

Healthy Ageing and Identifying Frailty

for Healthcare Professionals

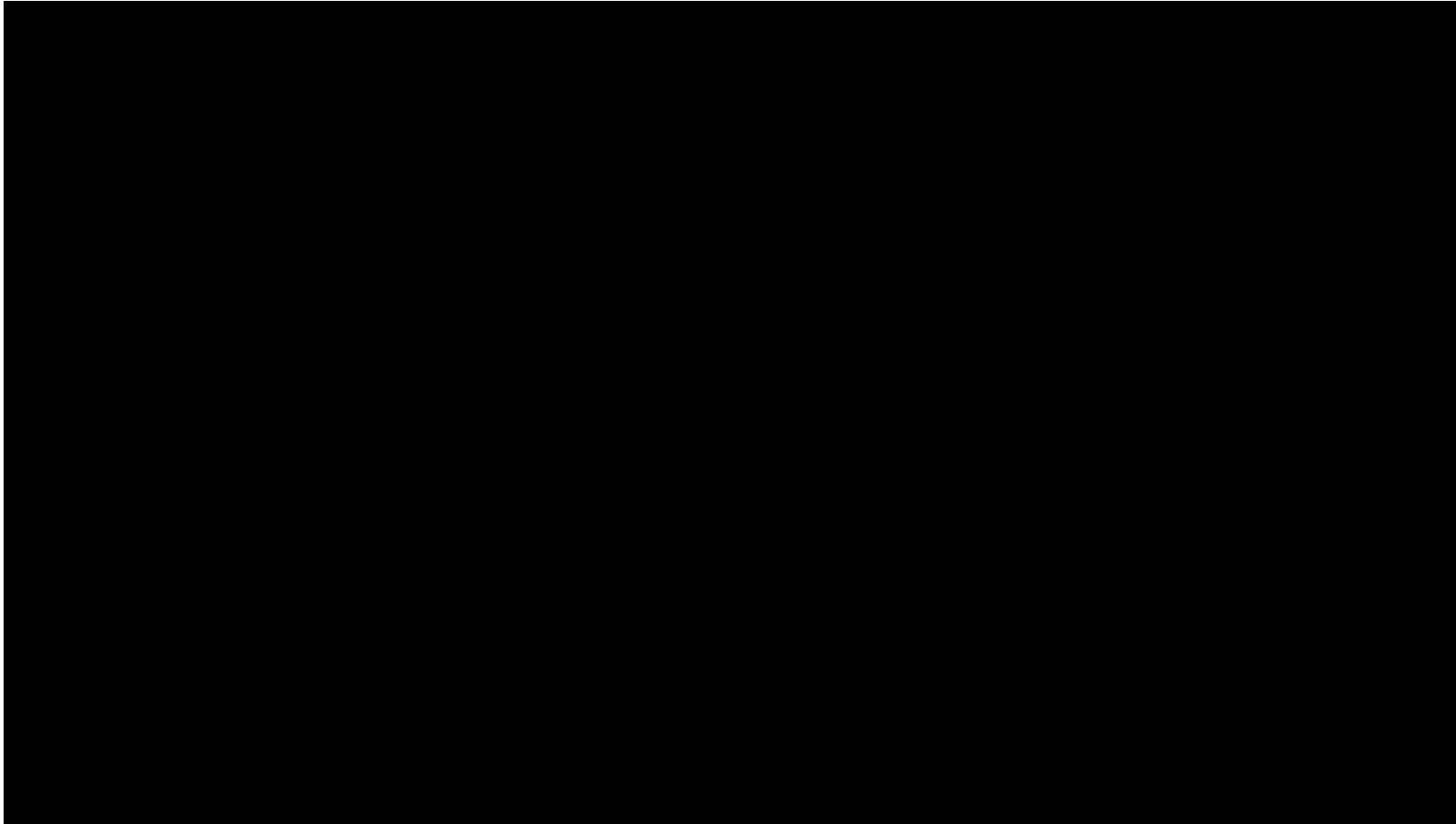
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BMP CONSULTING
HEALTH MANAGEMENT CONSULTANTS

Something to consider!



https://www.youtube.com/watch?v=19-JPN_jr9I

Remember the FRAIL scale

Fatigue-are you feeling fatigued? (yes 1 point)

Resistance- Difficulty walking a flight of stairs? (yes 1 point)

Ambulation- difficulty walking around the block? (yes 1 point)

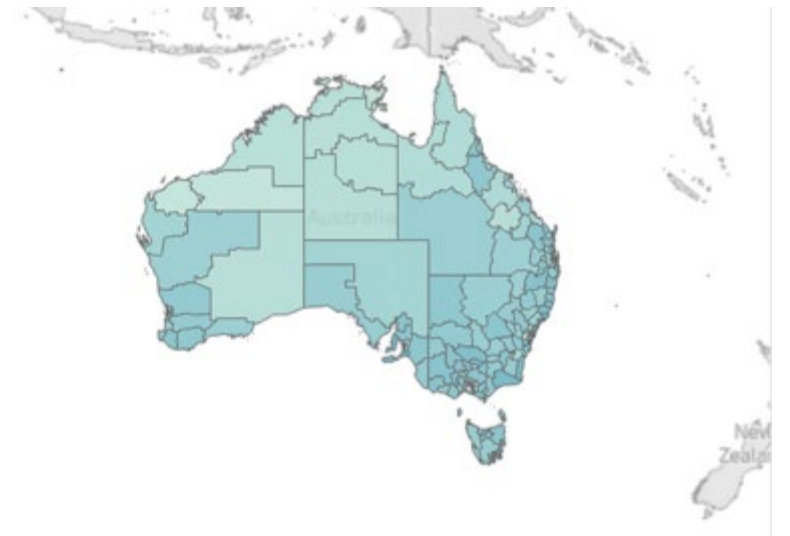
Illnesses- 5 or more chronic conditions? (yes 1 point)

Loss of weight of 5% or more over past 12 months? (yes 1 point)

- If the older person scores 1- 2, they are pre-frail, 3+ indicates they are frail and would benefit with:
 - physical activity
 - polypharmacy review
 - address fatigue
 - protein/calorie supplementation
 - vitamin D

Why do we need to be here?

- Proportion of people in Australia aged over 65 was 12% in 2016...rising to 17% in 2021
 - Hunter...17.5% 2016
 - New England ...20% in 2016
 - Central Coast.....25% in 2021
- Multimorbidity
- What's the impact at a practice level?



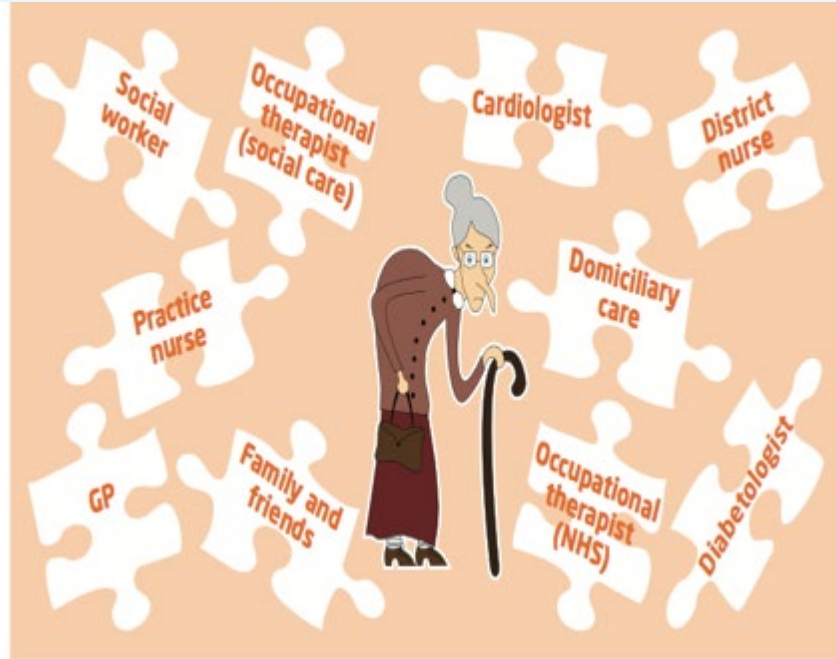
<https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians>

Why do we need to be here?

- 50% people aged 75+ on 8+ meds
- 40% people aged 75+ will have eGFR <60 (Chronic Kidney Disease)
- Multiple prescribers with single disease/organ focus
- Rarely is deprescribing occurring

“Care needs to be just as important as treatment. Older people should be properly valued and listened to, and treated with compassion, dignity and respect at all times. They need to be cared for by skilled staff who are engaged, understand the particular needs of older people and have time to care.”

‘Hard Truths, the Journey to Putting Patients First’,
Government response to the Francis Report, November 2013



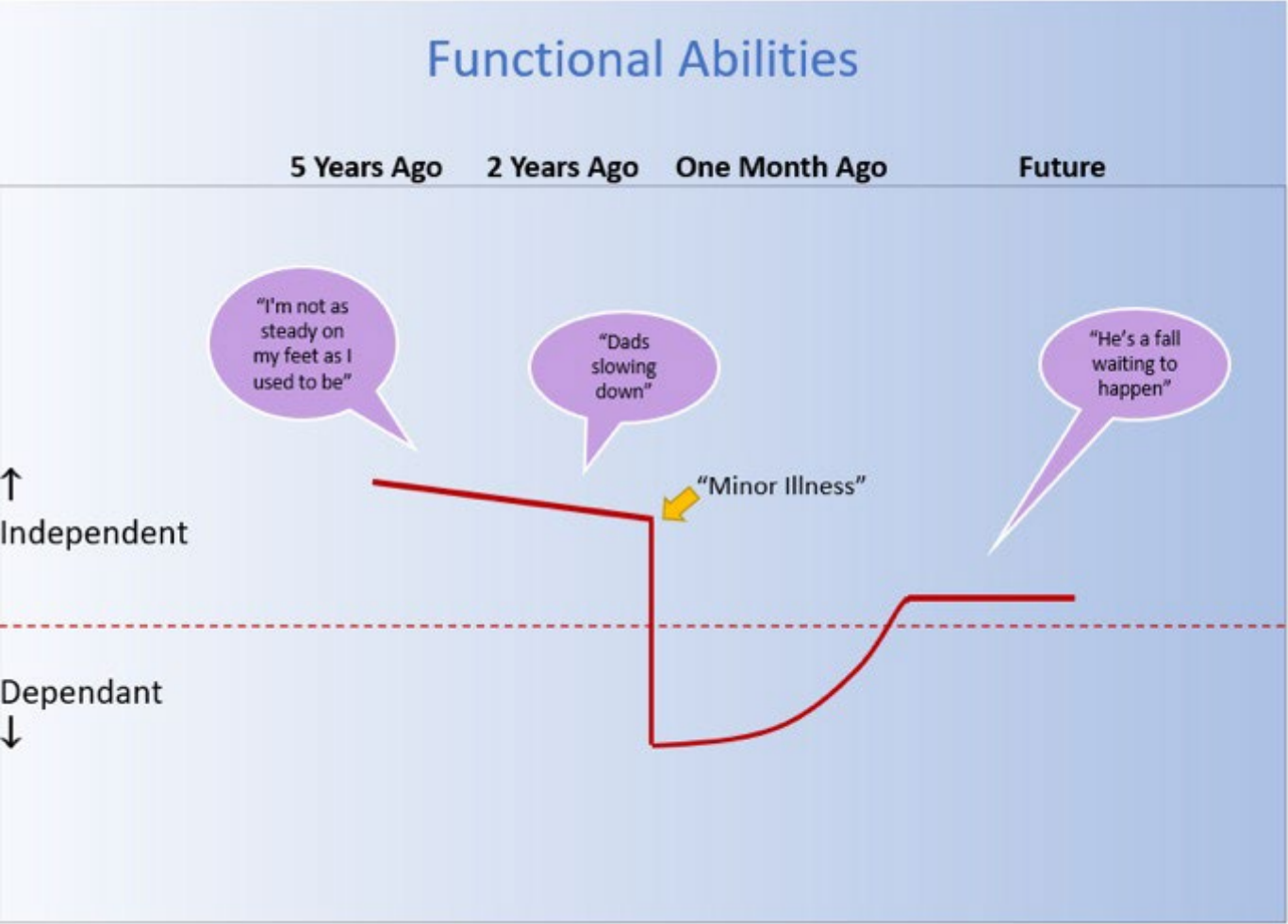
Royal
Commission
into Aged
Care Quality
and Safety

Final Report:
Care, Dignity
and Respect



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Can it be done differently?



Issues which do not support older people achieving their “good health”

- Communication issues
 - Between providers
 - Between provider and client
- Education levels of older people
- Cultural issues of older people
- Social stigma of ageing
- Health professionals' attitudes towards ageing “you are 85, what do you expect, you are getting old.....not much can be done....”
- MyAgedCare website and low digital literacy of many people 75+
- Financial concerns
- Health systems structure and funding



What Matters?.....

.....Functional ability!

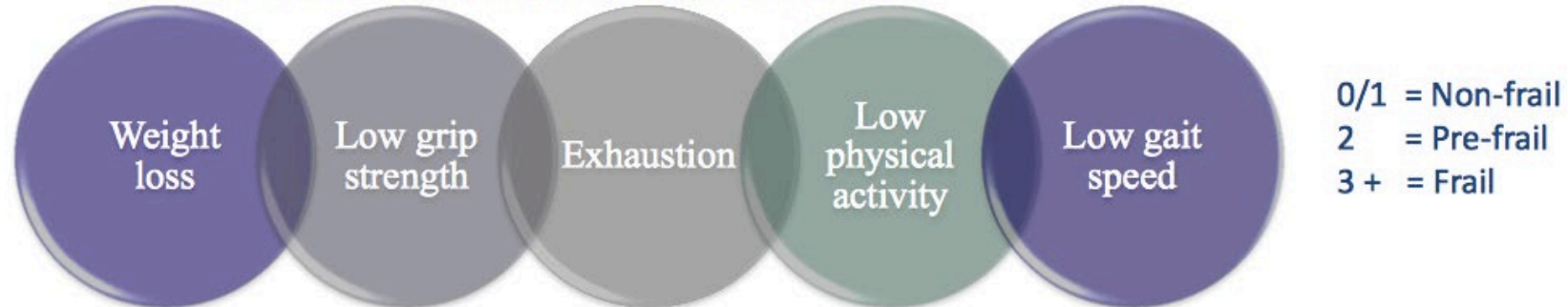
- is about having the capabilities that enable all people to be, and do, what they have reason to value.
-meeting their basic needs....



What is the Frailty Syndrome?

Frailty is multisystem impairment associated with increased vulnerability to stressors operationalised as below

Fried et al J Gerontol A Biol Sci 2001



Sarcopenia is the loss of muscle mass and strength or physical performance associated with increasing age

Cruz-Jentoft et al EWGSOP Consensus Guidelines Age Ageing 2010

Why recognize frailty?

- Fit → prevent the onset of frailty!
- Mild frailty → reverse it!
- Moderate → stabilize and prevent deterioration!
- Severe.....?

The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty 2017

Easy to
recognise??



Marathon aged 85



Why worry?

Frailty as a Clinical Syndrome

Clinical Syndrome of Frailty

Symptoms

- Weakness
- Fatigue
- Anorexia
- Under nutrition
- Weight Loss

Signs

- Physiologic changes marking increased risk
- Decreased muscle mass
- Balance and gait abnormalities
- Severe deconditioning

Adverse Outcomes of Frailty

- Falls
- Injuries
- Acute Illnesses
- Hospitalizations
- Disability
- Dependency
- Institutionalization
- Death



New Care Paradigm for Older People & Frailty

TODAY

'The Frail Elderly'
(i.e. a label)



Presentation late & in crisis
(e.g. delirium, falls, immobility)



Hospital-based: episodic,
disruptive & disjointed

TOMORROW

"An older person living with
frailty"
(i.e. a long-term condition)



Timely identification for
preventative, proactive care by
supported self-management &
personalised care planning



Community-based: person-
centred & co-ordinated
(Health + Social + Voluntary
+ Mental Health)



What Can be Changed?

Potentially reversible areas:

- weakness,
- slowness, and
- low energy expenditure

Cameron, Kurrle et al 2015->intervention reduced frailty and improved mobility BUT.....

75+

5Ms 3Ds 1F

- What **M**atters?
- **M**obility
- **M**edicines
- **M**entation
 - Depression
 - Dementia
 - Delirium
- **M**alnutrition
- **FRAIL**





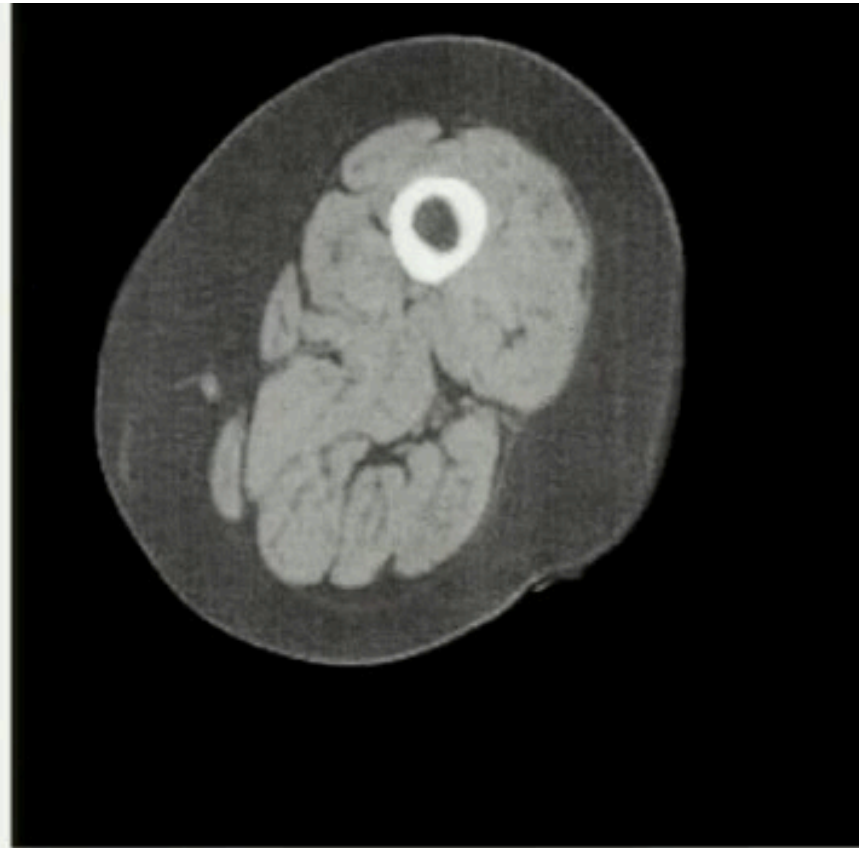
Taking more than 5 seconds to walk 4m predicts future:

- ✓ Disability
- ✓ Long-term care
- ✓ Falls
- ✓ Mortality

Van Kan et al JNHA 2009; 13:881
Systematic Review of 21 cohorts



25-year old healthy adult



75-year old healthy adult

Balance exercise

Single leg standing



- Practice standing on one leg - near a support.
- Alternate legs.

Progression

- Start with holding for 30 seconds and progress to 2 minutes.
- Stand with eyes closed.
- Brush your teeth while standing on one leg.



Strength exercise

Sit to stand



Repeat 8 - 12 times, the last one should feel hard
Do at least twice a week

- Begin seated with feet shoulder width apart, sitting posture with a straight back
- Stand, keeping your back straight.
- Return to the sitting position, controlling your descent.
- Hands placed in a comfortable position (in lap, crossed over chest).

If you need to, start with using your hands to assist with pushing up from the arms of a chair. As your legs get stronger, you will need to use your hands less.

Progression

- Perform from a lower chair.
- Add hand weights or a backpack with weights in it.



Balance exercise

Heel raises



Heel raises help with walking and climbing stairs.

- Place your fingertips on something solid to help balance.
- Lift both heels off the floor and stand on your toes for 3 seconds, then slowly lower your heels to the floor.
- Repeat 5 times.

Progression

- Reduce your hand support (let your hands hover over your support).
- Try and do a heel raise with one leg.



Strength exercise

Wall push up



Repeat 8-12 times each, the last one should feel hard.
Do at least twice a week

- Face a wall, standing a little farther than arm's length away, feet shoulder width apart.
- Lean your body forward and put your palms flat against the wall at shoulder height and shoulder width apart.
- Maintain your neutral spine.
- Slowly breathe in as you bend your elbows and lower your upper body toward the wall in a slow, controlled motion.
- Keep your feet flat on the floor.
- Hold the position for 3 seconds.
- Breathe out and slowly push yourself back until your arms are straight.

Progression

- Move feet further from the wall or perform with hands on a lower object.
- Hold your position at the wall for a longer time.



Frailty Clinical Practice Guidelines

The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty

Recommendations:

- **Strong:**

- Use a validated measurement tool to **identify frailty**
- Prescribe **physical activity** with a resistance training component
- Address **polypharmacy**

- **Conditional**

- Screen for, and address, **fatigue**
- Address weight loss with **protein/calorie** supplementation if appropriate
- Prescribe **Vit D** if Vit D deficient

Care Planning with Impact

Instead of	The plan should read
<p data-bbox="308 662 677 705">Need: Fall prevention</p> <p data-bbox="308 791 843 833">Goal: Prevent A&E attendances</p> <p data-bbox="308 919 825 1019">Action: Attend physiotherapy appointments once per month</p>	<p data-bbox="1161 562 1964 648">Need: I need to build up my muscle strength to assist with balance</p> <p data-bbox="1161 733 2007 833">Goal: To be able to use the stairs without needing any assistance</p> <p data-bbox="1161 919 2053 1119">Actions: Doctor to refer me to a physiotherapist; I will discuss strengthening exercises with my physio; I will join a weekly walking group</p>

Remember the FRAIL scale

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Illnesses- 5 or more chronic conditions? (yes 1 point)

Loss of weight of 5% or more over past 12 months? (yes 1 point)

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FRAIL SCALE RISK ASSESSMENT

	QUESTION	SCORING	RESULT
F	FATIGUE How much of the time during the past 4 weeks did you feel tired? A = All or most of the time B = Some, a little or none of the time	A = 1 B = 0	
R	RESISTANCE In the last 4 weeks by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?	Yes = 1 No = 0	
A	AMBULATION In the last 4 weeks by yourself and not using aids, do you have any difficulty walking 300 metres OR one block?	Yes = 1 No = 0	
I	ILLNESS Did your Doctor ever tell you that you have? <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer (not a minor skin cancer) <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Heart attack <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Angina <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Kidney disease	0 - 4 answers ✓ = 0 5 - 11 answers ✓ = 1	
L	LOSS OF WEIGHT Have you lost more than 5kg or 5% of your body weight in the past year?	Yes = 1 No = 0	
TOTAL SCORE			
SCORING: ROBUST = 0 PRE-FRAIL = 1-2 FRAIL = >3			

FRAILTY MANAGEMENT/ DECISION TOOL

	Assessment Score	Intervention	Referral/Follow up
	FRAIL scale 0 = robust	<ul style="list-style-type: none"> Encourage ongoing activity levels Provide Staying Active and on your feet and Eating Well resource 	<ul style="list-style-type: none"> Re-do FRAIL scale in 12 months Community exercise with balance/resistance component. Try NSLHD Stepping On and Healthy Lifestyle classes. Example of exercises in Staying Active and On Your Feet booklet and NSW exercise venues: www.activeandhealthy.nsw.gov.au
	FRAIL scale 1-2 = Pre-frail FRAIL scale >3 = Frail	If Frailty Score is positive, address underlying causes as suggested below	
F	Feeling fatigued most or all of the time	<ul style="list-style-type: none"> Consider screening for reversible causes of fatigue (sleep apnoea, depression, anaemia, hypotension, hypothyroidism, B12 deficiency) Use EPWORTH scale, K10 or Geriatric Depression scale in Health Assessment 	<ul style="list-style-type: none"> Consider referral to Geriatrician /Specialist for complex care patients Consider referral to Occupational Therapy for functional and home review Consider referral Psychologist using Mental Health Care Plan Consider referral to Aged Care organisation for loneliness support (isolation can be a cause of fatigue!)
R	Resistance against gravity - Difficulty walking up 10 steps without resting	<ul style="list-style-type: none"> Consider referring to an individualised progressive exercise program with resistance and strength component 	<ul style="list-style-type: none"> Physiotherapy or Exercise Physiologist for exercise prescription If has diabetes-> group session Medicare funded ex. physiologist Healthy Lifestyle for group exercise prescription and/or Stepping On Get Healthy for free telephone-based health coaching NSHNS Safe and Steady program
A	Ambulation- Difficulty walking 300 metres unaided	<ul style="list-style-type: none"> Consider referring to an individualised progressive exercise program with resistance and strength component 	<ul style="list-style-type: none"> Physiotherapy or Exercise Physiologist for exercise prescription Healthy Lifestyle for group exercise prescription and/or Stepping On Get Healthy for free telephone-based health coaching Exercise options https://www.activeandhealthy.nsw.gov.au
I	Having 5 or more illnesses	<ul style="list-style-type: none"> Review indication, side effects and use of medication (evidence for use of some medicines changes after 75!) Consider discussing with pharmacist Consider reducing/de-prescribing superfluous medication 	<ul style="list-style-type: none"> Pharmacist for comprehensive medication review, (HMR item 900) Occupational Therapy for functional and home safety review Self-management support from aged care org volunteer
L	Loss of > 5% weight in 12 months	<ul style="list-style-type: none"> Consider screening for reversible causes of weight loss and consider Protein and caloric supplementation/food fortification (75mg protein per day required- range of products available at pharmacy) Advice and encourage healthy eating; provide "Eating Well" resource 	<ul style="list-style-type: none"> Weigh and assess BMI - record in patient record Dietician for diet review and management Add Sustagen Meal Delivery Services Speech pathologist for swallowing review Dentist for dental review (pain/infection/fill fitting dentures) Occupational Therapy for functional and home cooking ability review

Summary and take home messages


Recognise frailty as a long term condition rather than responding “you are just getting old”

Use a screening tool at every interaction with older people

Referral for multi disciplinary team care can make a difference, **but only** if the older person sets goals

Dignity in the care of older people is vital


“You can’t turn back the clock but you can wind it up”



Helping you deliver safe,
effective, sustainable care
while finding joy in your
work.

INTERNATIONAL BESTSELLER

ATUL GAWANDE



BEING MORTAL

Illness, Medicine,
and What Matters
in the End

'Gawande's most powerful, and moving, book.'
Malcolm Gladwell

Reflections from Atul Gawande

- “Our ultimate goal, after all, is not a good death, but a good life to very end”
- “We have been wrong about our job in medicine. We think our job is about health and survival, but it is larger than that. It is to enable **wellbeing**. And wellbeing is about the reasons one wishes to be alive.”
- The importance of having the discussion about what is important to the older person -> “**What matters to you?**”
- It needs to be done in **primary care**, and not in the acute setting

