

HCOE Clinical Snippet

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Frailty is a non-specific state of increasing risk, which reflects multisystem physiological change¹. It denotes a multidimensional syndrome of loss of reserves (energy, physical ability, cognition, health) that gives rise to vulnerability². There is no single generally accepted clinical definition of frailty³. The physiological changes that underlie frailty do not always achieve disease status, so that some people, usually the very elderly, are frail without having life-threatening illness. More controversial is how to operationalize frailty in clinical practice and for research¹.









Rockwood et. al. described the Clinical Frailty Scale, a measure of frailty based on clinical judgment in 2005³. The scale ranges from 1 (robust health) to 7 (complete functional dependence on others). In comparison with the Frailty Index, a count of 70 clinical deficits from the Canadian Study of Health and Aging, the Clinical Frailty Scale had comparable performance. Each 1-category increment of the Clinical Frailty Scale significantly increased the medium-term risks of death, and entry into institutional care. The Clinical Frailty Scale is easy to use and may readily be administered in a clinical setting, an advantage over previously developed tools².

Clinical judgments about frailty can yield useful predictive information³. The tool can aid communication with older adult patients, and their substitute decision makers. It has potential to standardize assessment and understanding when communicating between colleagues in primary care, emergency room and long-term care settings.

References:

1. Rockwood K, Mitnitski A. Frailty in Relation to the Accumulation of Deficits. *Journal of Gerontology* 2007;62A: 722-727.

2. Rockwood K, Song X, MacKnight C, Bergman H, Hogan D, McDowell I, Mitnitski A. A Global Clinical Measure of Fitness and Frailty in Elderly People. *CMAJ* 2005; 173 (5): 489-494.
3. 2007-2009 Version 1.2. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada.

Clinical Frailty Scale	
 <p>1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p>	 <p>7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p>
 <p>2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p>	 <p>8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p>
 <p>3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p>	 <p>9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p>
 <p>4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.</p>	
 <p>5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p>	<p>Scoring frailty in people with dementia</p> <p>The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In severe dementia, they cannot do personal care without help.</p>
 <p>6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	