

What is frailty?

forolderpeople

- Frailty is a long-term health condition reflecting increased vulnerability to adverse health outcomes. ⁱ It is a distinctive health state related to ageing in which the body loses its inbuilt reserves, affecting an individual's ability to recover from periods of ill health. ⁱⁱ
- Frailty is a spectrum disorder which can present non-specifically with lost functional ability. It requires accurate identification, assessment, diagnosis and severity grading (see clinical frailty scale for information on frailty scoring).
- In early stages, many of its impacts are potentially reversible and even in the advanced stages there is often clinical uncertainty about whether it can be truly considered a terminal illness.
- Frailty, though increasingly common, does not therefore fit neatly into a definable disease category, and there is genuine clinical uncertainty as to whether it represents a terminal illness, or a disability.
- Frailty is life-limiting even after adjusting for long-term conditions, socio-demographic, and lifestyle factors, the presence of frailty is associated with higher mortality.ⁱⁱⁱ It affects clinical outcomes and can be noted on a death certificate.
- Frailty is generally not managed well too often, early signs of frailty are not recognised, resulting in missed opportunities for early intervention contributing to higher numbers of older people presenting in crisis.

Frailty statistics

- Frailty is common more than one in ten people over 65 years in the community live with frailty. Frailty also affects over half of adults in hospital or care home settings.^{iv}
- The number of people in the UK over the age of 85 is set to double by 2045, with up to half of this age group living with frailty.
- People with severe frailty are five times more likely to die within a year than older people without frailty.^{vii}
- Frailty costs UK healthcare systems £5.8 billion per year. viii

Frailty and other long-term conditions

 Frailty is increasing as people are living longer with multiple long-term conditions.^{ix}

- Many people with frailty will have cognitive impairment and dementia and vice versa, increasing the complexity of their care needs.* Older people with frailty often experience five common syndromes:
 - o Falls (e.g. collapse, legs give way, found lying on the floor)
 - o Immobility (e.g. sudden change in mobility, 'gone off legs', stuck on toilet)
 - Delirium (e.g. acute or worsening of pre-existing confusion, or short-term memory loss)
 - Incontinence (e.g. new onset or worsening of urinary or faecal incontinence)
 - o Medication-related harms
- If we do not change the way we support older people to age well, we can anticipate a dramatic increase in frailty-related disability and dependency, a negative impact on quality of life, morbidity and mortality, further escalation of acute and long-term health and care costs, and an increase in the human and economic costs of unpaid caregiving.xi

Frailty and mental health

- People with frailty are a high-risk group for clinical depression and anxiety.
 Evidence suggests that frailty increases the likelihood of co-morbid mental health difficulties.
- There are links to frailty, loss of function, and dependency with feeling a burden on others, and this is associated with a wish to hasten death.xiii

Frailty and end of life care

- Those with frailty and multimorbidity have an uncertain non-linear dying trajectory, making it hard to predict when someone will die, but expert understanding of these conditions can help to identify people who may be in the last year of their lives. The range of trajectories of decline includes sudden death, slow progressive deterioration (such as in advanced dementia), catastrophic events (such as stroke or hip fracture), and periods of prolonged uncertainty associated with fluctuating episodes of acute illness associated with delirium or functional decompensation.xiv
- People with frailty are likely to require significant health and social support over a considerably longer period than those dying of a single condition, especially as 30% of people aged over 65 years live alone and 40% live with a partner of equivalent age, also likely to have health or social care issues.
- Studies suggest that doctors are fairly accurate at predicting prognosis of less than 14 days or more than a year, but the timeframe in between is challenging.*V This is especially the case for those with two or more long-term conditions*Vi and those with clinical frailty, where the potential for reversibility of suffering is difficult to determine.

¹ Rockwood K, 2018. 'Fifteen years of progress in understanding frailty and health in aging'. *BMC Medicine* Nov 27; 16(220). doi: https://doi.org/10.1186/s12916-018-1223-3.

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- iv O'Caoimh R, et al. 'Prevalence of frailty at population level in European ADVANTAGE Joint Action Member States: a systematic review and meta-analysis.' *Annali dell'Istituto Superiore di Sanità*, 54(3):226–238.
- v Office for National Statistics, 2022. *National population projections: 2020-based interim*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/
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- vi British Geriatrics Society and Royal College of General Practitioners, Cooke C. 2016. *Integrated care for older people with frailty*. Available at: https://www.bgs.org. uk/resources/integrated-care-for-older-people-with-frailty (accessed 21 February 2023).
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- viii Han et al, 2019. 'The impact of frailty on healthcare resource use: a longitudinal analysis using the Clinical Practice Research Datalink in England', *Age and Ageing*; 48(5):665-671.
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- xii Mezuk B, Edward L, Lohman M, Choi M, 2012. 'Depression and frailty in later life: a synthetic review.' *International Journal of Geriatric Psychiatry*;27(9)879–892.
- xiii Rodríguez-Prat A, Balaguer A, Crespo I *et al.* 2019. 'Feeling like a burden to others and the wish to hasten death in patients with advanced illness: A systematic review.' *Bioethics*; 33:411–20.
- xiv Gill, Thomas M., et al. 2010. 'Trajectories of disability in the last year of life.' *New England Journal of Medicine*; 362.13: 1173-1180.
- xv Orlovic M, Droney J, Vickerstaff V, Rosling J, Bearne A, Powell M, Riley J, McFarlane P, Koffman J and Stone P, 2023. 'Accuracy of clinical predictions of prognosis at the end-of-life: evidence from routinely collected data in urgent care records'. *BMC Palliative Care*;22(51). Doi: https://doi.org/10.1186/s12904-023-01155-y
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