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#GOBLUE:



MANAGING FRAILTY – MAINTAINING FUNCTION

Frailty is a condition associated with aging and the frequency of disease. It is becoming more recognised as a distinct health state. When we think of frailty, we often think of a state of being weak, delicate and dependent. Academic papers refer to it as state of increased vulnerability resulting from an age-associated decline in reserve, resilience and function across multiple body systems. In essence, the central problem with frailty is the inability to cope when faced with stressors. This means that there is potential for serious adverse outcomes after a seemingly minor event or change. This could be anything from a simple episode of flu to a major stressor like an operation. Even apparently simple interventions like a move to a short term placement for respite, a trip to the local emergency department after a fall or starting new medication can have unforeseen and negative outcomes.

Around 10% of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85 years. Frailty is associated with intellectual impairment, multiple illnesses, loss of functional ability, increased risk of falls and fractures, poor medical and surgical outcomes, hospitalisations, institutionalisation and even death. Frailty is also closely associated with bodily changes such as loss of muscle bulk, loss of weight and osteoporosis (loss of bone density and bone strength). Typical behavioural changes include weakness, low energy and activity levels and slow walking speed. Frailty is not an inevitable part of ageing; it is a long term condition in the same sense that diabetes, Alzheimer's disease or osteoporosis is – it can't be cured, it is costly, it is progressive, it adversely impacts on life's experiences and it is associated with periodic crisis such that a fall can begin a downward slide into frailty. That said, it is possible with the right interventions to make a huge difference in minimising its impact on life.

Recognising the signs and risk factors of frailty and addressing them early can help in slowing down any potential decline and maintaining the highest function of an older person with frailty. These include encouraging those at risk to maintain good or optimal fitness, hygiene and nutrition and ensuring that their home environment is safe and allows for maximal function.

There are many different forms of exercises out there to help maintain cardiovascular fitness and endurance such as regular walking, pool exercises (like aquasize), working out on an exercise bike and exercise classes. It is important that planned exercise programs are realistic, achievable and fun for the person doing them, that they are safe (taking in consideration any other conditions they may have and any potential risk of falling) and at a level that is neither too easy nor too difficult. It also helps if the exercise is relevant to attaining a person's functional need or goal. Other factors that are important to address include improving posture and reducing any risk of falls. A more neutral/upright posture in a person who tends to stoop is associated with better function. It is important to assess for risk factors for falling and address these as well as encouraging specific exercises to improve balance, strength, coordination, flexibility and speed of movement. A physiotherapist or biokineticist can provide guidance and individualised input when it comes to deciding on an exercise regime. A dietician can provide invaluable advice with regards to nutrition. It is sometimes necessary to make adaptations at home such as removing trip hazards like a rug or cluttered furniture or putting in rails. A physiotherapist or occupational therapist can give advice in this regard. The aim, along with all the other interventions, is to minimise any risk of an adverse event such as a fall (which can have terrible consequences) and to allow a person to be as independent as possible for as long as possible. Where it applies, we should not neglect to provide support and education to a frail person's main caregiver, be it a family member, friend or employed carer.

In summary, we need to manage frailty as a long-term condition. It is important to look out for and identify any signs of frailty and intervene early. As a group 'frail older people' encompasses a diversity of individual people each with different expectations, hopes, fears, strengths and abilities, as well as different types and levels of need and support. We should aim to ensure that these are, as far as possible, accommodated, thus restoring control, preserving dignity and facilitating person-centred care to the older person living with frailty and those close to them. A multidisciplinary approach involving doctors, physiotherapists,

occupational therapists, biokineticists, dieticians, etc is recommended. It is important to emphasise the remarkable benefits of exercise in all conditions contributing to frailty. Our support of frail older people as medical professionals, family, friends and carers can make a difference!

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