Frailty 101: Helping Your Patients Age Safely in Place

Geriatric Psychiatry for Non-Psychiatrists
Nov 4, 2023

Mindy J. Fain, MD
Anne & Alden Hart Professor of Medicine
co-Director, University of Arizona Center on Aging
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

## Fried Frailty Phenotype or Score

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

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

Clinical Frailty Scale (CFS)

Rockwood K. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005
You Can’t Tell Frailty By Looking

• Experienced clinicians were unable to identify frail adults (only 44% agreement of “eyeball” test to Fried criteria)

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

Nutrition

Socialization

Medication Management

Physical Activity
To Age in Place, What Should We Consider?

- Person and What Matters
- Home and Neighborhood
- Informal Supports
- Resources and Services

COMMUNITY RESOURCES
- House
- Food
- Transportation
- Education
- Health
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.
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
Thank you!