

Frail Elderly Adults: Concerns and Recommendations

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Dear Editor,

Frailty is a multi-dimensional syndrome; the most common domains assessed include physical function, gait speed or mobility, and cognition (1, 2). Most assessment methods allow for subcategories that reflect the degree of frailty, including non-frail, pre-frail, and frail (3-5). As reported previously, the overall prevalence of frailty is around 4.1 - 14% in those aged 65 and over in Europe, UK, and USA (2, 6, 7). Frailty is the precursor of functional degeneration in elderly persons, and is the intermediate stage between independent living and death (8). Numerous studies have indicated that frailty decreases the activity and living quality and causes cognitive function impairment (3, 8, 9). In addition, it is associated with daily living function disability, falls, and elevated risks of institutionalization or hospitalization, and may even lead to death (10).

Academics have opinions on development factors, clinical definitions, and evaluation methods for frailty and no standardized or consistent concept has been developed. The significance of frailty for the aging in health care is being acknowledged and proposed (2-4). Meanwhile, most assessment methods involve retrospective evaluation that require elderly persons to recall weight variations during the past year or physical activity in the past week (2, 3, 10). These methods are prone to creating biased memories, and are not feasible for screening high-risk patients. Therefore, the assessment of physical fitness is an objective evaluation tool for determining frailty.

Objective assessments of elderly persons' physical abilities and fitness are highly predictive for frailty and level of disability (3, 11). Therefore, objective evaluation of physical fitness status enables early detection for frailty. This enables the further supplementation of relevant

guidance and health care interventions to prevent further frailty or mortality.

Consequently, multidisciplinary team including physicians, nursing staff, social workers, psychologists, nutritionist, and rehabilitation therapist should focus on this high-risk population and actively perform research on assessments and intervention programs to prevent or postpone frailty (12)

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Implication for health policy/practice/research/medical education:

Multidisciplinary team works are needed to perform research on assessments and intervention programs to prevent or postpone frailty

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