Frailty: Does it matter?

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Objectives Today

1. To present our current understanding of frailty
2. To recognize its impact in health care
3. To establish its connection to the good work you do
4. To present a frailty screening tool for in-home use

“Better care for frail patients is in our best interest; it is not just better, period, it can also be more cost-effective and patient-centered.” (Rockwood, 2013)

Disclosures

Margaret Sayers is the COO of a company, Videx-US, LLC, that makes available frailty metrics, analysis, and education on the impact of frailty in healthcare.

My presentation today is not promoting Videx-US or marketing a product.
At higher levels of illness, whether demented, disabled, or other, the elderly become complex systems close to failure. (Theou, 2012)

Understanding frailty brings a much-needed step toward designing the best care for vulnerable adults. (Pal, 2010)

Identifying & quantifying frailty allows practitioners to balance benefits with risks and patients to make properly informed choices. (Clegg, 2014)

UNDERSTANDING FRAILTY - What frail people say about themselves

- “tired all the time” (fatigue)
- “never ate much” (unexplained weight loss)
- “good days and “bad days” (day-to-day instability )
- “hard to get around” (balance and gait impairment)
IDENTIFYING FRAILTY - What home care nurses might say

- Have several chronic conditions
- Need help with an ADL or IADL
- Live alone with limited social supports
- Low educational level
- Fixed income too low
- No transportation
- Live in unsafe area
- Female

Refer to your superb “Hospital Risk Assessment” screening tool

FRAILTY - What researchers say

- Age dependent – with age deficits increase exponentially
- Acutely ill frail older adults have a higher risk of dying than acutely ill but fitter adults of the same age. (Pijpers, 2012)
- Knowing a frailty status is better than age to determine if a patient is likely to benefit from a treatment or be harmed. (Theou, 2012)
- Frailty increases vulnerability to adverse outcomes, like falls, fractures, hospitalization, nursing home stays, and death (Eeles, 2012)

A frailty consensus group consisting of delegates from 6 major international, European, and US societies:

1. Physical frailty is an “important medical syndrome with multiple causes and contributors that is characterized by diminished strength, endurance, and reduced physiologic function that increases an individual’s vulnerability for developing increased dependency and/or death.” (Morley, 2013)
2. Physical frailty can potentially be prevented or treated.
3. Screening tests have been developed and validated to allow physicians to objectively recognize frail persons.
4. For the purposes of optimally managing individuals with physical frailty, all persons older than 70 years and all individuals with significant weight loss (5%) due to chronic disease should be screened for frailty.
Why is frailty important?

- Leads to ↑ resource utilization, long ED stays, time-consuming care coordination, more frequent readmissions (Pines, 2013)
- Leaves people vulnerable to disproportionate changes in health after minor stressors (Clegg, 2013)
- Increases risk of complications after surgeries requiring general anesthesia (Makary, 2010)
- Leads to death at a higher rate than organ failure, cancer or dementia (Gill, 2010)

Why assess frailty?

Why not just functional limitations or chronic disease or dementia?

- **Functional Limitations:** Difficult for elderly in many settings to access functional assessments that have meaning
- **Chronic Conditions:** Usually treated in single-disease guideline without evaluating burden of multiple concurrent chronic conditions
- **Dementia:** Many tools exist to identify & quantify dementia (frailty likely co-exists) but they exclude those frail & not demented
- **Frailty Screening:** Provides the best view of the constellation of all these vulnerabilities – directs attention away from a “one-illness” approach (Clegg, 2013)
Screening for frailty

• “Health care professionals characterize different kinds of people as frail because they do not have the same perception of frailty: standardized screening should be used across disciplines.” (Abellan van Kan, 2010)

• Identifying the presence & degree of frailty is particularly important when interventions are available to slow decline or improve function, or when a less aggressive approach would benefit a patient at high risk of further decline.

The Clinical Frailty Scale

• Practical approach to assess frailty using physical & functional indicators of health and disease burden
• Requires minimal training – used by community providers
• Scale is from 1 (very fit) to 9 (terminally ill)
• The higher the score, the higher the risks of death or institutionalization
• Inter-rater reliability, predictive and construct validity for mortality & institutionalizations (Kulminski, 2008)

“Even mild frailty is associated with a 50% 5-year mortality rate in community-dwelling older adults.” (Rockwood, 1994)
What do the numbers mean?

<table>
<thead>
<tr>
<th>4 – 5</th>
<th>Mildly frail</th>
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<tbody>
<tr>
<td>6</td>
<td>Moderately frail</td>
</tr>
<tr>
<td>7</td>
<td>Severely frail</td>
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<tr>
<td>8 – 9</td>
<td>Terminally ill</td>
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6 - 7, 8 – 9: May be considered higher risk if: 
- Inability to maintain current frailty level 
- Supportive care may be needed 
- Frailty risk level may increase adverse outcomes such as falls, weight loss, hip fractures, pressure sores, hospitalizations, institutionalization, and death. (Koller, 2013)

In a stable state, people at all levels of frailty have uncertain survival, but with acute illness, their frailty risk level may increase adverse outcomes such as falls, weight loss, hip fractures, pressure sores, hospitalizations, institutionalization, and death. (Koller, 2013)
Conclusions

• We will probably never predict an elderly individual’s absolute risk of survival/death, but our knowledge of population outcomes can still inform our management and patient communications.

• We care for many elderly patients vulnerable to adverse outcomes and know their care is complex, costly, and often without benefit.

• “Quantifying frailty can help minimize futile or burdensome interventions not expected to ease symptoms, and that can worsen cognition and function”. (Koller, 2013)

• We have an opportunity to develop a new framework here, through frailty screening and application.

Thank you for your interest in frailty
Frailty: Does it matter?
Teleconference - June 10, 2014 2:00 pm

References:

8. Pines JM et al National Trends in ED Use, Care Patterns and Quality of Care of Older Adults in the US, JAGS 61:12-17, 2013