Frailty Awareness for Internists

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Frailty is now considered as one of the geriatric syndromes, whereby internists are needed to concern so they are able to recognize and provide prompt and appropriate treatment and prevention. Originally, frailty has been proposed within geriatric medicine community to identify the older patients who are vulnerable to irreversible disability and premature death. As such, it would give a good opportunity for any interventions taken to prevent this down spiral syndrome.

So far, the concept of frailty has been successfully adopted by many disciplines of internal medicine to target the older patients with various chronic diseases, e.g. diabetes mellitus, cardiovascular diseases, intensive care unit, etc. In the year 1986, only 13 citations of frailty were found in the MEDLINE database. By now, more than 8,800 articles had the word “frailty” either in their titles or in the abstracts in PubMed alone. This particular group of older patients is, therefore, eligible to get holistic care apart from the specific treatments for each specific disease.

Although there is no consensus using one single tool for frailty diagnosis, frailty phenotype criteria and frailty index are among the most common tools used both in clinical practice and in research community. Five components of frailty phenotype criteria; namely, weight loss higher than 5%, low physical activity less than 20th percentile, feeling exhaustion, slow gait speed less than 0.8 m/sec., and hand-grip strength less than 26 kg for men and less than 18 kg for women are the cut-off points for Asian older people.

With the advancement of researches in frailty, some other entities of frailty have been further highlighted. For those who have the co-existence of physical frailty and cognitive impairment, the diagnosis of “cognitive frailty” should be made. Therefore, the updated guideline of frailty is essential for all internists who encounter their older patients in various settings.

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