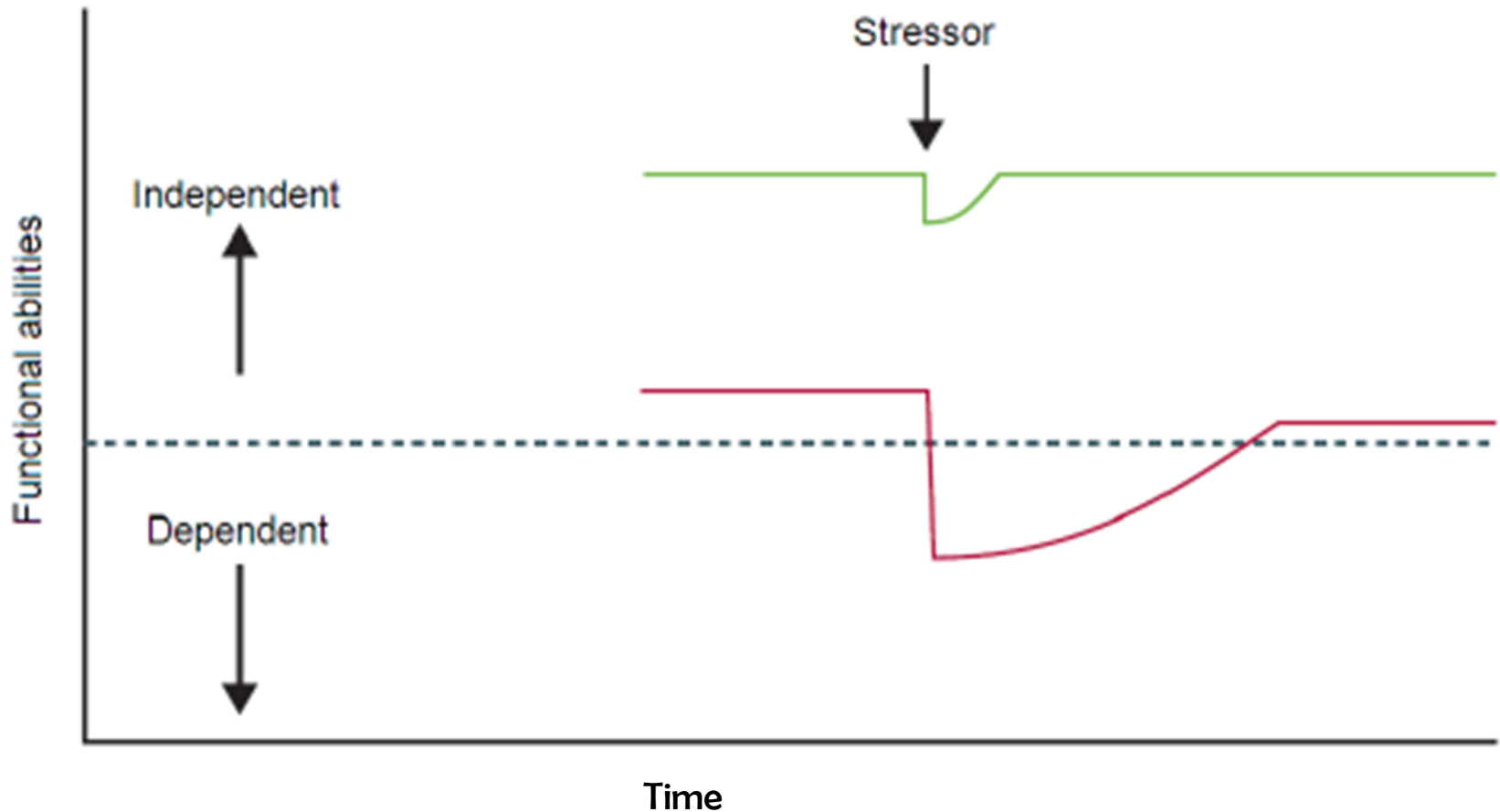


5. Murray SA, Kendall M, Boyd K, Sheikh A. 2005. Illness trajectories and palliative care. *BMJ*2005;330:1007-11.

# The Key to Understanding Frailty & Acute Illness (Clegg 2013 Lancet)



# What interventions can be made to minimise a reduction in functional status in Hospital?



# Comprehensive Geriatric Assessment

- Holistic assessment
- Individual goal setting
- Medication review
- Anticipatory care planning
- Geriatrician, Therapy, Specialist nurse

# Avoidance of Hospital Acquired Harm

- Falls
- Hospital acquired infections
- Pressure ulcers

# Communication

- Multidisciplinary team work
- Board rounds
- Safety huddles
- A&A meetings

# Simple Interventions



# Summary

- Definition of Frailty
- Diagnosing Frailty
- The effect of frailty on acute illness
- Holistic approach and simple interventions





The Secret to a long and healthy life is to be stress-free. Be grateful for everything you have, stay away from people who are negative stay smiling and keep running.

— Fauja Singh —

AZ QUOTES

# Resources

- [http://www.bgs.org.uk/campaigns/silverb/silver\\_book\\_complete.pdf](http://www.bgs.org.uk/campaigns/silverb/silver_book_complete.pdf)
- <http://www.bgs.org.uk/index.php/fit-for-frailty>
- Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. Lancet 2013;381 868:752-762
- [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Living\\_with\\_frailty.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Living_with_frailty.pdf?dtrk=true)