

Common Mental and Physical Health Problems of Elderly: Care hints for Caregivers



FRAILITY



Issued in the interest and for the care of the elderly by

**THE DEPARTMENT OF
GERIATRIC MENTAL HEALTH**

Chhatrapati Shahuji Maharaj Medical University, U.P. Lucknow
(Erstwhile King George's Medical University)

FRAILTY

Definition:

It is a common clinical situation in elderly. It is not a diagnosis. It is a clinical syndrome due to a variety of reasons. Frailty is the sum effect of physiological decline combined with the cumulative and simultaneous burden of any chronic disease leading to this syndrome in elderly people.

Epidemiology:

The exact epidemiology of the frailty is not reported across different age groups. A study found 6.9% of a community dwelling population having frailty. Frailty is noted to be more in patients kept in long term institutional care.

Recognizing Frailty:

Frailty is an observational diagnosis. The common features are :

1. Unintentional weight loss (10 pounds or more in a year)
2. Self-reported exhaustion
3. Weakness as measured by grip strength
4. Slow walking speed
5. Low physical activity.

If a person fulfills three or more of the five

criteria he/she is considered to be frail. These phenomenological presentations are predicted to have falls, deteriorating mobility, disability, hospitalization and death.

Frailty is akin to phenotype of cachexia. There is another clinical condition known as sarcopenia which resemble frailty. In sarcopenia there is excessive loss of muscles associated with ageing. Cachexia, & sarcopenia are the differential diagnosis of frailty.

Causes and Mechanism of Frailty :

Frailty occupies an intermediate position between being functional and developing functional impairment and / or co-morbidity directly associated with a disease process. Factors such as ageing, injuries, immobility, environmental stressors play a central role in the development of frailty. Beside these, numerous other factors play a role in the development of frailty such as anorexia, sarcopenia, immobility (decreased physical activities), atherosclerosis, balance impairment, depression, cognitive impairment etc. Some scientists believe that frailty may also be the result of genetically preprogrammed ageing factors of particular significance. This is also seen in sarcopenia. Decrease in physical activity, testosterone and growth hormone deficiency, decrease in neuronal endplate input into muscles, mild

cytokine excess may also play a role in the development of sarcopenia. Severe cytokine excess leads to cachexia. The disease like arthritis, fracture, chronic illnesses, osteoporosis etc. and physical restraints may all cause immobility which may in turn contribute to frailty. Atherosclerosis by virtue of reduced cardiac function and decline in oxygen and nutrient contents and slow walking speed due to intermittent claudication may lead to frailty.

Vestibular impairment mainly lead to balance deterioration, uneventual slow walking depression, cognitive impairment, catatonias, forced fasting and many other factors contribute to development of the frailty.

Diagnosing frailty :

The diagnosis is to establish presence of three or more factors out of five namely: Unintentional weight loss more than 4.5 kg in a year, Self-reported exhaustion, Weakness as measured by grip strength, Slow walking speed and Low physical activity.

Adverse effect of frailty :

Functional impairment, falls/fractures, institutional care and death within five year of the detection of frailty are the adverse effect. Frailty causes immuno-suppration resulting into frequent infection etc.

Frailty is preventable. Following are the strategies to prevent frailty:

1. Maintained food intake
2. Carryout resistance exercises
3. Prevent Atherosclerosis
4. Avoid Isolation
5. Limit pain
6. Do balance exercises such Tai chi, yearly testosterone deficiency

Managing Frailty :

Prevention of the frailty is an important management strategy. Once the clinical syndrome has set in, one should have to “identify cause (s)” and treat them. Managing adverse effects of frailty is another important management strategy.

For further information & treatment contact:

Dr. S.C. Tiwari

Prof. & Head, Department of Geriatric
Mental Health, C. S. M. Medical University,
Lucknow. Phone: 0522-2258687

Pramirol
PRAMIPEXOLE

0.125/0.25/0.5/1.0/1.5 mg tabs

Happy movements... Happier moments

Entacom Plus **50**
100
150

Carbidopa, Levodopa & Entacapone Tablets

Makes mobility an extended reality

Bexol DT

Trihexyphenidyl 2 mg Dispersible Tablet

Disperses EPS

Courtesy:

