



WHAT?

Frailty affects:

~10% aged over 65 years

<50% aged over 85 years

Patients with long term conditions aren't necessarily frail, however those patients *can also have frailty*.

Frailty can be assessed by identification of deficits, as described by the Rockwood **Clinical Frailty Scale**.

While it is associated with the aging process, frailty can be a long term condition, so it can worsen and improve.

WHY?

Identification of frailty helps to **improve both long and short term** health management for these patients.

These patients require more in-depth comprehensive geriatric assessment where possible.

Recognition of frailty is important in planning any intervention.

The scale ranges from **1 (very well)** to **8 (very severely frail)** and **9 (terminally ill, though not otherwise frail)**.

HOW?

Clinical Frailty Scale

(Dalhousie University)

<http://bit.ly/2pLDrUF>

Fit for Frailty

(British Geriatric Society)

<http://bit.ly/2oYejr1>

Clinical Frailty Scale*

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **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.
-  **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
-  **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.
-  **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.
-  **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.



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).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



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**.

Scoring frailty in people with dementia

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.

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.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005; 173:489-495.

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