
Focus on Frailty

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Conflicts of Interest

Speaker:
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Conflicts of interest:
None relevant to this presentation



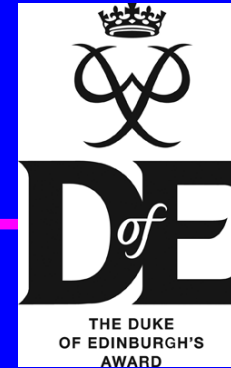
Focus on Frailty

- What is Frailty
- How to recognise your patient is frail
- How to address Co-morbidity in a frail patient

Geriatrics in Sunderland: Life at the coal face

- 9,000 admissions per year
- Acute Medical admissions aged over 75.





Geriatrics in Sunderland: Life at the coal face

- 9,000 admissions per year
- Frailty Team
Established 2014



Focus on Frailty

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Frailty Phenotype

- Abnormalities in physical, psychological and social health
 - Weight loss
 - Exhaustion
 - Weakness
 - Slow walking speed
 - Low physical activity
- Predicts adverse outcomes
 - Death
 - First hospitalisation
 - First fall
 - Worsening ADLs
 - Poor mobility

“Accumulation of Deficits Model”

- Summation of
 - Deficits
 - Comorbidities
- Frailty Index

Rockwood et al
CMAJ 2005;173:489

Box 1: The CSHA Clinical Frailty Scale

- 1 *Very fit*—robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
- 2 *Well*— without active disease, but less fit than people in category 1
- 3 *Well, with treated comorbid disease*— disease symptoms are well controlled compared with those in category 4
- 4 *Apparently vulnerable*— although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
- 5 *Mildly frail*— with limited dependence on others for instrumental activities of daily living
- 6 *Moderately frail*— help is needed with both instrumental and non-instrumental activities of daily living
- 7 *Severely frail*— completely dependent on others for the activities of daily living, or terminally ill

Note: CSHA = Canadian Study of Health and Aging.

Karnofsky Performance Index

100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of disease
80	Normal activity with effort; some signs or symptoms of disease
70	Cares for self; unable to carry on normal activity or to do active work
60	Requires occasional assistance but is able to care for most personal needs
50	Requires considerable assistance and frequent medical care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalisation is indicated, although death not imminent
20	Very sick; hospitalisation necessary; active support treatment is necessary
10	Moribund; fatal processes
0	Dead

Definition of Frailty

A medical syndrome with multiple causes that is characterised by diminished strength, endurance, and reduced physiological function that increases an individual's vulnerability for developing increased dependency and/or death

Morley et al. J Am Med Dir Assoc 2013;14:392-7

Blind Spots: Broadening our Vision.

Focus on Frailty

- What is Frailty
 - Now a standard definition
- How to recognise your patient is frail
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How to assess if your patient is frail

- Elsie
- 80 years old
- Sheltered Accommodation
- bd carers
- Admitted found on the floor after a fall

Is your patient frail?

- FrailSafe
- Frailty Scales
 - Electronic Frailty Index
- Get up and Go



- Cognitive Impairment
 - Delirium
 - Dementia
- Care Home Resident
- Poor Mobility
 - Falls
 - Walking Aid





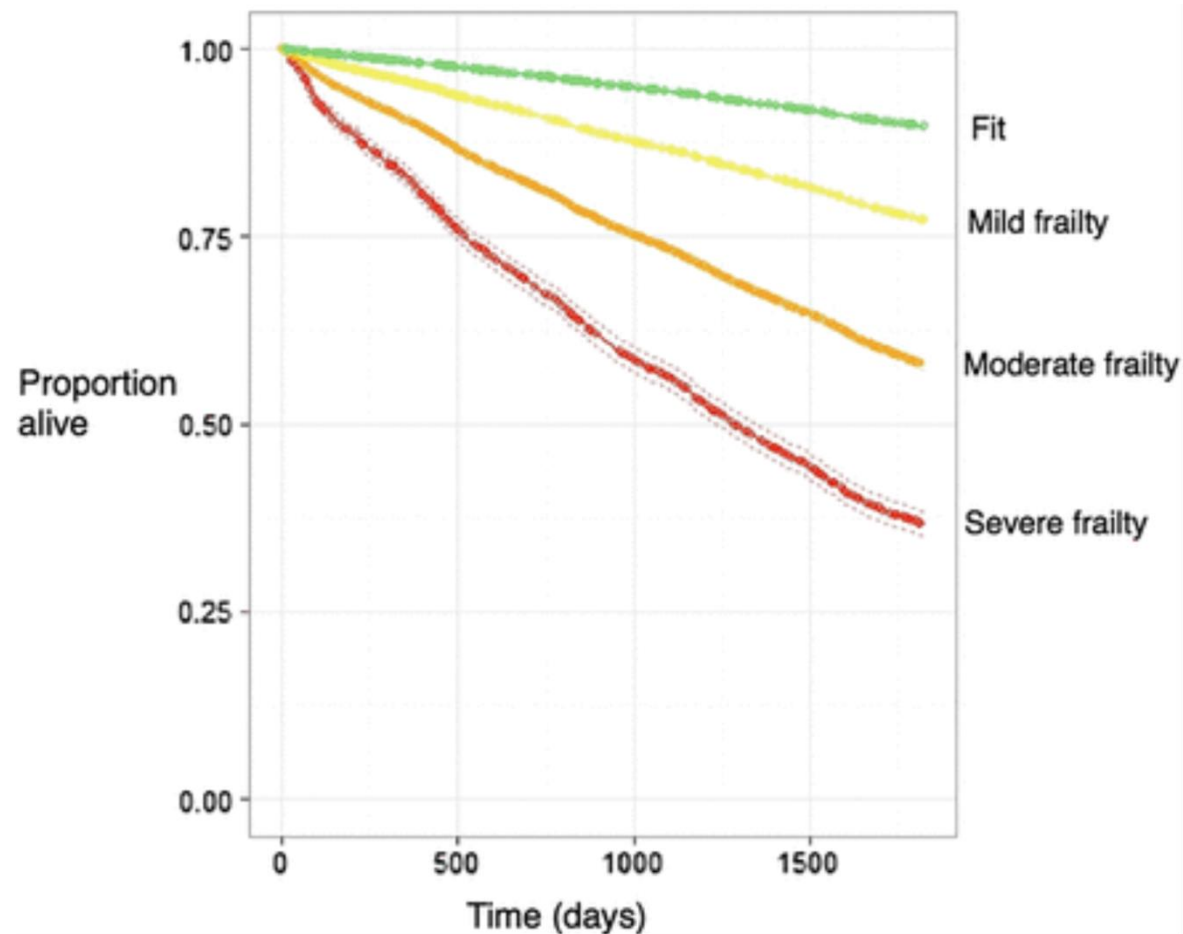
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Edmonton Frailty Scale

- Cognition
 - Clock drawing test
- Health status
 - Admissions to hospital
 - Self described
- Functional independence
- Social support
- Medication use
 - 5 or more
- Weight loss
- Depression
- Incontinence
- Functional performance
 - Get up and Go

Electronic Frailty Index

- Automatically Populated Cumulative deficit index
- Rolled out across Primary care July 2017
- 36 deficit's (Read codes Clinical Terms Version 3)
 - AF, Housebound, Heart failure, Cognitive impairment, Hearing Impairment
- Categories
 - Fit, mild, moderate, severe frailty

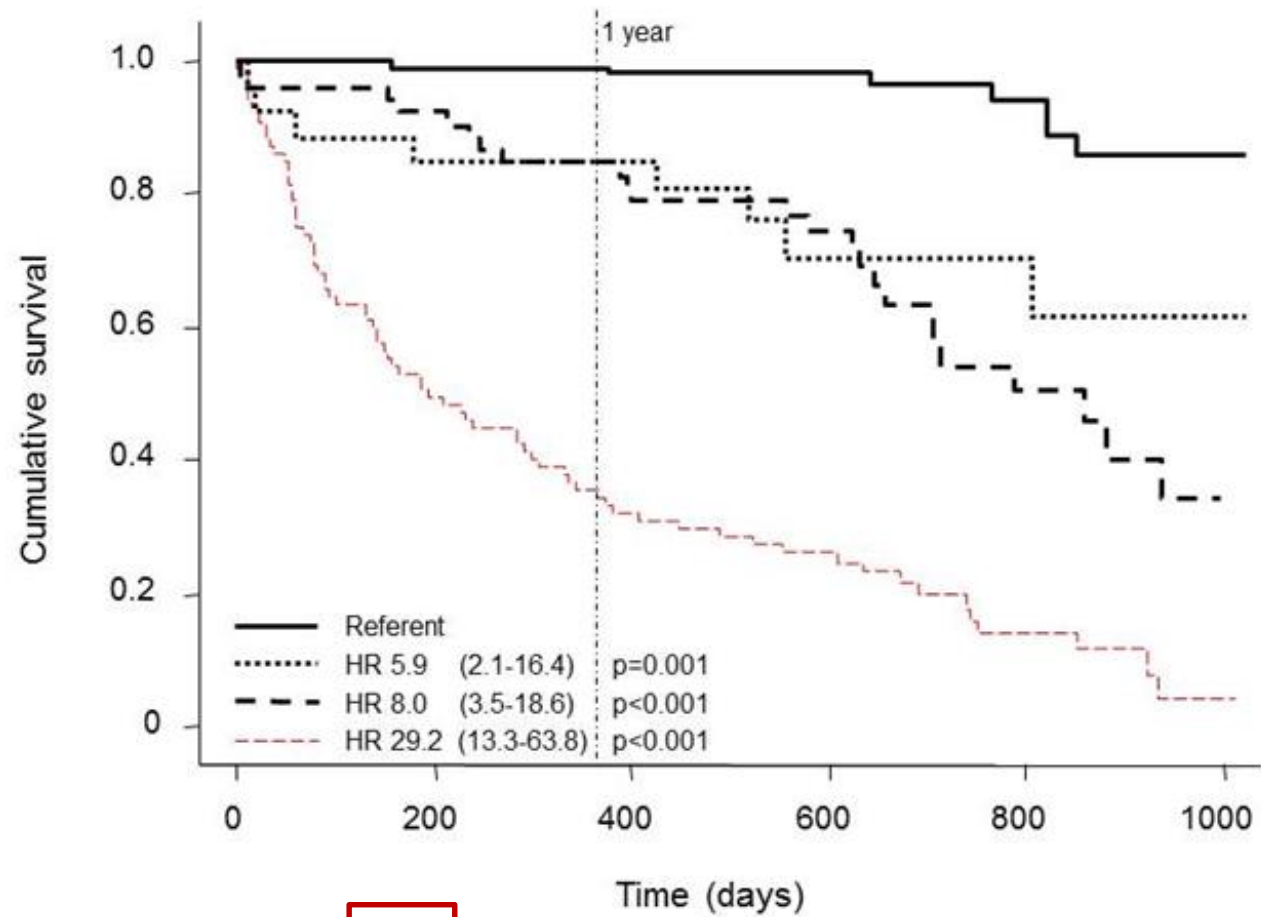


From: Development and validation of an electronic frailty index using routine primary care electronic health record data

Age Ageing. 2016;45(3):353-360. doi:10.1093/ageing/afw039

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- Malnourished & frail
- Malnourished & not frail
- - - Not malnourished & frail
- Not malnourished & not frail



Annual Mortality

Not frail 1%

Frail 15%

Frail and malnourished 65%

Acknowledgement Dr See and Prof Clark, Hull

GP Contract 2017-2018

- Identify Moderately or severely frail patient from eFI
- Apply clinical judgement
- Offer appropriate intervention
 - Medication review
 - Falls risk assessment

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 - Get up and Go

Get up and Go

- Get up from chair
- Walk 3 metres
 - Can use walking aids
- Turn
- Return and sit down

Mathias S et al. Arch Phys Med Rehab 1986;67:387-9

Get up and Go

- Get up from chair
 - Walk 3 metres
 - Can use walking aids
 - Turn
 - Return and sit down
- <10 secs
 - Normal
 - 11-20 secs
 - “Sub-frail”
 - >20 secs or unable
 - FRAIL
 - Good correlation with other Frailty Scales

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Comprehensive Geriatric Assessment (CGA)

- **What is it?**
 - “A multidimensional and usually interdisciplinary diagnostic process to determine frail older persons medical conditions, mental health, functional capacity and social circumstances.”
- **What is its purpose?**
 - “The purpose is to plan and carry out a holistic plan for treatment, rehabilitation, support and long term follow up.”

Components of Comprehensive Geriatric Assessment

- Medical
 - Address multiple comorbidities
 - Ethical issues
- Psychological
 - Especially cognition
 - Mental capacity
- Environmental
 - OT assessment
- Functional
 - Physiotherapist
- Social
 - Medical Social Worker

Comprehensive Geriatric Assessment

- Co-ordinated multidisciplinary assessment
- Identification medical, physical, psychological and social problems
- Care plan, including rehabilitation
- Cochrane Review 2011
- 22 trials
- N > 10,000
- Patients more likely to be
 - Alive
 - Living at home
 - Better cognition
 - Clinically stable

Reduce risk in your practice

- FRAILsafe
 - Checklist to reduce risk of harm to elderly inpatients
 - 10% suffer adverse events
- Cognitive Screening
- Appropriate equipment
- Falls risk assessment
- Pressure Area care
- VTE prophylaxis

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- How to address Co-morbidity in a frail patient
 - Comprehensive Geriatric assessment
 - Frail Safe

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