

INTRODUCING

Allen Huang

Dr. Allen Huang is a full Professor of Medicine at the University of Ottawa and the Medical Director of the Regional Geriatric Program of Eastern Ontario (RGPEO). He is a graduate of McGill University and has been the past head of the Division of Geriatric Medicine at the University of Ottawa and The Ottawa Hospital and before that the past head of the Division of Geriatric Medicine at the McGill University Health Center in Montreal.

In addition to busy geriatric clinical service delivery and teaching activities, he has a long-standing interest in clinical informatics and optimal prescribing. Other highlights include:

Co-inventor of the Medical Office of the XX1st Century (MOXXI) electronic prescribing solution

Co-author of the **Geriatric 5Ms** communications framework

Co-editor of the book: “Medication-related falls in older people. Causative factors and management strategies.”

Co-investigator in trials involving pre-habilitation for people living with frailty and scheduled for non-cardiac surgery

Co-investigator in the “MedSafer” trials



MEDICAL DIRECTOR

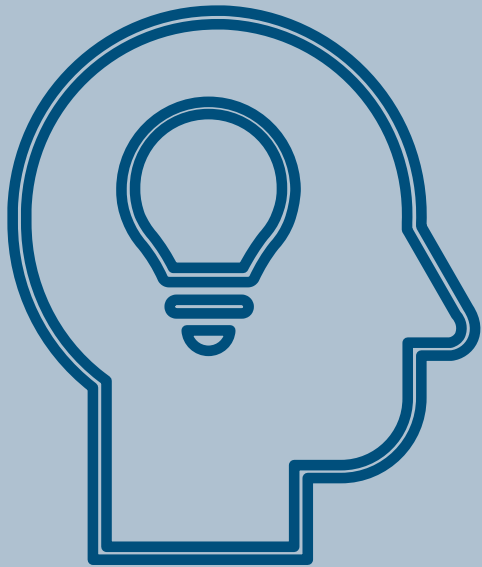
REGIONAL GERIATRIC PROGRAM
OF EASTERN ONTARIO

FRAILTY INFORMED CARE FOR OLDER ADULTS

Allen R. Huang, MDCM, FRCPC
Medical Director, RGPEO



LEARNING OBJECTIVES



1. To understand why older people may develop frailty
2. To describe two models of frailty
3. To list 3 reasons why diagnosing dementia can affect holistic care of older people

What Is This Thing Called FRAILTY??





FRAIL OR NOT?

POLL



YES / NO / UNSURE



FRAIL OR NOT?

POLL



YES / NO / UNSURE



FRAIL OR NOT?

POLL



YES / NO / UNSURE



FRAIL OR NOT?

POLL



YES / NO / UNSURE



- Compressive Strengths:**
- Concrete: 2,500 – 10,000 PSI
 - Mild steel: 22,000 PSI
 - Bone china porcelain: 50,000 PSI

WHAT IS FRAILTY? (past definition attempts...)

...more than 65-years of age who depended on others for the activities of daily living...

...old debilitated individuals who cannot survive without substantial help from others...

...multiple illnesses...chronic conditions...requiring long-term hospital care...loss of stamina...vulnerability...Brocklehurst breakdown model...

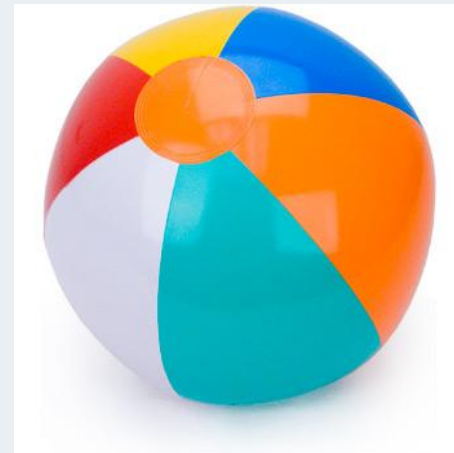
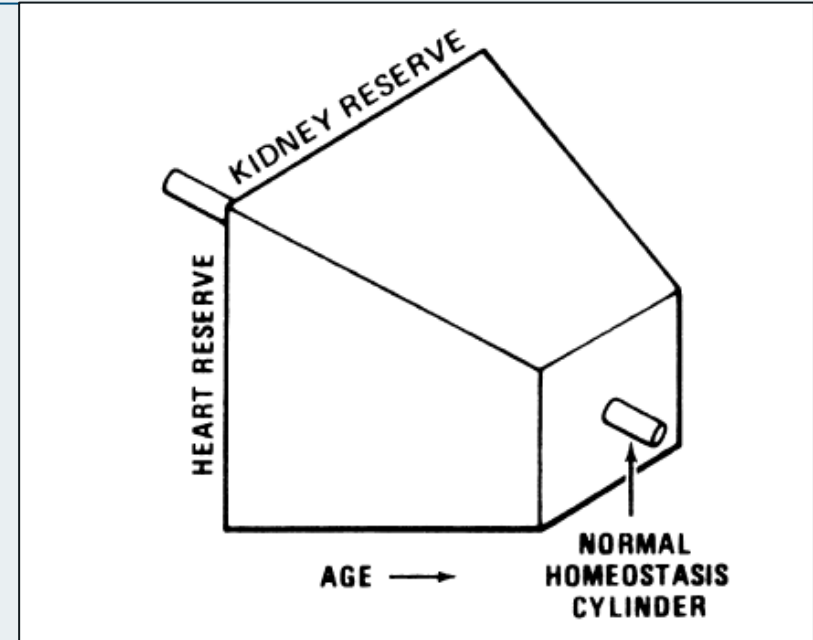
WHAT IS FRAILITY?

A physiologic syndrome characterized by ***decreased reserve and resistance*** to stressors, resulting from ***cumulative decline*** across multiple physiologic systems, and causing ***vulnerability*** to adverse outcomes.

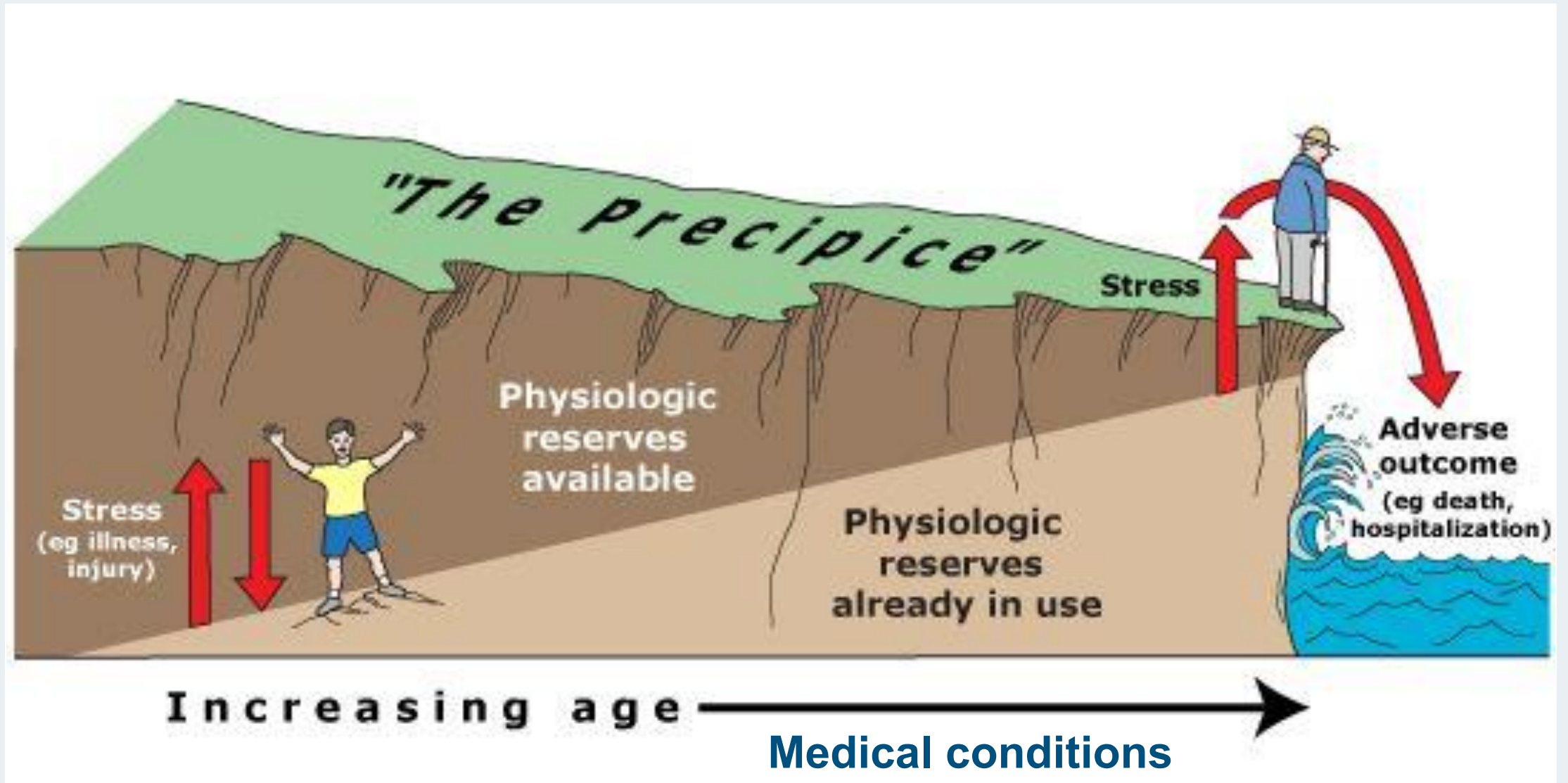
Linda Fried, 2003

FACTORS INVOLVED

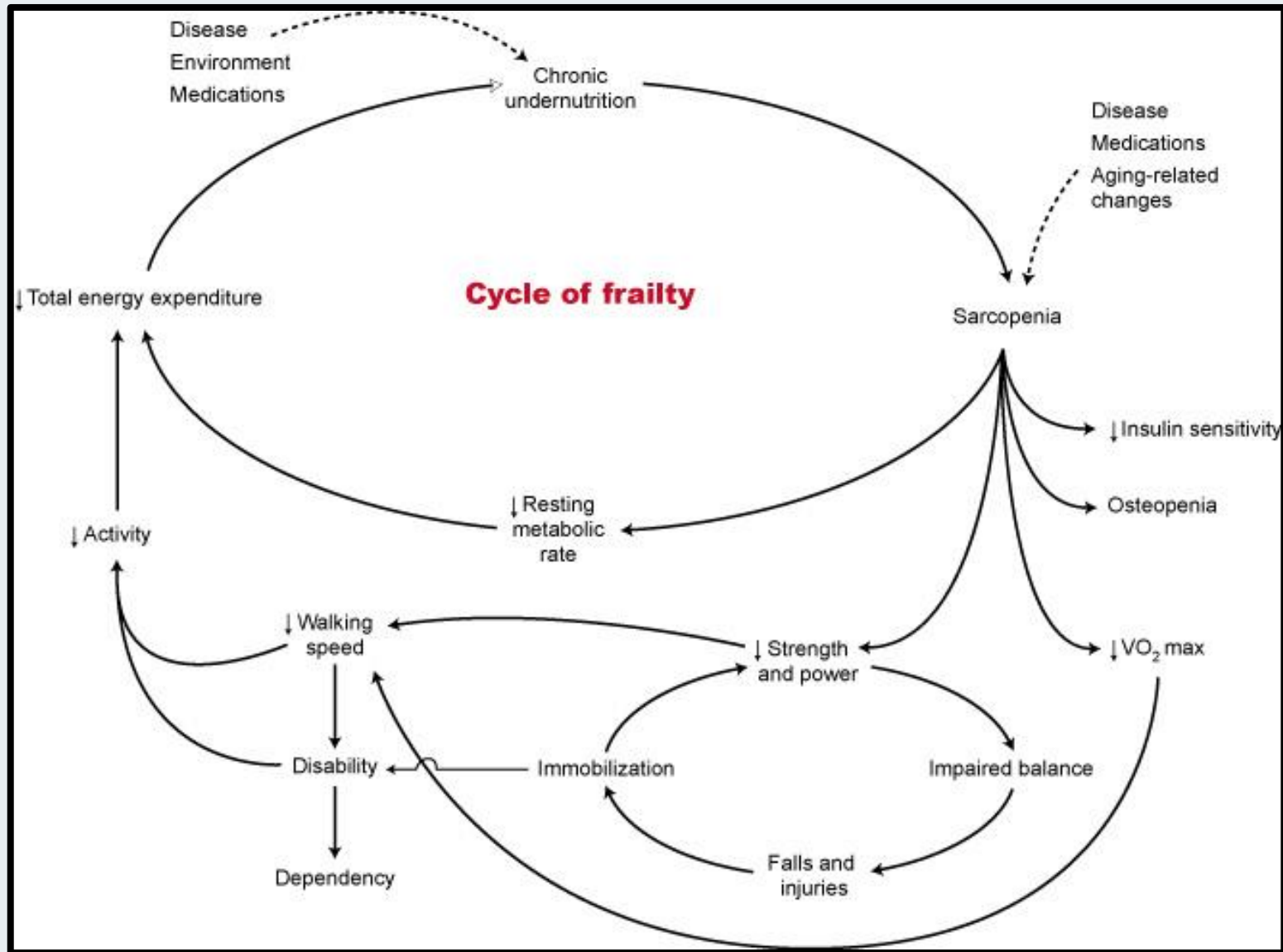
- Changes to human physiology
 - Resulting in 'homeostenosis'
- Development of co-morbidities
 - Impacts on general strength
- LEADING TO
 - Getting sicker, quicker
 - Slower recovery



PHYSIOLOGIC RESERVES AND THE PRECIPICE MODEL



CYCLE OF FRAILTY



WHAT IS FRAILITY?

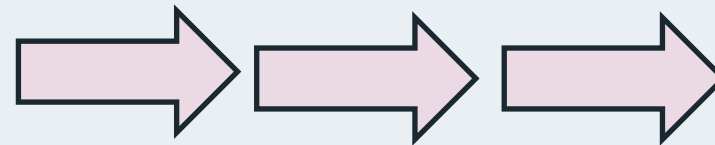


Our understanding of the development of frailty now includes mental health, cognitive and socio-economic factors

WHAT IS FRAILTY?

- Not a condition
- Not a diagnosis
- Not an appearance
- Not a physical characteristic
- Not a disability
- A state
- A concept
- A problem

Two models of frailty





A PHYSICAL (PHENOTYPE) DESCRIPTION

- Cardiovascular Health Study CHS (USA) 5317 men & women over age 65, followed for 4-7 years
- 5 frailty criteria
 - unintentional **weight loss** 10lbs
 - self reported **exhaustion**
 - weak** grip strength
 - slow** walking speed
 - low** physical activity
- Frail = 3 or more criteria
- At risk or pre-frail 1 or 2 criteria








Frailty: CHS Criteria Adjusted Hazard Ratio (95% CI)

Fried et al. J Gerontol 2001;56A M146





Outcome at 3 years	No Frailty	Pre frail	Frail
Worse mobility	1	1.58 (1.41,1.76)	1.50 (1.23,1.82)
Worse ADL Disability	1	1.67 (1.41,1.99)	1.98 (1.54,2.55)
Death	1	1.49 (1.11,1.99)	2.24 (1.51,3.33)

CLINICAL FRAILTY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	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 , even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILITY	Previously “vulnerable,” this category marks early transition from complete independence. 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	LIVING WITH MILD FRAILITY	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.



BEST ANIMATIONS

	6	LIVING WITH MODERATE FRAILITY	People who 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	LIVING WITH SEVERE FRAILITY	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	LIVING WITH VERY SEVERE FRAILITY	Completely dependent for personal care and approaching 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 living with severe frailty . (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally 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.

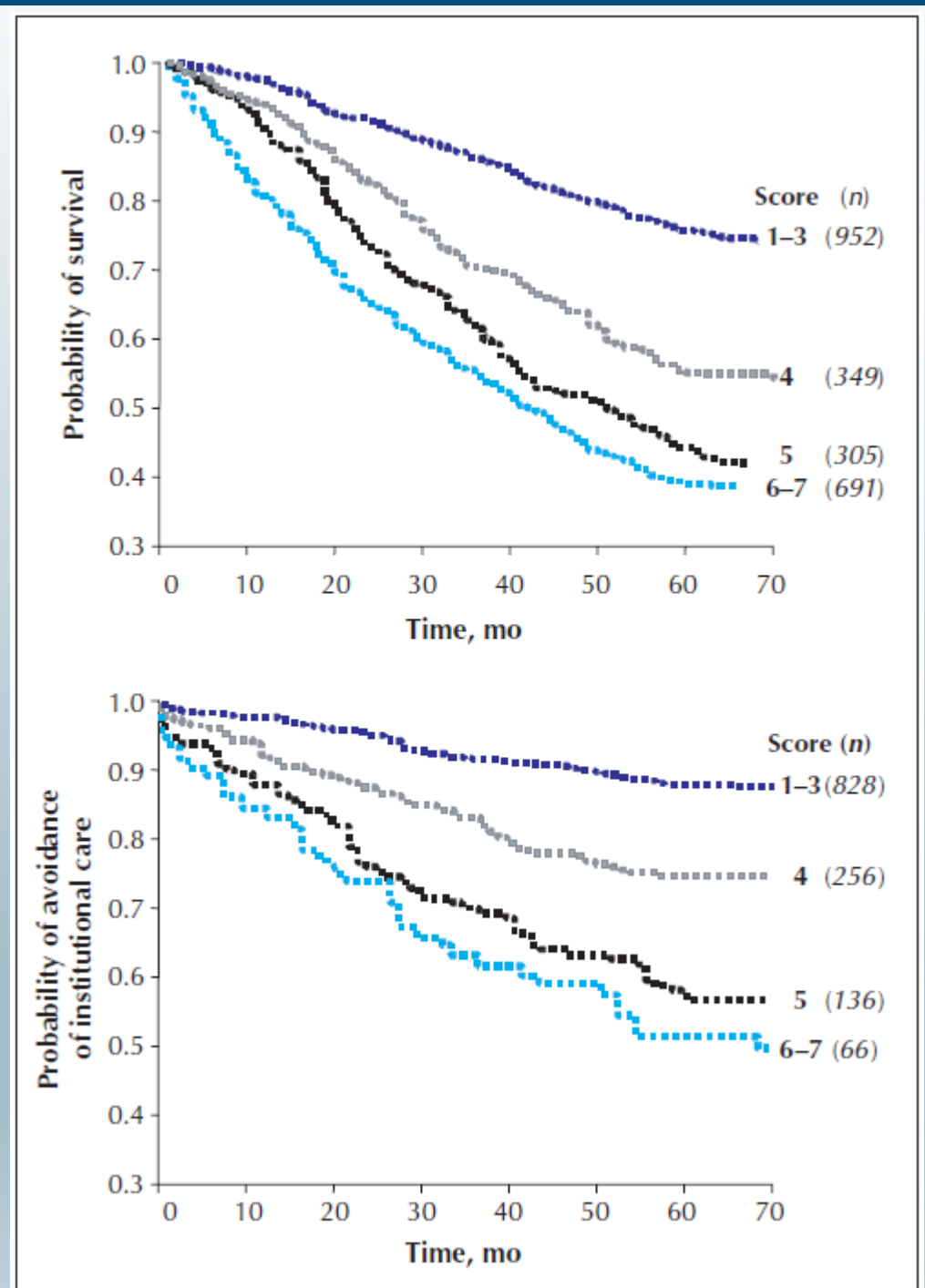
In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca
Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

2305 Canadians x 5 years
 Rockwood, K. CMAJ; 2005, 173:489-95



WHY IDENTIFY FRAILITY?

Prevent adverse
outcomes

Understand restorative
potential

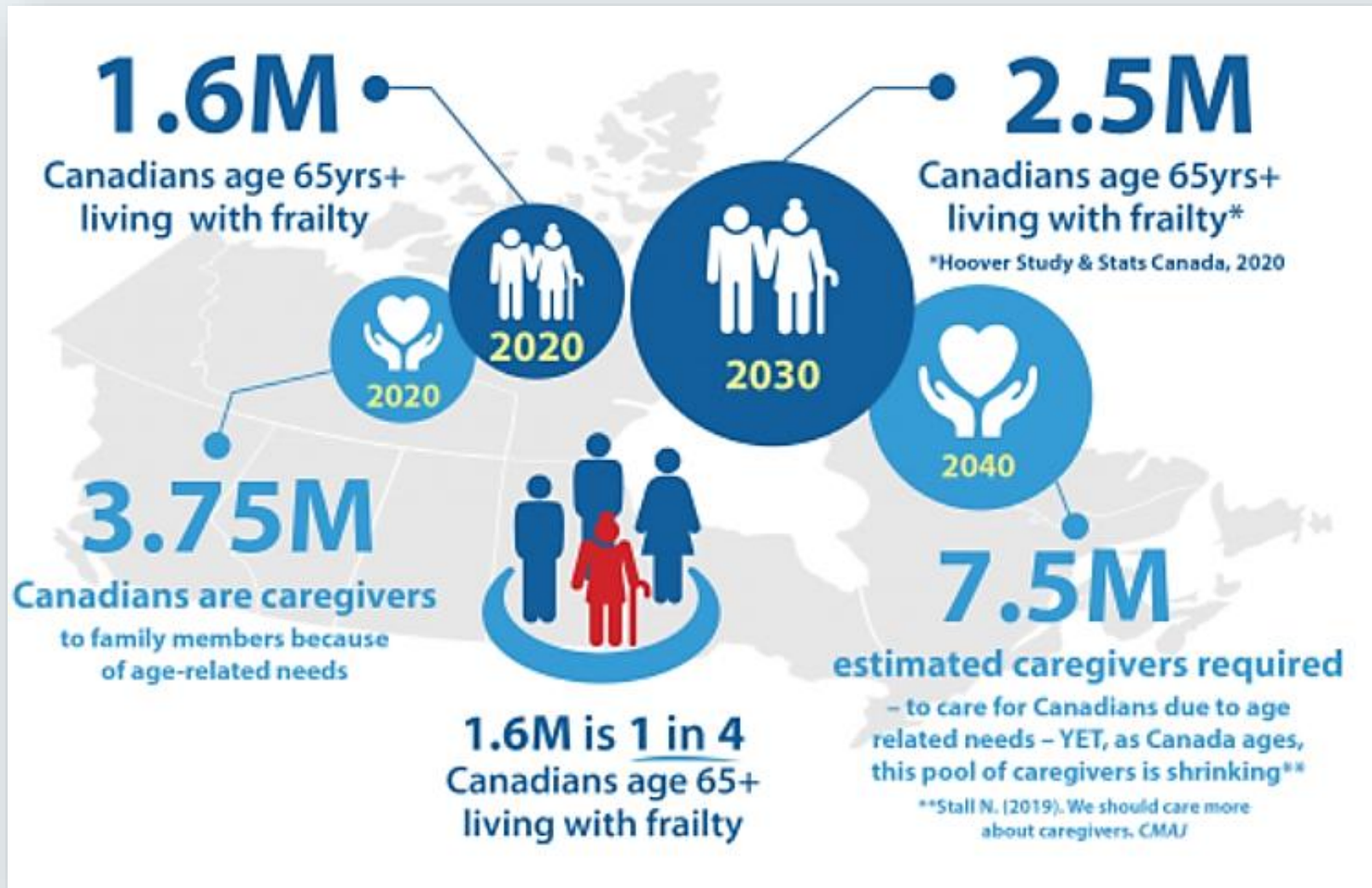
Determine causality

Inform goals of care

NOT to be used to
allocate services





Predictive value
INDEPENDENT of
conditions, disability,
disease specific severity

WHAT ARE THE NUMBERS?



IDENTIFY

CLINICAL FRAILTY SCALE


	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	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 , even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILTY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms
	5	LIVING WITH MILD FRAILTY	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and


↑ difficulty with activities


help with IADLS

 **6** **LIVING WITH MODERATE FRAILTY** People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with

help with bADLS & IADLS

 **7** **LIVING WITH SEVERE FRAILTY** **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** **LIVING WITH VERY SEVERE FRAILTY** Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.

 **9** **TERNALLY ILL** Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise living with severe frailty**. (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally 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. In **very severe dementia** they are often bedfast. Many are virtually mute.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicine-research.ca Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

BEST PRACTICE GUIDELINES

(McMaster Health Forum, 2016)

PREVENT FRAILTY

- “Use **PT and OT** to improve **strength** and **function** to support older adults to live at home.”
- Interventions that encouraged **physical activity** have positive results.
- Decreased rates of hospitalizations and fewer falls.

MANAGE BURDEN

- Make care more integrated and person-centered.
- Use **team-based** models.
- Encourage patient decision making.

SUPPORT CAREGIVER

- Address economic security.
- **Engage caregivers** in decision making.
- Provide education and support.

Frailty Assessment for Care-planning Tool (FACT)

	Mobility	Social	Function	Cognition
1. Thriving	<input type="radio"/> Fit, exercises regularly (among fittest for age)	<input type="radio"/> In charge of organizing social events	<input type="radio"/> Still working at job or high level hobby	<input type="radio"/> Thriving: impresses others with memory and thinking
2-3. Normal Aging	<input type="radio"/> Active/exercises occasionally	<input type="radio"/> Socializes weekly & would have a caregiver if needed	<input type="radio"/> Subjective impairment (i.E. Does everything on own but finds things more difficult)	<input type="radio"/> Normal aging: minor concerns
4. Vulnerable	<input type="radio"/> Starting to slow down and often tired during the day	<input type="radio"/> Socializes less than weekly or might not have a caregiver if needed	<input type="radio"/> Not dependent on others but symptoms often limit activities	<input type="radio"/> Vulnerable: minor deficits on testing
5. Mild	<input type="radio"/> Walking slower and regularly uses (or needs to use) a cane or walker	<input type="radio"/> Socializes rarely	<input type="radio"/> Needs help with some instrumental activities of daily living (iadls) (e.G. Housework, banking or medications)	<input type="radio"/> Vague/incorrect recall of current events, can recall name of us president
6. Moderate	<input type="radio"/> Needs help of another person when going up/down stairs, walking on uneven ground, or getting in/out of bath or Has fallen more than once in the past 6 months, excluding slip on ice	<input type="radio"/> Mostly house-bound & might have a caregiver if needed	<input type="radio"/> Needs assistance or dependence for iadls and cueing with basic activities of daily living such as dressing (e.G. Help choosing what to wear)	<input type="radio"/> Incorrect recall of us president, can recall name of children/spouse <input type="radio"/> No collateral present
7. Severe	<input type="radio"/> Always need someone's help or supervision when walking or Unable to propel self in manual wheelchair	<input type="radio"/> House-bound & isolated; with caregiver stress or no caregiver available	<input type="radio"/> Needs hands on help with badls (bathing, toileting, dressing)	<input type="radio"/> Vague/incorrect recall of children/spouse
8. Very Severe	<input type="radio"/> Bed bound, unable to participate in transfers	<input type="radio"/> Unable to participate in any social exchange, even when visited	<input type="radio"/> Dependent for all aspects of daily life	<input type="radio"/> Limited language skills with less than 10 words verbalized
9. Terminal	<input type="radio"/> Terminally ill with a life expectancy \leq 6 months regardless of function, cognition or mobility status			

MOBILITY DOMAIN

Stage	Measure
1-2 Thriving / Well	Fit, Exercises regularly
3 Normal Aging	Active, Occasional exercise
4 Vulnerable	Starting to slow down and often tired during the day
5 Mild	Walking slower and regularly uses (or needs to use) a cane or walker
6 Moderate	Needs help of another person when going up/down stairs, walking on uneven ground, or getting in/out of bath or Has fallen more than once in the past 6 months, excluding slip on ice
7 Severe	Always need someone's help or supervision when walking or Unable to propel self in manual wheelchair
8 Very Severe	Bed bound, unable to participate in transfers

SOCIAL DOMAIN

Stage	Measure
1-2 Thriving / Well	In charge of organizing social event
3 Normal Aging	Socializes weekly & would have a caregiver if needed
4 Vulnerable	Socializes less than weekly or might not have a caregiver if needed
5 Mild	Socializes rarely
6 Moderate	Mostly house-bound & might have a caregiver if needed
7 Severe	House-bound & isolated; with caregiver stress or no caregiver available
8 Very Severe	Unable to participate in any social exchange, even when visited

FUNCTIONAL DOMAIN

Stage	Measure
1-2 Thriving / Well	Still working at job or high level hobby
3 Normal Aging	Subjective impairment (i.e., Does everything on own but finds things more difficult)
4 Vulnerable	Not dependent on others but symptoms often limit activities
5 Mild	Needs help with some instrumental activities of daily living (IADLs) (e.g., Housework, banking or medications)
6 Moderate	Needs assistance or dependence for IADLs & cueing with basic activities of daily living such as dressing (e.g., Help choosing what to wear)
7 Severe	Needs hands on help with BADLs (bathing, toileting, dressing)
8 Very Severe	Dependent for all aspects of daily life

COGNITIVE DOMAIN

Stage	Measure
1-2 Thriving / Well	Thriving: impresses others with memory and thinking
3 Normal Aging	Normal aging: minor concerns
4 Vulnerable	Vulnerable: minor deficits on testing
5 Mild	Vague/incorrect recall of current events, can recall name of US president
6 Moderate	Incorrect recall of US president, can recall name of children/spouse No collateral present
7 Severe	Vague/incorrect recall of children/spouse
8 Very Severe	Limited language skills with < 10 words verbalized

TIPS USING THE CLINICAL FRAILTY SCALE

- Valid in only those 65-years and older
- Use clinical judgment. Take a proper history
- Trust but verify your information
- Functional level should refer to a state 2-weeks before, when the individual is at 'baseline'
- Having many medical problems does not increase the score
- People who appear terminal ill likely are CFS-9, despite prior state 2-weeks ago



FRAIL OR NOT?

POLL



YES / NO / UNSURE





FRAIL OR NOT?

POLL



YES / NO / UNSURE



DEMENTIA, A SIGNIFICANT *HIDDEN* DRIVER OF FRAILITY

- Common & incurable, under-recognized (missed more than 75% time)
- Changes the how & who of decision making & care planning
- Predicts adverse outcomes (*e.g.* delirium, death)
- Interventions that are usually considered appropriate can *worsen* quality of life

SCREENING TOOLS FOR COGNITION

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____



Instructions: Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season
5		"Where are we now? State
3		The examiner names three the instructor asks the patient response is used for scoring; learns all of them, if possible
5		"I would like you to count by 72, 65, ...) Alternative: "Spell WORLD
3		"Earlier I told you the name those were?"
2		Show the patient two simple and ask the patient to name
1		"Repeat the phrase: 'No ifs,
3		"Take the paper in your right (The examiner gives the paper
1		"Please read this and do what your eyes."
1		"Make up and write a sentence contain a noun and a verb."
1		"Please copy this picture." piece of paper and asks him angles must be present and
30		TOTAL

R U D A S

The Rowland Universal Dementia Assessment Scale: A Multicultural Cognitive Assessment Scale. (Storey, Rowland, Basic, Conforti & Dickson, 2004). International Psychogeriatrics, 16 (1), 13-31

Date: ___/___/___ Patient Name: _____

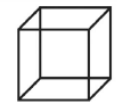
Item	Max Score
Memory 1. (Instructions) I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about 5 mins. time I will ask you what it is that we have to buy. You must remember the list for me. Tea, Cooking Oil, Eggs, Soap. Please repeat this list for me (ask person to repeat the list 3 times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)	
Visuospatial Orientation 2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.	
(1) show me your right foot1 (2) show me your left hand1 (3) with your right hand touch your left shoulder1 (4) with your left hand touch your right ear1 (5) which is (indicate/point to) my left knee1 (6) which is (indicate/point to) my right elbow1 (7) with your right hand indicate/point to my left eye1 (8) with your left hand indicate/point to my left foot15
Praxis 3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this ... (One hand in fist, the other palm down on table - alternate simultaneously.) Now do it with me. Now I would like you to keep doing this action at this pace until I tell you to stop - approximately 10 seconds. (Demonstrate at moderate walking pace). Score as: Normal = 2 (very few if any errors: self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands). Partially Adequate = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony) Failed = 0 (cannot do the task; no maintenance; no attempt whatsoever)2
Visuoconstructional Drawing 4. Please draw this picture exactly as it looks to you (Show cube on back of page). (Tes = 1) Score as: (1) Has person drawn a picture based on a square?1 (2) Do all internal lines appear in person's drawing? 1 (3) Do all external lines appear in person's drawing? 13
Judgment 5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely. (If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.2
Score as: Did person indicate that they would look for traffic? (YES = 2; YES PROMPTED = 1; NO = 0)2 Did person make any additional safety proposals? (YES = 2; YES PROMPTED = 1; NO = 0)24

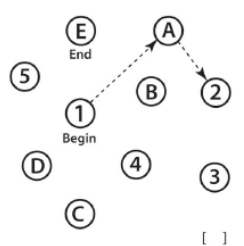
MONTREAL COGNITIVE ASSESSMENT (MOCA)

Version 7.1 Original Version

Education: _____ Date of birth: _____
Sex: _____

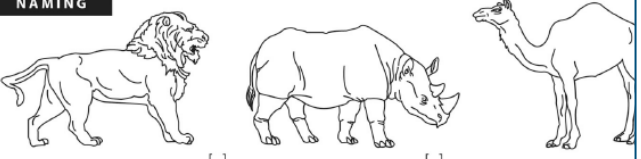
VISUOSPATIAL / EXECUTIVE

Copy cube  Draw CLOCK (Ten past eleven (3 points))



Contour Numbers

NAMING



MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY
1st trial				
2nd trial				

ATTENTION Read list of digits (1 digit/ sec). Subject has to repeat them in the forward order [] 2 1
Subject has to repeat them in the backward order [] 7 4

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[] F B A C M N A A J K L B A F A K D E A A A J A M O F

Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 []
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pts

LANGUAGE Repeat: I only know that John is the one to help today. []
The cat always hid under the couch when dogs were in the room. []

Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N ≥ 11 v)

ABSTRACTION Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler _____/2

DELAYED RECALL Has to recall words WITH NO CUE [] FACE [] VELVET [] CHURCH [] DAISY [] RED [] Points for UNCLUED recall only _____/5

Optional Category cue _____
Multiple choice cue _____

ORIENTATION [] Date [] Month [] Year [] Day [] Place [] City _____/6

© Z. Nasreddine MD www.mocatest.org Normal ≥ 26 / 30 TOTAL _____/30
Administered by: _____ Add 1 point if ≤ 12 yr edu

Mini-Cog™

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are (select a list of words from the versions below). Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{1,2} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:0). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

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FRAIL OR NOT?

POLL



YES / NO / UNSURE



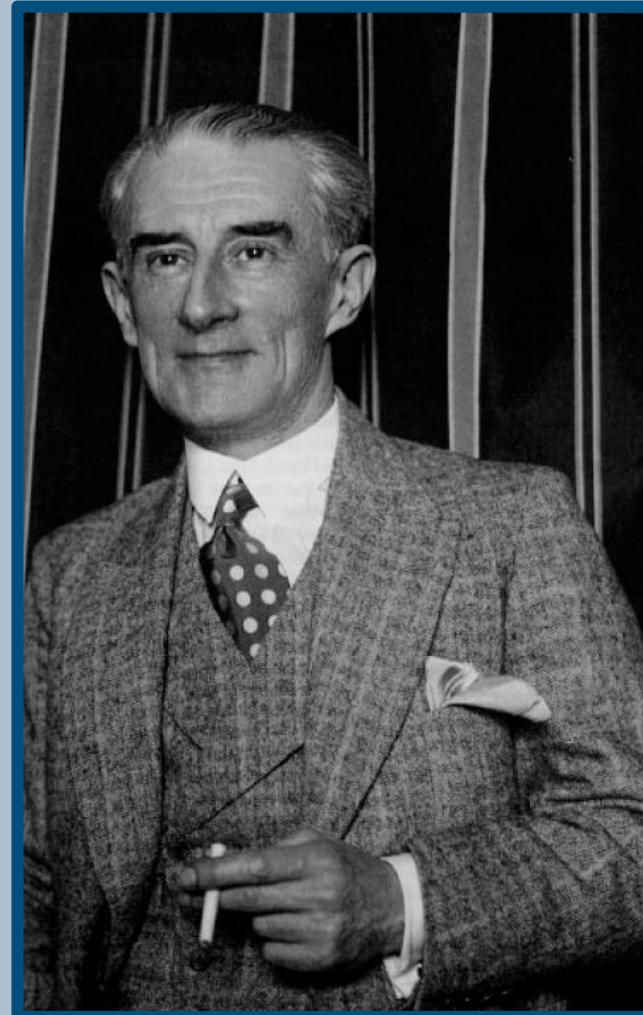


FRAIL OR NOT?

POLL

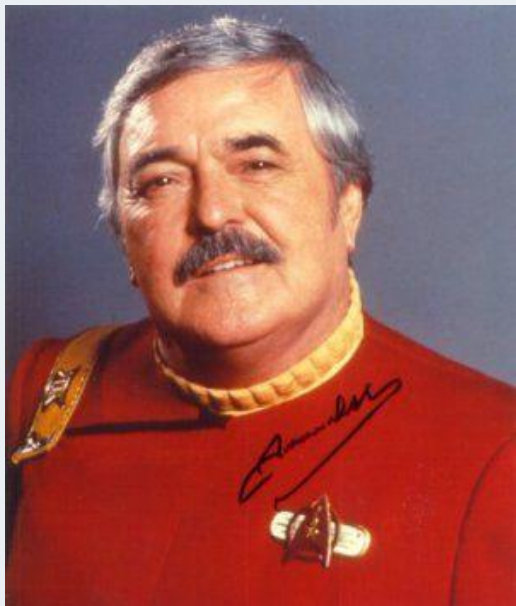


YES / NO / UNSURE



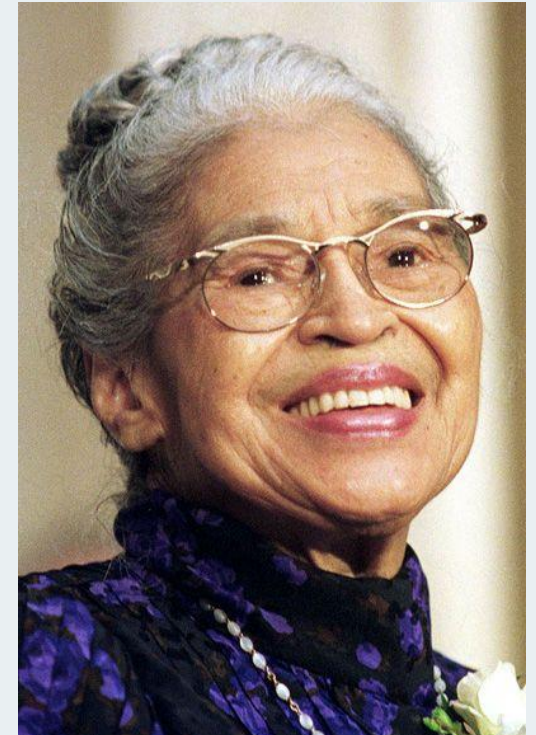
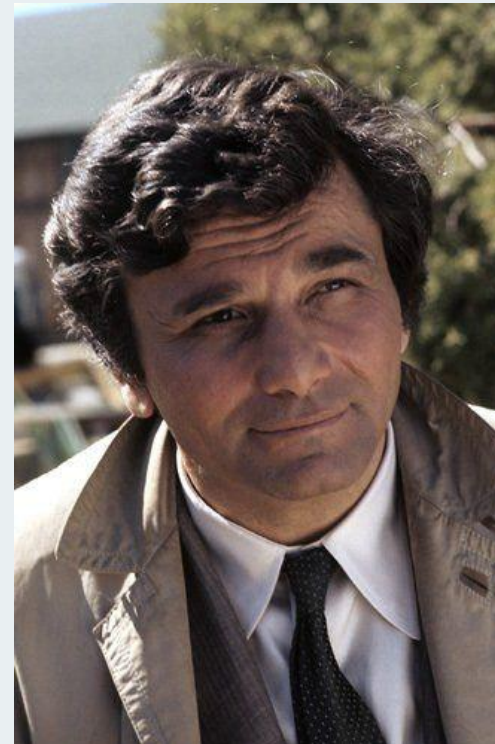
OTHER WELL-KNOWN PEOPLE WHO DEVELOPED DEMENTIA

James Doohan



Margaret Thatcher

Peter Falk



Rosa Parks

BEST PRACTICE GUIDELINES (British Geriatric Society, 2024)

ALL ENCOUNTERS

- Older adults should be assessed for the presence of frailty during **all encounters** with health care.



HOME

- Many older people with frailty in crisis will manage better in the **home environment** with appropriate support systems.



ROOT CAUSES

- Look for a **cause** if older people with frailty shows a decline in function.


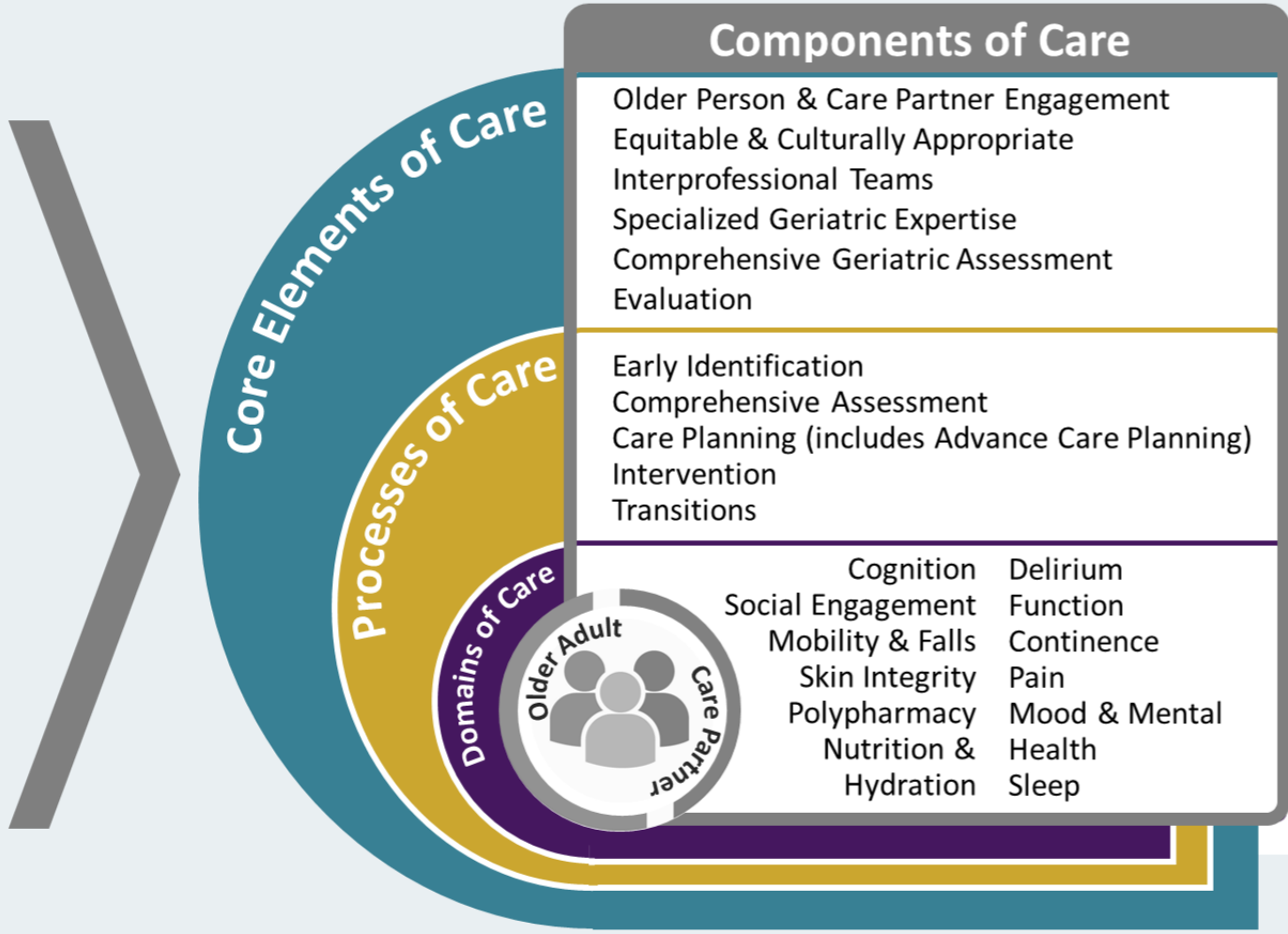
SPECIALIZED GERIATRIC SERVICES

- Refer to geriatric medicine and/or geriatric psychiatry.
- Recommend or complete a **comprehensive geriatric assessment (CGA)**

BEST PRACTICE GUIDELINES

Provincial Clinical Guidelines

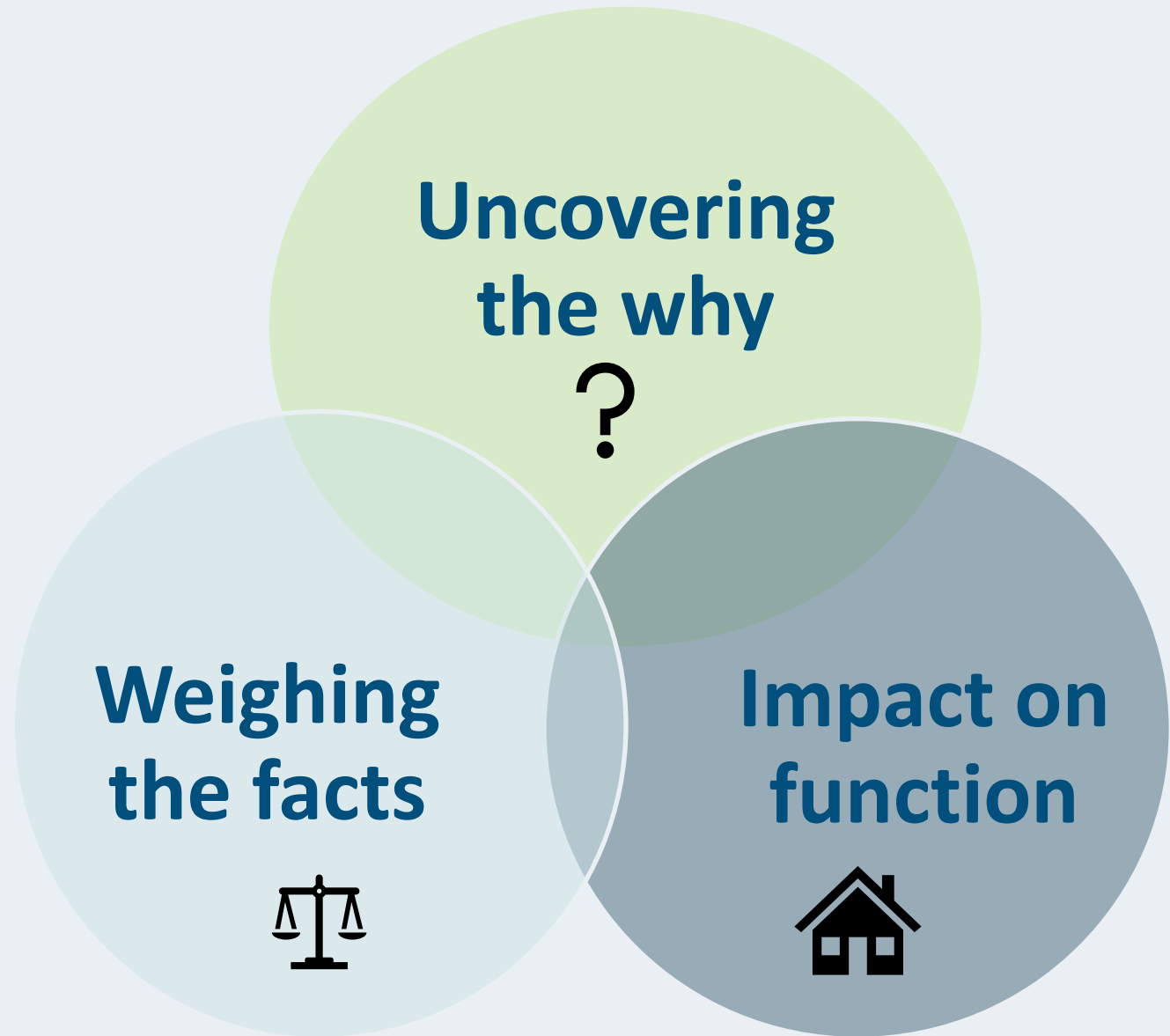
- ✓ **sfCare™**
- ✓ Interprofessional CGA Competency Framework
- ✓ Rehabilitative Care Best Practice for Older Adults Living With/At-Risk of Frailty
- ✓ Post-Fall Rehabilitative Care Pathway
- ✓ Direct Access Priority Process
- ✓ Quality Standards:
 - Dementia; Behavioural Symptoms of Dementia; Delirium; Transitions from Hospital to Home; Hip Fracture; Palliative Care
- ✓ The Alternate Level of Care (ALC) Leading Practices Guide
- ✓ PIECES of my Personhood & Supporting Transitions

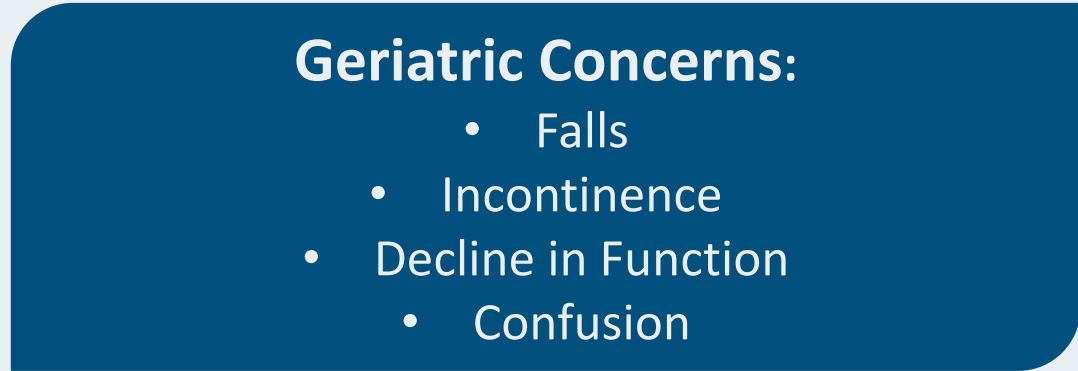
A comprehensive geriatric assessment will give you all the information you need to determine the state of frailty.

COMPREHENSIVE GERIATRIC ASSESSMENT (CGA): THE APPROACH

Baseline



CGA: THE METHOD



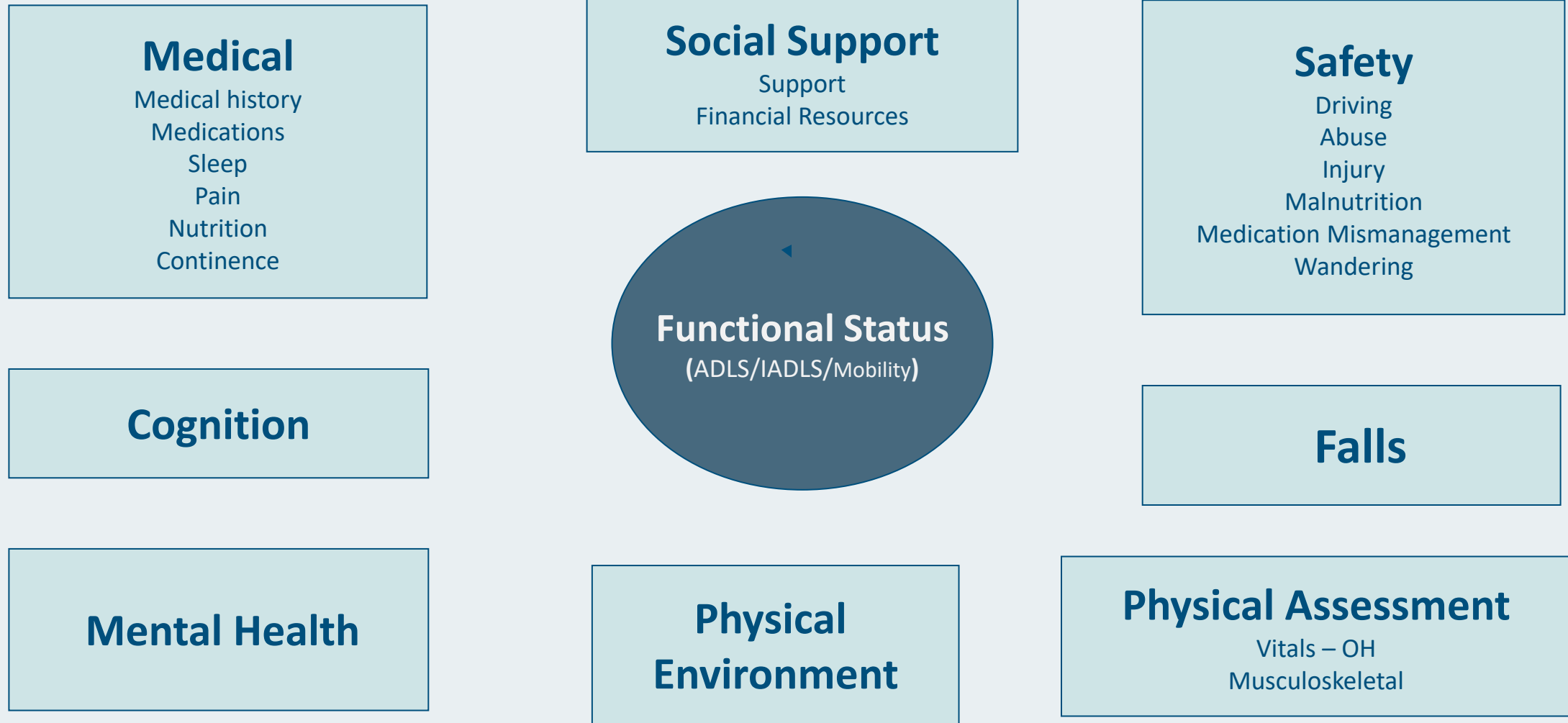
Education
Adaptation
Support Service



Treatment
Rehabilitation



CGA DOMAINS



LEARNING OBJECTIVES RECAP

- To understand why older people may develop frailty
 - Decreased reserves (homeostenosis), accumulation of deficits, cycle of frailty)
- To describe two models of frailty
 - Fried physical model (frailty phenotype)
 - Rockwood Clinical Frailty Scale (function)
- To list 3 reasons why diagnosing dementia can affect holistic care of older people
 - Detect a major driver of frailty
 - Predicts adverse outcomes with usually appropriate interventions
 - Helps frame care discussions and decisions

SUMMARY

- Frailty is a progressive syndrome of ***decreased reserve*** which increases the risk of ***adverse events***. The degree of reversibility is linked to the degree of frailty. CFS 4-5-6 are amenable to interventions
- ***Dementia*** is a significant driver of frailty.
- For people living with Severe & Very Severe Frailty (CFS 8-9), it is important to recognize that they are in the ***last phase of their lives***. Conservative care and a well developed care plan with the aim to improve remaining quality of life (add life to years) should be the approach.
- You now have a conceptual framework upon which to develop and / or expand expertise in assessing for frailty and dementia and assist in communications, decision-making and optimal patient-centered care planning.

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