Frailty - a reversible decline

This article is the first of a series of four articles on frailty, prepared by Dr Chris Bollen of BMP Consulting for the Hunter New England Central Coast Primary Health Network as part of the frailty early intervention program.

Frailty (a subset of functional decline) is a major issue for about 20% of older people, which reflects the inability to perform the usual activities of daily living due to weakness, reduced muscle strength, and reduced exercise capacity.

Frailty and functional decline are core factors for attendance at Emergency Departments, admission to hospital and premature entry to residential aged care facilities after an acute illness.

An ageing and complex population

People are living longer and the number of older people in our practice populations is rapidly increasing[1]. Sixteen per cent of the NSW population is aged 65+, and this group increased by 25% in just five years![2]

Care of community dwelling older patients comprises a large proportion of the workload for GPs, with patients aged 65+ accounting for over 30% of general practice encounters[3].

This group is also complex, with higher numbers of medications per person after the age of 75, with at least 50% taking 8 or more medications, and 40% having Chronic Kidney Disease Stage 3a or worse.

What is frailty?

Although there are many definitions and tools - clinical, research, simple and complex, functional only vs function/cognition - frailty can be defined as "**functional and/or cognitive vulnerability**".

Frailty may have one or more of the following features:

- Cognitive decline
- Balance issues with falls and low trauma fractures
- Deteriorating gait
- Chronic urinary incontinence
- Multiple medical problems (especially for people aged 85+)
- Polypharmacy and medication side effects

Frailty can also be considered as "a multidimensional deterioration of function in cognitive, physical, and social domains".

The chronic condition known as "frailty" occurs due to a combination of deconditioning and acute illness on a background of existing functional decline, and it is often unrecognised.

[1] Intergenerational Report released in 2020
[2] Census data, 2016 and 2021
[3] BEACH study 2013

Models of care in responding to frailty

A “wellness model” of primary care-based rehabilitation/restoration for older people is possible when general practice, community aged care providers and other providers such as allied health and the local councils collaborate to improve outcomes for older people.

Best practice in the care of older people can be found well described in “Fit For Frailty”, a joint collaboration between the British Geriatric Society and the UK Royal College of General Practitioners.

The trajectory of frailty is not fixed!

It is no longer acceptable to tell older people things like “there’s nothing much to be done, it’s because you are getting older”.

Evidence shows that **frailty can be improved**, resulting in:

- Improved quality of life for older people
- Reduced functional decline
- Reduced cognitive decline
- Reduced hospital and RACF admission

The rate of functional decline can be slowed - and frequently reversed - if people are detected at the early frail stage, and:

- participate in resistance exercise (muscle building) programs,
- supplement their diet (with vitamin D and protein enrichment using Sustagen and whey protein), and
- receive social and cognitive stimulation and support.

It is important to be familiar with new evidence-based frailty screening tools.

One of these - which, along with weighing older people at every consultation, is worth adding to standard consultations, care plans and health assessments for anyone over 75 - is the FRAIL Scale.

The FRAIL Scale

The FRAIL Scale, developed by Professor John Morley (Geriatrician, St Louis, Missouri) asks simple questions which require only a yes/no response:

F	**Fatigue** - Are you feeling tired or fatigued?	Yes = 1
R	**Resistance** - Do you have difficulty walking a flight of stairs? (overcoming the resistance of body weight against gravity)	Yes = 1
A	**Ambulation** - Do you have difficulty walking around the block?	Yes = 1
I	Illnesses - Do you have 5 or more chronic conditions?	Yes = 1
L	Has there been **Loss of weight** of 5% or more over the past 12 months?	Yes = 1

Responding to frailty

Patients with scores of two (pre-frailty) and scores of three or more (frailty) would benefit from immediate referral to the following options:

1. a community-based restorative care program coordinated by aged care providers (visit Central Coast HealthPathways and Hunter New England HealthPathways),

2. Myagedcare - phone 1800 200 422, fax 1800 728 174 or use the HealthLink referral "smart form" in your medical software which allows the 75+ health assessment and care plan to be attached, noting the FRAIL score in the referral.

3. An Exercise Physiologist (search by location),

4. A Physiotherapist (search by location),

5. An Occupational Therapist (search by online/face-to-face consultation, practice area, funding scheme or name),

6. A Dietician (search by location),

7. A geriatrician (search by location) for overall review and possible deprescribing, and

8. A consultant Pharmacist for Home Medication Review (HMR, item 900, search within NSW) to support optimum medication regimes and possible deprescribing.

This recent BBC/ABC program discusses how to reduce the effects of ageing. It's recommended viewing, as there is no pill for this!

Yours sincerely,

Dr Chris Bollen
MBBS MBA FRACGP FACHSM MAICD

chris.bollen@bmpconsulting.com
0412 952 043