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advantAGE
MANAGING FRAILTY

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Goal

The goal of this European guide is to issue specific recommendations of ADVANTAGE JA about:

- tools to screen frailty, which tools are recommended and when to apply them;
- which approaches should be adopted to diagnose frailty;
- the relation between frailty and chronic diseases/multimorbidity.

Main conclusions of the reviews developed by the WP

Frailty Screening

Which tools to screen frailty?

Given the lack of a “gold standard”, the tool to screen and diagnose frailty should be chosen according to the characteristics of the population being studied, the aims of the assessment and the assessment context.

ADVANTAGE JA proposes the use of screening tools that fulfil four characteristics: 1. quick to administer (taking no more than 10 minutes to complete); 2. do not require special equipment; 3. have been validated; 4. meant for screening. These four characteristics are met by the following tools:

- Clinical Frailty Scale (CFS);
- Edmonton Frail Scale (EFS);
- Fatigue, Resistance, Ambulation Illness, Loss of Weight Index (FRAIL Index);
- Inter-Frail;
- Prisma-7;
- Sherbrooke Postal Questionnaire;
- Short Physical Performance Battery (SPPB);
- Vulnerable Elders Survey (VES-13);
- Study of Osteoporotic Fractures Index (SOF).

In addition to these tools, that fulfil all the proposed characteristics, other tools that can be considered for screening include:

- the Frailty Indexes (eFI) built based on variables included in the patient’s electronic care health records;
- gait speed;

Currently, there are other tools in the process of validation as the SUNFRAIL tool developed under the umbrella of the European projects (D 6.2: Sunfrail Tools for the Identification of Frailty and Multimorbidity, available at www.sunfrail.eu).

When to screen frailty?

ADVANTAGE JA supports the recommendation of opportunistic screening of individuals aged over 70 years receiving health care at any level of the system.

Frailty diagnosis

Frailty is a multifactorial process where multiple dimensions may play a role.

For this reason, a comprehensive assessment of individual characteristics and needs must be considered to appropriately diagnose frailty. These dimensions are best assessed through the process of Comprehensive Geriatric Assessment (CGA), which has become the internationally established method to assess and manage older people in clinical practice.

Relation between frailty and chronic diseases/multimorbidity

Frailty and chronic diseases/multimorbidity are two different but strictly related concepts. Frailty is common in persons with chronic diseases and multimorbidity. Frailty is present in 19% of patients with ischemic heart disease, 13% with diabetes, 19% with COPD, 24% with anemia, 21% with stroke, 16% with osteoarthritis, 14% with hypertension and 16% with multimorbidity.

Screening of frailty in patients with chronic diseases/multimorbidity is necessary to identify the most care demanding population in need of specific interventions.

ADVANTAGE JA recommends the development of a personalized, patient-centered and integrated care approach when chronic diseases/multimorbidity and frailty coexist.

Recommendations to be adopted by European Commission

1. To involve key stakeholders from relevant sectors evolving towards an intersectoral working group on healthy ageing and frailty that includes older people and caregivers

Recommendations to be adopted by national/regional authorities

1. To develop National/Regional Strategy on Healthy Ageing that includes frailty screening, assessment and treatment
2. To develop systematic/opportunistic screening programmes to identify frailty in primary care
3. To Include frailty assessment with the tools recommended by the ADVANTAGE JA within a national/regional health survey or study.
4. To develop frailty observatories or registries that use the tools to detect frailty recommended by the ADVANTAGE JA.

To develop awareness campaigns to increase knowledge about healthy ageing and frailty that make reference to the screening and diagnostic tools for frailty recommended by the ADVANTAGE JA.

Recommendations to be adopted by health and social professionals

1. To screen frailty in their patients aged 70 or older
2. To use of CGA as main tool to assess frail older people in all settings
3. To develop personalized, patient-centered and integrated approach to patients with frailty.
4. Improve knowledge of screening and diagnosis tools for frailty and its relationship with multimorbidity in undergraduate, postgraduate and continuing professional development curricula across health and social care disciplines

Recommendations to be adopted by elderly people and informal caregivers

1. To increase their awareness about the possibilities of early detection of healthy ageing and frailty
2. To ask their doctors about tests to detect frailty

Highlighted references

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