THE UNIVERSITY OF ARIZONA
Arizona Center on Aging

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College of Medicine

Frailty 101: Helping Your Patients Age Safely in Place

Geriatric Psychiatry for Non-Psychiatrists
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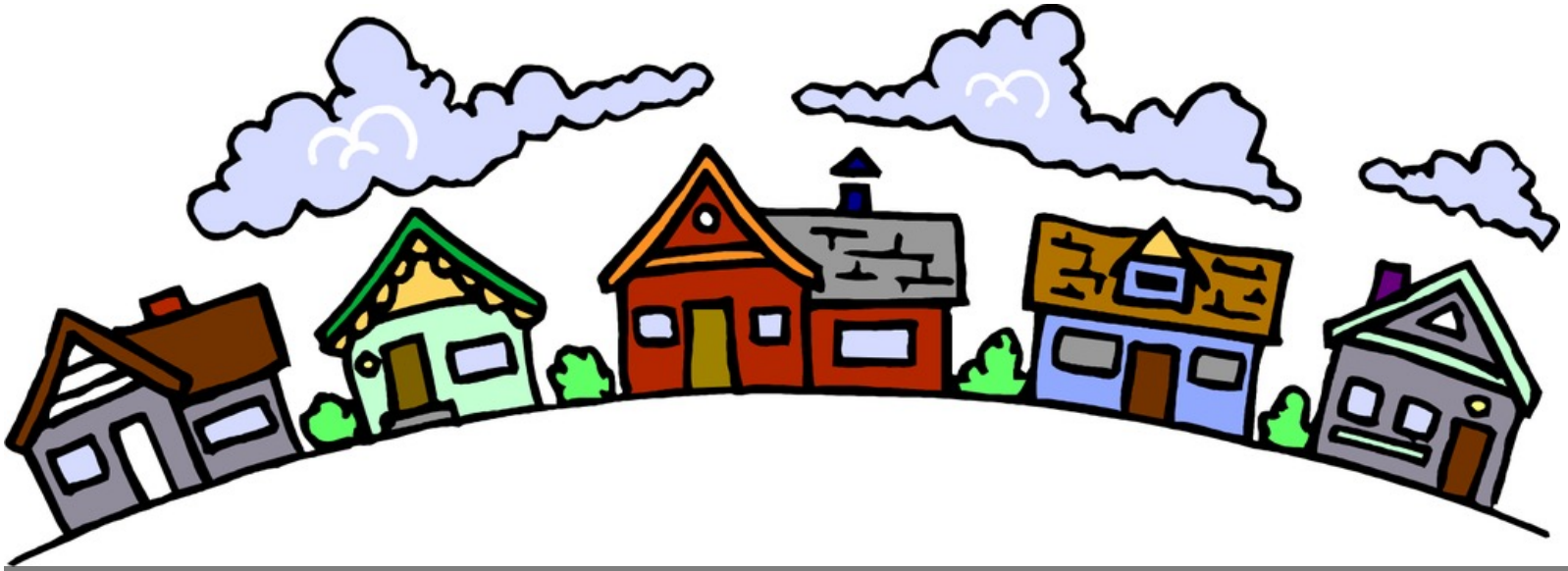
Our Path Today

- About Aging in Place
- Intro to Frailty
- Frailty and Aging in Place
- Call to Action

Most Older Adults Live at Home in the Community



Just 3% of people age 65+
live in nursing homes

90% of older adults want to “Age in Place”

Independence.
Safety.
Familiarity.
Comfort.
Dignity.
Memories.
Family and Friends.
Contribute.
Community.

Aging in Place can work if the person, place, and support network are aligned.

It takes planning and coordination, and it can be challenging.

Frailty brings several barriers to Aging in Place.

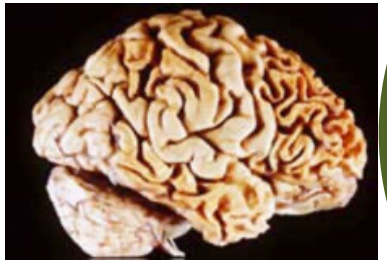
Let's Talk About Frailty

Frailty 101

Usual Aging
(Very Variable)

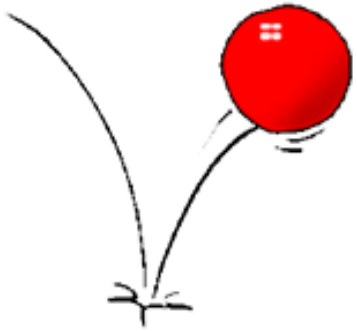
Geriatric Syndromes and Diseases, including:

Dementia



Frailty

What is Frailty?



Common, age-related and unexplained precipitous decline in function and reserve across multiple physiologic systems

Increased vulnerability, most obvious under stress, with decreased capacity to bounce back

Chronic inflammation, autonomic nervous system lability and energy dysregulation

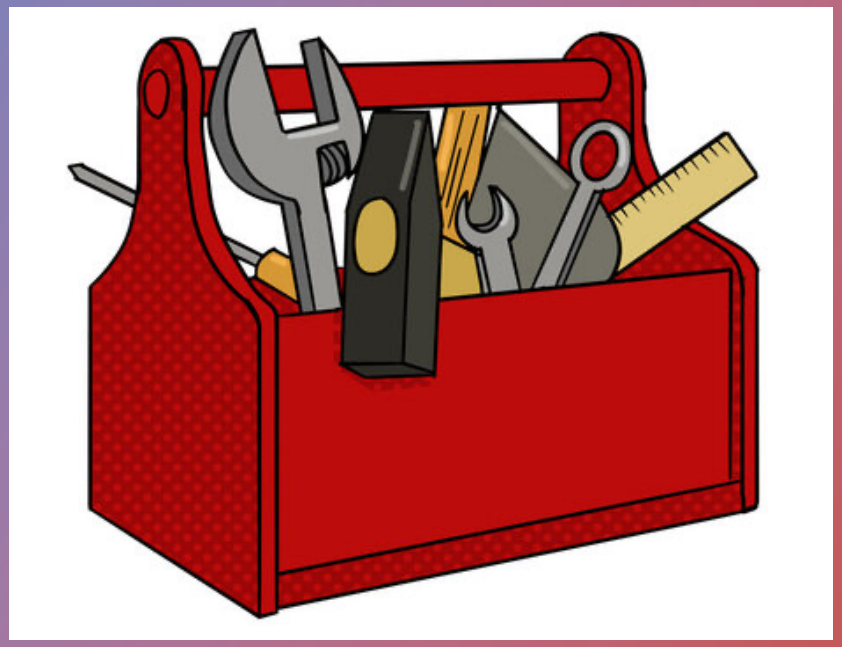
Frailty is NOT usual aging

Frailty is Very Common

- 12-15% of older adults are Frail
- By age 85, over 1/3 are Frail
- More common in lower income and minoritized populations
- 1/3 of older adults are Pre-Frail

Frailty Strongly Predicts Poor Health Outcomes

- ED and Hospitalization
- Falls with hip fracture (5x)
- Cognitive impairment
- Post-op complications (2.5x)
- Disability
- Institutionalization (20x)
- Death (3-5x higher over 2-3 years)



Understanding Frailty:

Two Schools and Many Tools

- Fried Phenotype Frailty
- Rockwood Cumulative Deficits (Frailty Index)

Fried Phenotype Frailty

- Distinct biological syndrome of decreased reserve resulting from cumulative and accelerated declines across multiple physiologic systems
- Based on 5 biological criteria
- Different from comorbidity and disability

Linda P. Fried & colleagues, 2001

Fried L P et al. J Gerontol A Biol Sci Med Sci 2001;56:M146-M157

Fried Frailty Phenotype or Score

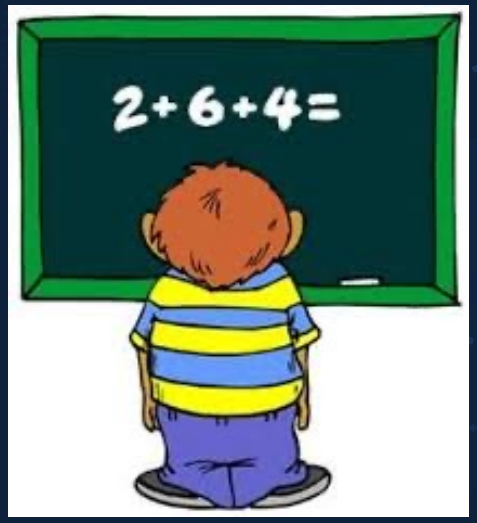
Table 1
Fried phenotype criteria and measurement indices

FP Criteria	Measurement
Weakness	Grip strength <20th percentile
Slowness	Walking time (15 feet): slowest 20% by sex and height
Low level of physical activity	Bottom 20th percentile of calculated kcal as measured by the Minnesota Leisure Time Activity Questionnaire
Exhaustion	Self-reported, based on items in the Center for Epidemiologic Studies Depression Scale
Weight loss	>10% of unintentional weight loss during the prior year

From Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. J Gerontol A Biol Sci Med Sci 2001;56(3):M146–56.

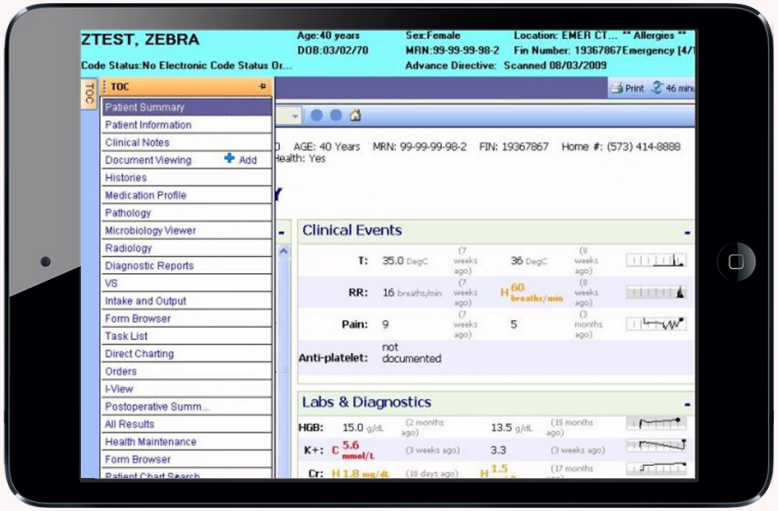
Rockwood Cumulative Deficits Model

- Frailty results from accumulation of deficits (diseases, cognitive and physical impairments, psychosocial risk factors, and geriatric syndromes)
- The more things wrong, the more likely that person is frail



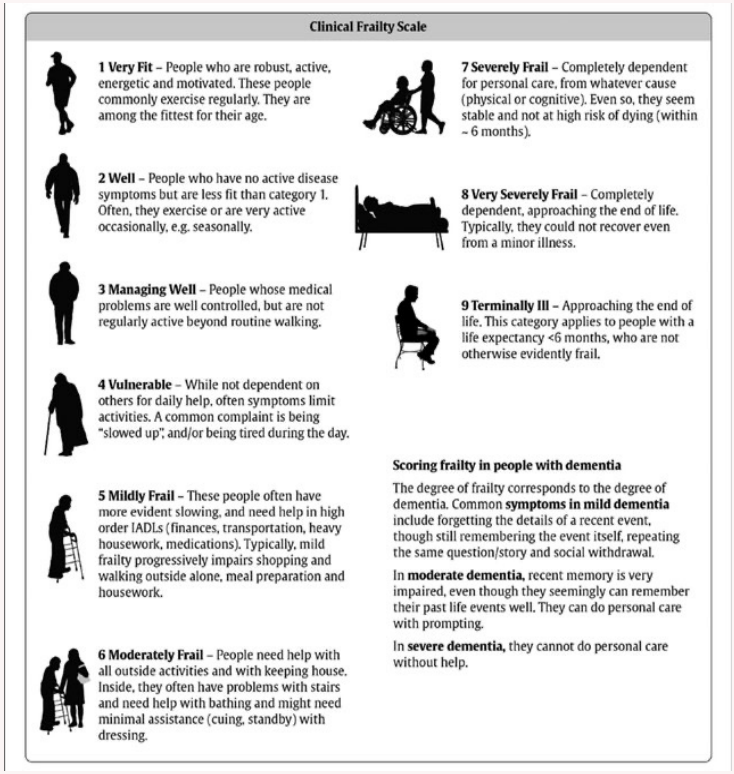
Frailty Index

Electronic Health Record

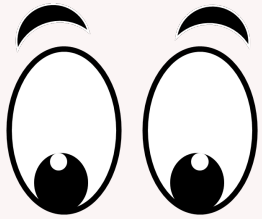


Rockwood K. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005

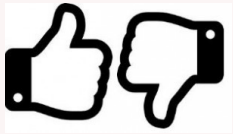
Clinical Frailty Scale (CFS)



You Can't Tell Frailty By Looking



- Experienced clinicians were unable to identify frail adults (only 44% agreement of "eyeball" test to Fried criteria)

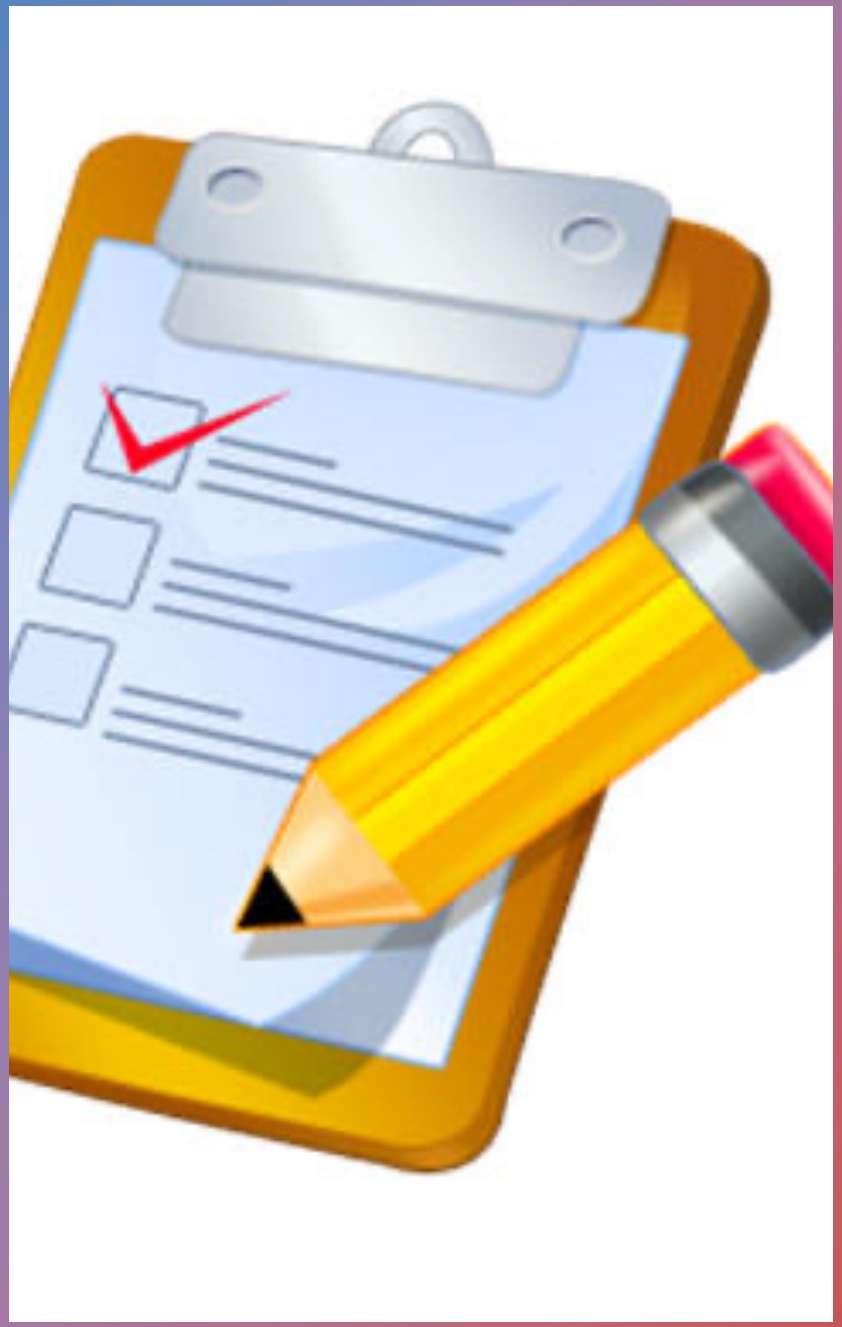


Stocker, Mohler, Wendel, Fain. The Frailty Syndrome "Eyeball Test" Fails: AGS 2016

Message:

Measure Frailty with a valid tool.

Don’t assume.



Many Frailty Scales

Major differences in validity, feasibility and predictive ability

- Tradeoff between most accurate risk prediction vs. best fit
- Scales measure different populations, little overlap

Why assess someone for Frailty?

- Prevent Frailty
- Risk Stratify
- Optimize health
- Goal-aligned care

Why is Frailty Not Routinely Assessed?

- No standard definition
- No consensus on how to prevent and manage
- Not enough time or resources
- Concern about sharing diagnosis

What can be done to prevent or manage Frailty?

Multimodal Approach to Frailty

Person and What Matters

Home and Neighborhood

Informal Supports

Resources and Services

To Age in Place, What Should We Consider?

How does Frailty impact on Aging in Place?

Consider...

Depression

Higher prevalence of depression in those with Frailty.

Higher prevalence of Frailty in persons living with mild to moderate late life depression.

Need access to psychosocial support and socialization, and physical activity

Consider...

Cognitive Impairment

Frailty brings high risk of dementia.

Results in a downward spiral with very poor prognosis.

Need support for IADLs, coordination, safety and planning, informal and formal supports.

Consider...

Risks of "Usual Health Care"

Frailty strongly predicts ED and hospitalizations

High risk of hospital-associated delirium, functional decline, adverse med effects, and institutionalization

Need in-home primary, emergent and palliative team care to avoid unnecessary ED visits and hospitalization and provide care that supports "what matters most"

Consider...

Sarcopenia

Rapid loss of muscle strength and mass

Core frailty component with increased fatigue and falls

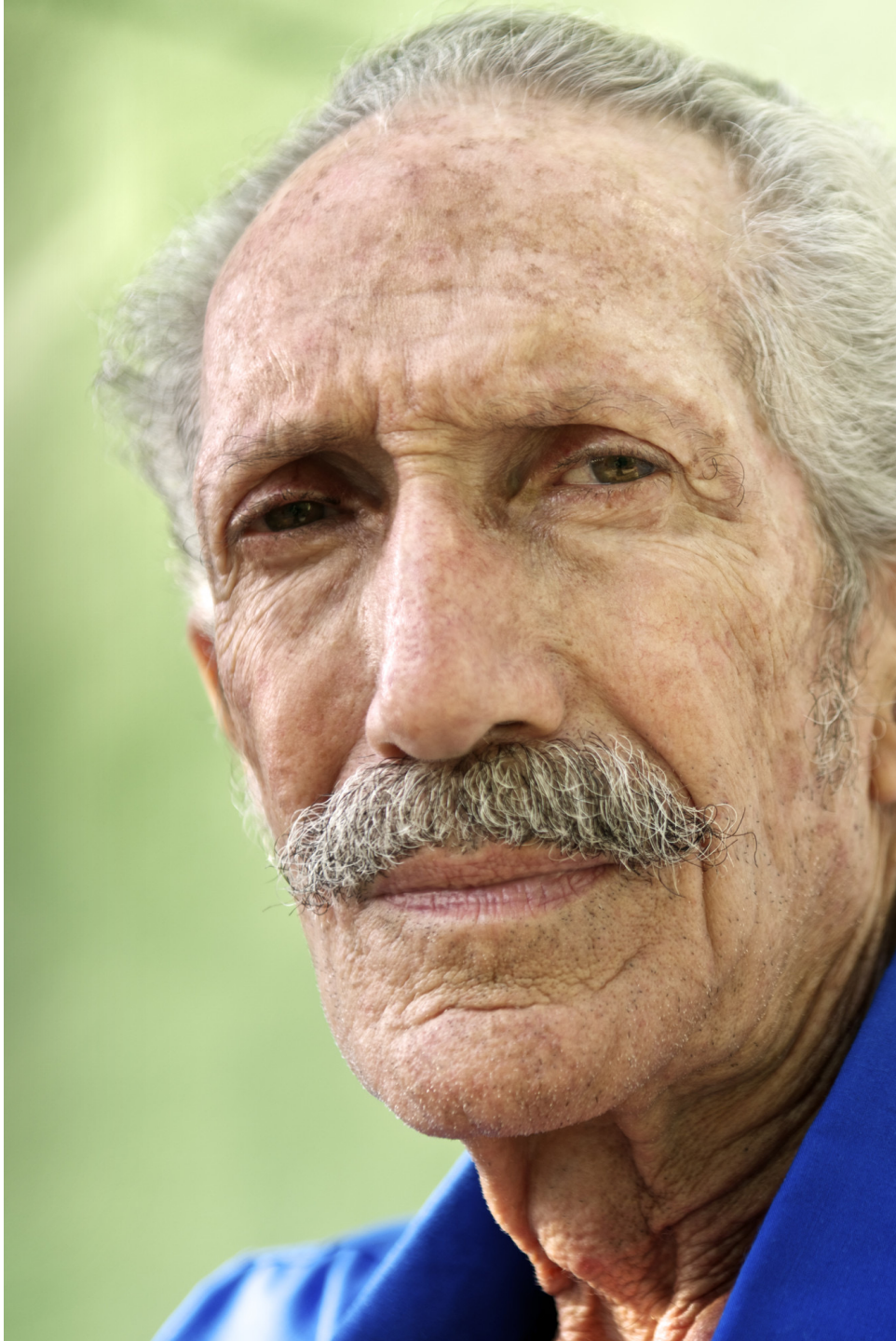
Need high protein meals (home-delivered or senior center), physical rehabilitation, and home modifications

Consider...

Financial Stress

High costs of in-home care, caregiving, cleaning, home modification, meals, transportation, and other supportive care

Need resources for home-and-community based care and services

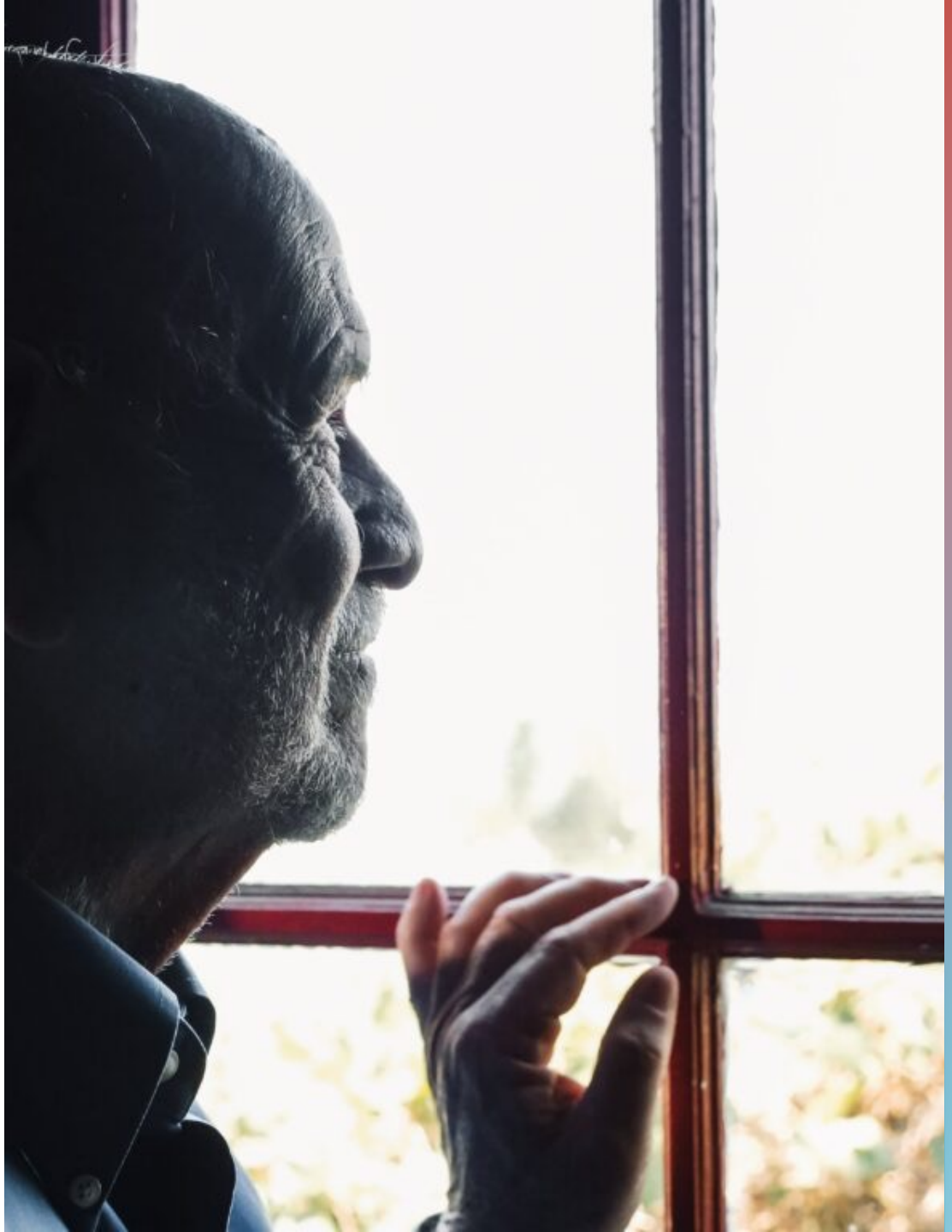


Consider...

Social Isolation and Loneliness

Frailty and progressive dependence and decline leads to social isolation and loneliness

Need access to socialization, emotional support, meaningful activity, and joy



Consider...

Caregiver Stress

Frailty brings high caregiver needs across multiple domains, including ADLs, mood and cognition, and chronic disease management

Need in-home caregiver support, home modifications and DME, senior centers, adult day health care, transportation

Aging in Place can work if the person, place, and support network are aligned.

It takes planning and coordination, and it can be challenging.

Identify Frailty to anticipate and prepare for barriers to Age in Place.

Frailty 101

- Common geriatric syndrome, a major risk factor for poor health outcomes
- Often unrecognized
- Not usual aging
- Focused assessment offers opportunity to risk stratify, reduce harm, inform management, and improve health outcomes

A Call to Action

- Frailty matters! Spread the word
- Identify frail patients using valid tools
- Anticipate and prepare for challenges
- Support Frailty research
- Provide home-and-community services to support Frail adults who wish to Age in Place

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Thank you!