



Older People, Frailty and Primary Care



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Considerations

- What does healthy ageing look like?
 - What are the risks associated to health in older age?
 - What do we mean by frailty?
 - How can we help to improve the lives of those living with frailty?
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To understand Frailty, need to
understand healthy ageing



"Prevention is about helping people stay healthy, happy and independent for as long as possible.

This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible. Prevention is as important at seventy years old as it is at age seven." HM Government (2019).

Themes of prevention:

- Lifestyle factors (activity, smoking, alcohol) – A key message is it is never too late!
- The basics of living (sleep, eye health, etc)
- Medical interventions (polypharmacy, perioperative care)
- Avoiding harm

Alzheimer's society list 6 things to reduce dementia risk:

1. Be physically active
2. Eat healthily
3. Don't smoke
4. Drink less alcohol
5. Exercise your mind
6. Take control of your health

Recommending activity

The department of health and social care in 2019 chief medical officer:

- 150 mins of mod aerobic activity or 75 mins of vigorous aerobic activity each week (or combination)
- Activities aimed at improving/maintaining muscle strength and flexibility on at least 2 days a week
- Breaking up prolonged sedentary periods with light activity

Recommending activity

The debate – is physical decline part of normal ageing?

What do studies say?

- Systematic review many over 60s inactive >65% of their waking day (Harvey et al 2015)
- Low levels of activity associated with developing LTC or existing conditions worsening (Reid et al, 2022)
- Physical activity reduces falls and improves mental health (Victor, 2014)

It's safer for people with long-term conditions to be physically active

1. The benefits outweigh the risks

Physical activity is safe, even for people living with symptoms from multiple medical conditions.



2. The risk of adverse events is very low but that's not how people feel

Well informed conversations with healthcare professionals can reassure people who are fearful of their condition worsening, and further reduce this risk.



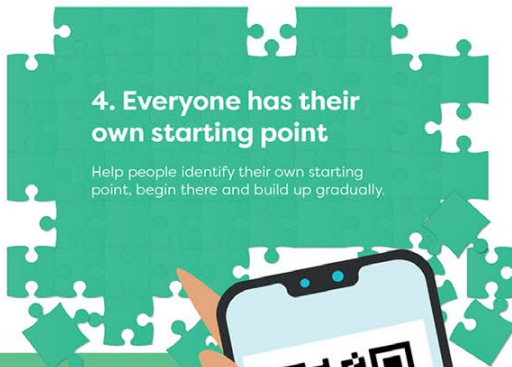
3. It's not as easy as just telling someone to move more

Be aware of the concerns of individuals and their carers to help build confidence.



4. Everyone has their own starting point

Help people identify their own starting point, begin there and build up gradually.



5. Stop and seek medical review if...

They notice a dramatic increase in breathlessness, new or worsening chest pain and/or increasing GTN requirement, a sudden onset of rapid palpitations or irregular heartbeat, dizziness, a reduction in exercise capacity or sudden change in vision.



Physical activity and symptoms

MSK Pain

- A temporary increase in pain is normal and does not represent tissue damage.
- It will stop once their body adapts.



Fatigue

- A temporary increase in fatigue is normal.
- Physical activity is good for fatigue, sleep and wellbeing.



Shortness of breath

- Physical activity will make people feel more breathless.
- Breathlessness can be frightening.
- Advise people to start at a low level and build gradually.



Cardiac chest pain

- The long-term benefits far outweigh the temporary, slight, increased risk of adverse events in those with ischaemic heart disease.



Falls & frailty

- Frail, inactive people have much to gain from building strength and balance.
- Even small improvements reduce the risk of falling and improve confidence.
- Activities should be tailored to the individual's functional and cognitive capacity.



Dysglycemia

- There is a risk of short-term dysglycemia.
- Hypoglycaemia is the most common adverse event in diabetics treated with insulin or insulin secretagogues, and can recur if not managed appropriately.
- The overall risk of severe hypoglycaemia is not increased.
- High intensity physical activity can make blood glucose levels rise, so people with diabetes will need strategies to deal with this.



Palpitations

- Increased awareness of your heartbeat during physical activity can be frightening.
- Physical activity is contraindicated in people with symptomatic and untreated cardiac tachy- or brady-arrhythmia and appropriate medical management is needed.
- People with controlled atrial fibrillation benefit from regular physical activity.



Cognitive impairment

- Strategies to maintain motivation, engagement and safety are important and people will often benefit from support from others.
- Consider functional level, stage of disease, communication ability, preferred environment, risk of falling and other medical conditions.

For people living with stable LTCs, the far-reaching benefits of physical activity outweigh associated risks. We present five headline and eight symptom/syndrome specific statements to help healthcare professionals talk to people living with LTCs to address the commonly perceived fear of adverse events on an individualised basis (Reid et al, 2022).

What are the risks associated to health in older age?

Normal:

- Muscle deteriorates 3-5% per decade from age of 30
- Eye sight
- Skin
- Arteries stiffen
- Other organs
- Neurogenic changes (40% over 65 memory loss- Alzheimer's Society, 2022)

What are the risks associated to health in older age?



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Abnormal:

- Diseases
- Incontinence
- Falls
- Dementia 5-8% (WHO, 2022)

What are the risks associated to health in older age?



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Pei-Lun Kuo et al, 2022, Association between walking energy utilisation and longitudinal performance in older adults, Age and Ageing

- 979 USA study
- Functional decline associated with faster memory decline

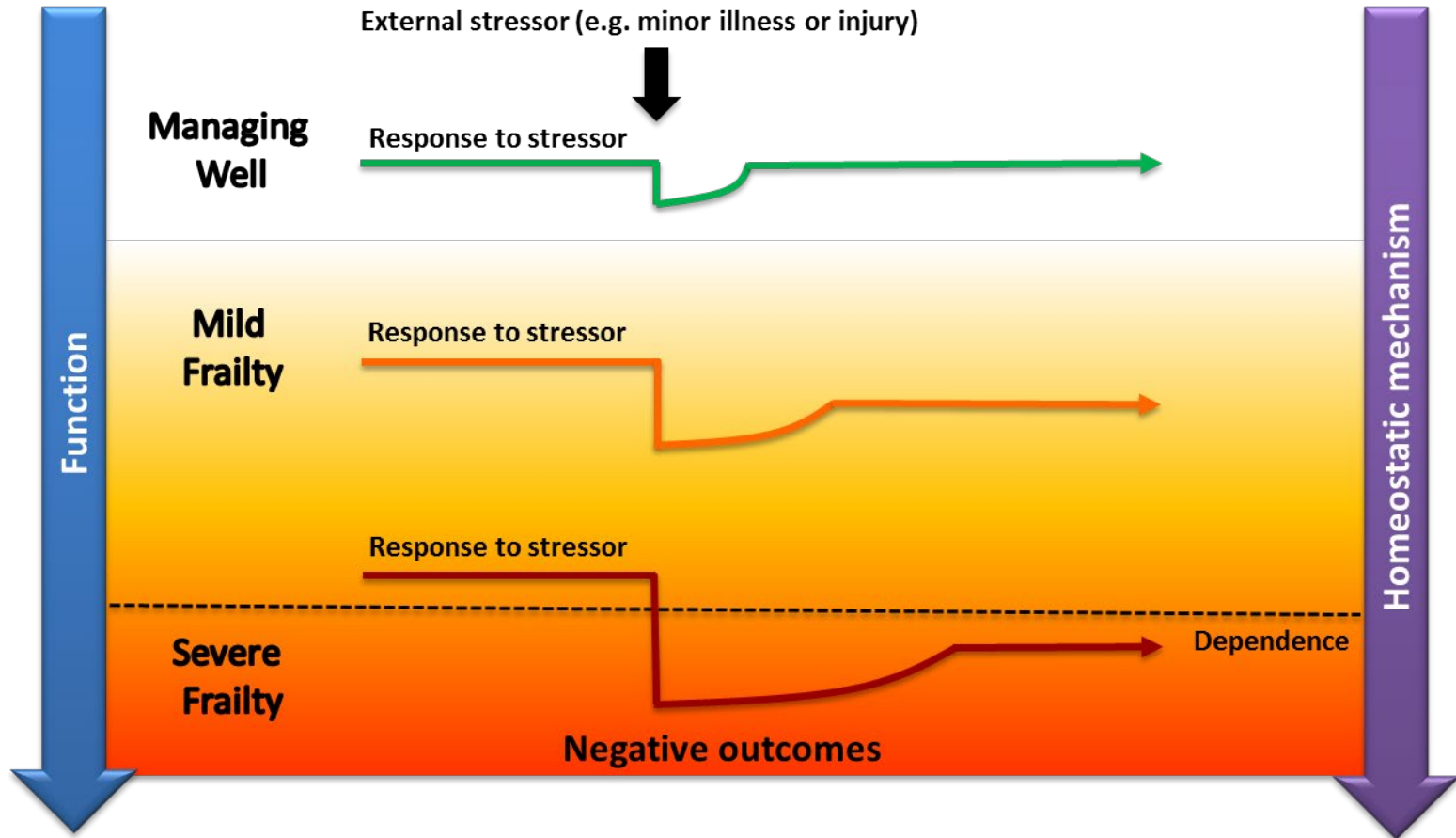
What do we mean by the term frailty in health and social care?

Definition:

‘Frailty is a state of increased vulnerability to poor resolution of homeostasis following a stress, which increases the risk of adverse outcomes including falls, delirium and disability’ Andrew Clegg, 2013

Worth reading

Frailty in Older People, 2013 March 2; 381(9868): Lancet, 752–762. doi:10.1016/S0140-6736(12)62167-9



Risks

Study by Woo & Leung, 2013

Multi-morbidity, dependency and frailty singly or in combinations.....

4000 men and women in the study

Of the 3, frailty increased mortality

Risks

Study by Bilotta et al, 2012

Frailty syndrome diagnosed according to the study of Osteoporotic fractures criteria.....

109 people living in the community using SOF criteria for those living with dementia and frailty

Frailty was the independent predictor of death

What should we assess?

- **PRISMA 7 Questionnaire.** A seven item questionnaire to identify disability that has been used in earlier frailty studies and is also suitable for postal completion. A score of > 3 is considered to identify frailty.
- **Walking speed** (gait speed). Gait speed is usually measured in m/s and has been recorded over distances ranging from 2.4m to 6m in research studies. In this study, gait speed was recorded over a 4m distance.
- **Timed up and go test (TUGT).** The TUGT measures, in seconds, the time taken to stand up from a standard chair, walk a distance of 3 metres, turn, walk back to the chair and sit down.
- **Self-Reported Health.** Assessed, in the study examined, with the question 'How would you rate your health on a scale of 0-10'. A cut-off of < 6 was used to identify frailty.
- **GP/ACP assessment.** A GP or ACP assessed participants as frail or not frail on the basis of a clinical assessment.
- **Multiple medications (polypharmacy)** - where frailty is deemed present if the person takes four/five or more medications.
- **The Groningen Frailty Indicator questionnaire.** A 15 item frailty questionnaire that is suitable for postal completion. A score of > 4 indicates the possible presence of moderate-severe frailty.

Broadly there are five frailty syndromes and encountering one of these should raise suspicion that the individual concerned has frailty:

1. Falls (e.g. collapse, legs gave way, 'found lying on floor').
2. Immobility (e.g. sudden change in mobility, 'gone off legs' 'stuck on toilet').
3. Delirium (e.g. acute confusion, 'muddled', sudden worsening of confusion in someone with previous dementia or known memory loss).
4. Incontinence (e.g. change in continence – new onset or worsening of urine or faecal incontinence).
5. Susceptibility to side effects of medication (e.g. confusion with codeine, hypotension with antidepressants).

(Fit for Frailty, BGS)

Comprehensive Geriatric Assessment (CGA) is the gold standard for the management of frailty in older people. It is a process of care known that involves a holistic, multidimensional, interdisciplinary assessment of an individual by a number of specialists of many disciplines in older people's health and has been demonstrated to be associated with improved outcomes in a variety of settings (Fit for Frailty, BGS)

What ways can we structure an assessment to ensure we cover what is needed?

Suggestion:

- Seeing hearing and communication
- Getting around
- Looking after yourself
- Housing and finances
- Safety and relationships
- Mental wellbeing
- Staying healthy

Medication

Key things to remember:

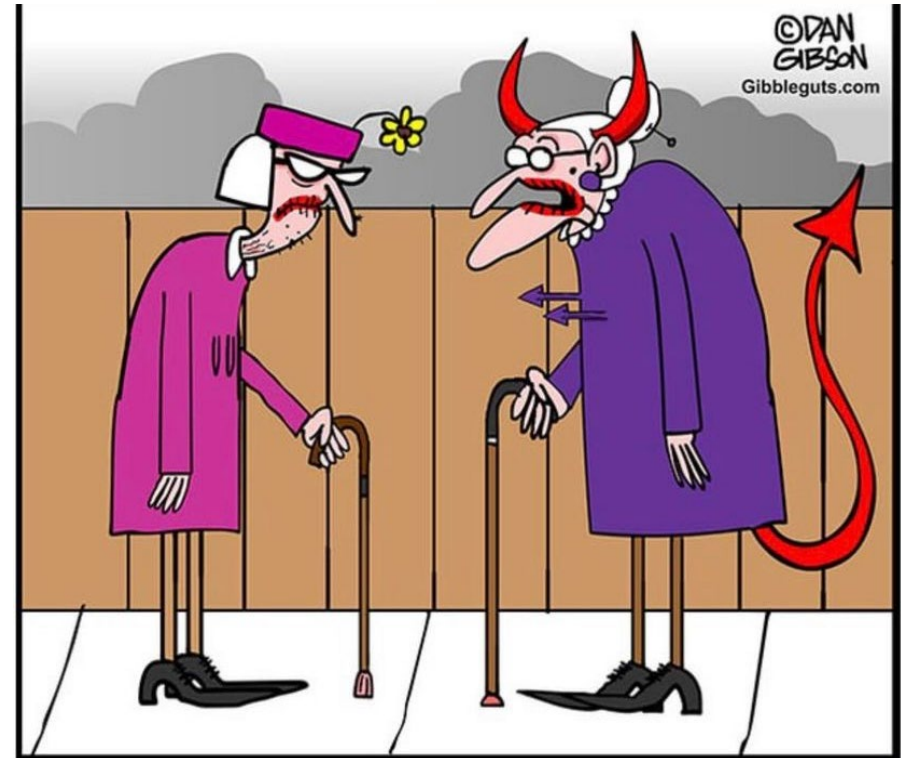
- Frailty effects the bodies organs in ways that are no initially obvious (Kidney, liver, muscles, etc)
- It is likely that those living with frailty will be on multiple medications (Interactions and reactions) (SToOPP/ START, STOPFRAIL, etc)
- Frailty may influence factors such as drug pharmacokinetics and pharmacodynamics, toxicity, and therapeutic efficacy.

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Pharmacy



"Each capsule contains your medication,
plus a treatment for each of its side effects."



No, this isn't a Halloween costume...
It's the side effects from my medication.

Maximise treatment

- Improve disease where we can
- Therapy can be significant in mild to moderate frailty with improving mobility and maintaining independence
- Preventing falls and possible fractures
- Evidence says 1/3 of older people discharged from hospital will not recover their pre-morbid levels of activities.

Alternatives to hospital admission

- BGS 'Joining the Dots' Older people need "hospital level care" at home
- Virtual ward/Hospital at home
- An emergency response to healthcare crisis
- MDT approach
- Less deconditioning and needs led diagnostics
- Patient reported outcomes are positive

End of life care

- 58% patients die in hospital and mortality rates are high in the year after discharge for those living with frailty
- Recognising that someone is at the end of their life is a crucial part of healthcare
- Know how to access end of life care



- We have considered healthy ageing
- We have discussed the risks associated to health in older age
- We have looked at the definition of frailty and what this can mean to older people
- Considered how we should treat people living with frailty in Primary Care.

Questions?

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