Guideline in Managing Frailty in Elderly

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Frailty is a state of vulnerability to unfavorable outcomes, including disability, falls, institutionalization, and mortality. It is one of the geriatric syndromes resulting from the declined resolution of homeostasis following a stressor. The recommendations of Asia-Pacific clinical practice guidelines for management of frailty (2017) include 1) Routinely screen adults aged 70 years and older, or those having intentionally lost >5% of their body weight in the previous year, with the use of a validated measurement tool to identify frailty; (2) Prescribe physical activity with a resistance training component; and (3) Address polypharmacy by reducing or not prescribing any inappropriate medications. Meanwhile, it conditionally recommends to (1) screen for or address modifiable causes of fatigue; (2) identify reversible causes with consideration on food fortification and protein/caloric supplementation in those having unintentional weight loss; and (3) prescribe vitamin D for individuals with vitamin D deficiency. There are numerous tools to screen frailty in clinical settings. A systematic review shows that slow gait speed, PRISMA 7 and the timed get-up-and-go test have high sensitivity but limited specificity to identify frailty. Therefore, using multiple instruments is recommended for detecting frailty. In the meantime, Comprehensive Geriatric Assessment (CGA) should be performed in the frail elderly for diagnosis of medical illnesses to optimize treatment, with uses of medications based on the evidence-based medication review checklists, discussion with older adults and caregivers regarding their illnesses, and development of an individualized care plan. Prevention of frailty; however, is more important. The strategies include a suitable amount of physical activity and exercise. For pharmacological interventions, there is an emerging of various interventions, but none is presently recommended. Hence, future research on the prevention and management of frailty is required to lessen the adverse consequences of frailty.

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