¿Hace falta diagnosticar para intervenir?

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Se puede diagnosticar la fragilidad?

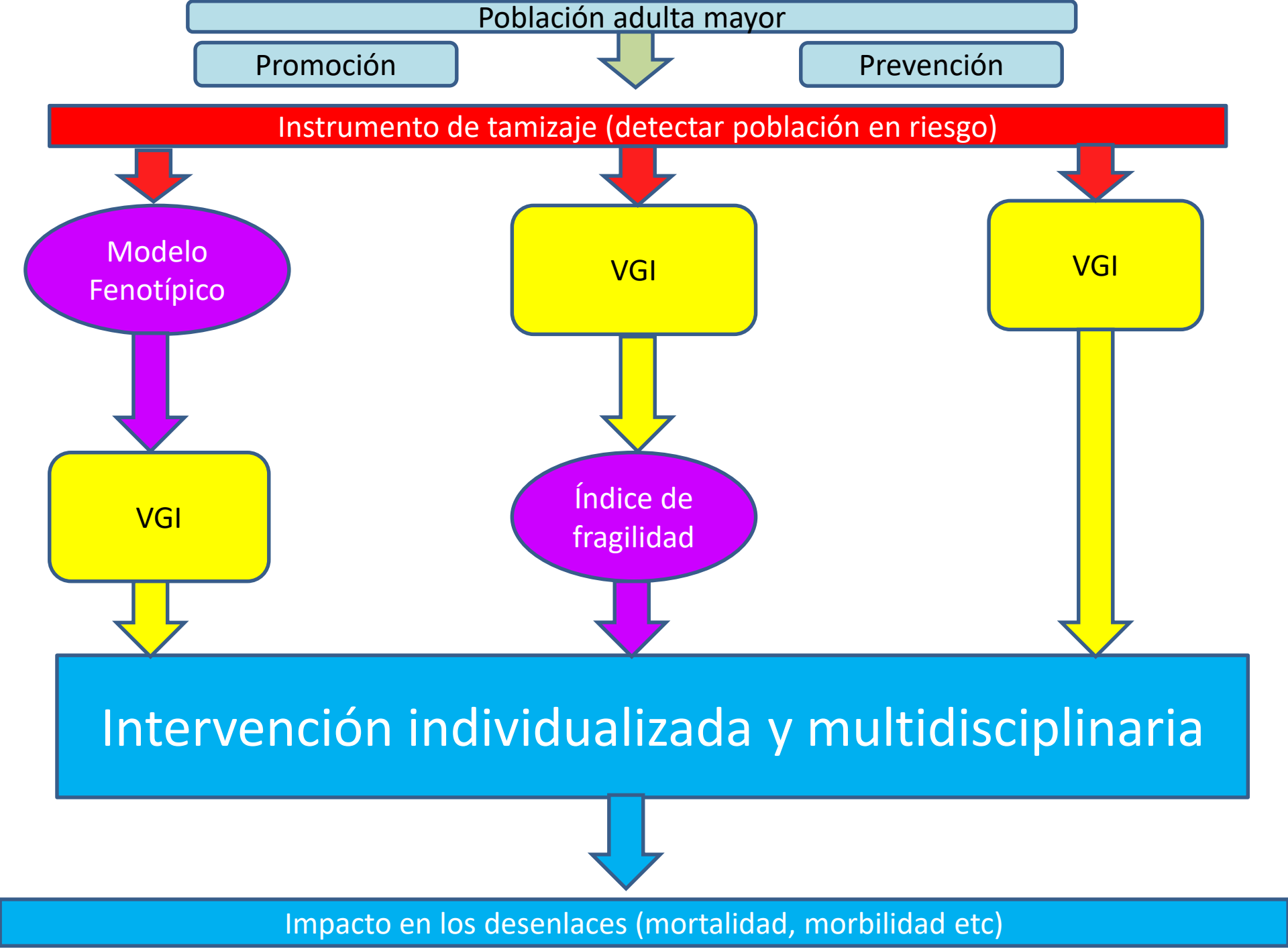
- Sin embargo existe **una gran discrepancia** de cómo se debe realizar su diagnóstico.
- Al reunir a expertos sobre el tema **para definir lo que es fragilidad** se llega a los siguientes acuerdos y se dice que la fragilidad es:
- Un síndrome clínico.
- No es discapacidad.
- Es un aumento en la vulnerabilidad ante mínimos fenómenos que pueden causar deterioro funcional.
- Es necesario detectarlo temprano.
- Es un concepto útil para utilizarlo a nivel primario.

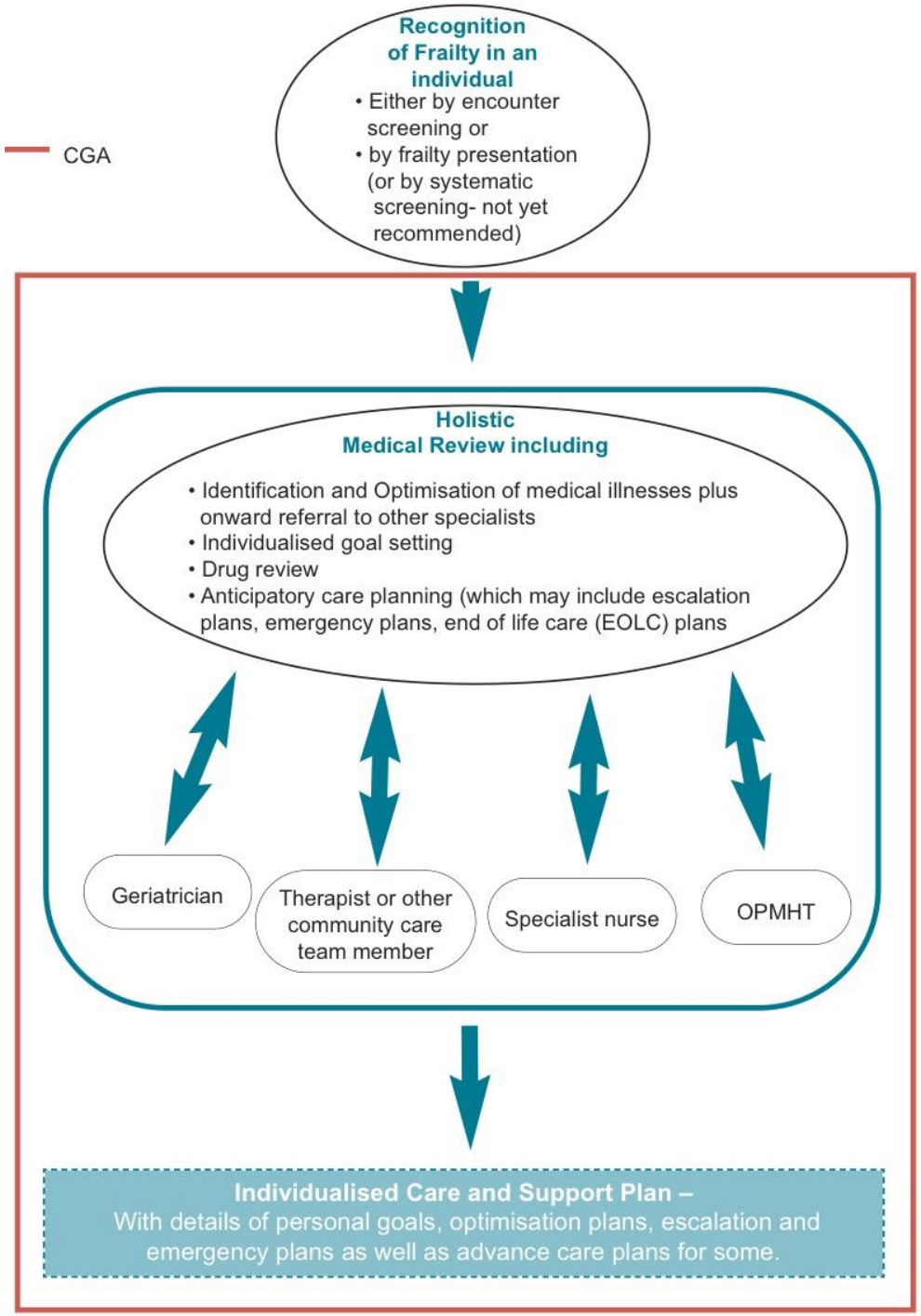
?

Searching for an Operational Defi nition of Frailty: A Delphi Method Based Consensus Statement. The Frailty Operative Definition-Consensus Conference ProjectLeocadio Rodríguez-Mañas , 1*J Gerontol A Biol Sci Med ScSci. 2013J anuary;68(1):62–67*

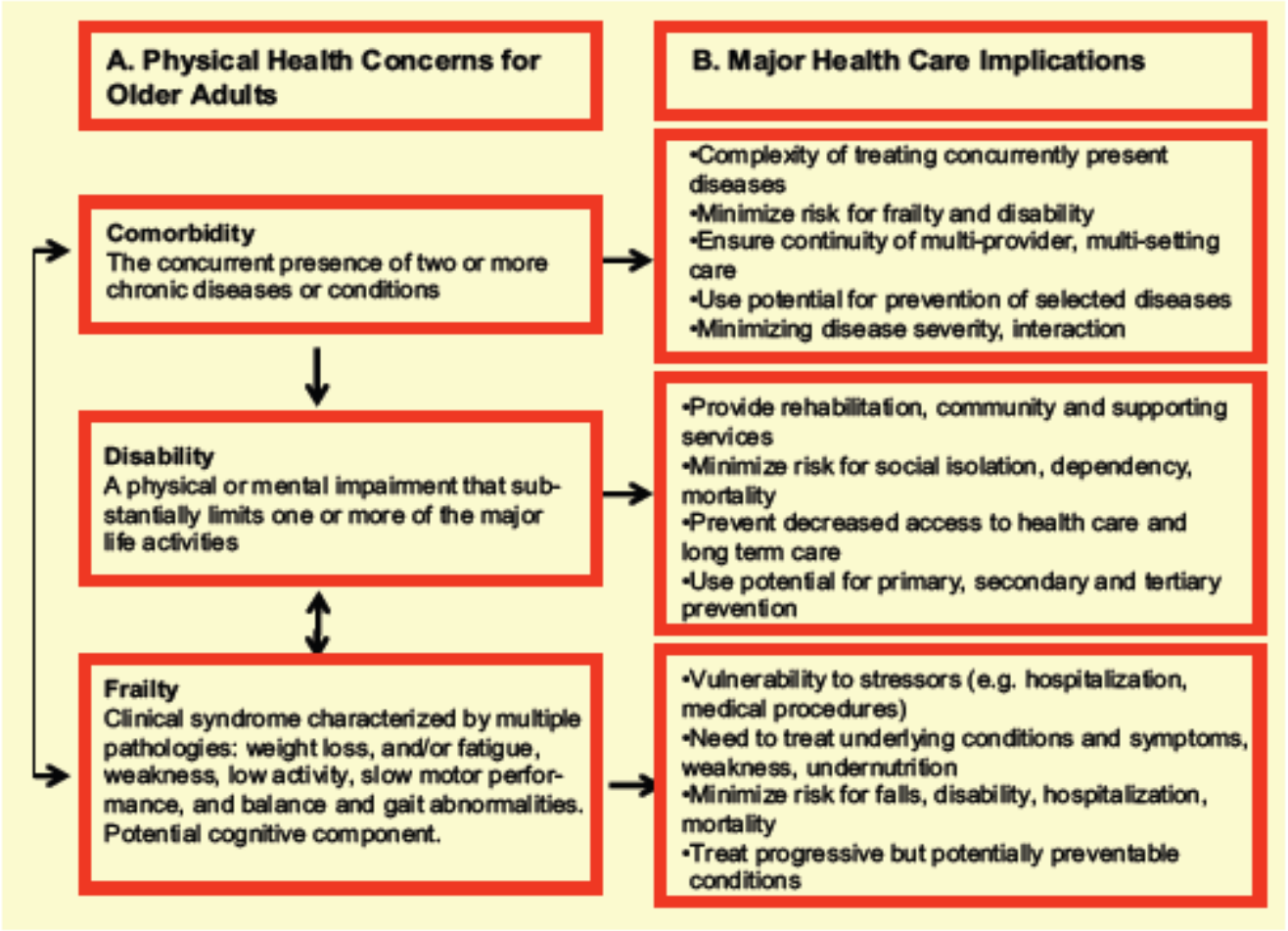
¿Hace falta diagnosticar para intervenir?

NO


Población adulta mayor
Promoción
Prevención
Instrumento de tamizaje (detectar población en riesgo)
Modelo Fenotípico
VGI
VGI
VGI
Índice de fragilidad
Intervención individualizada y multidisciplinaria
Impacto en los desenlaces (mortalidad, morbilidad etc)

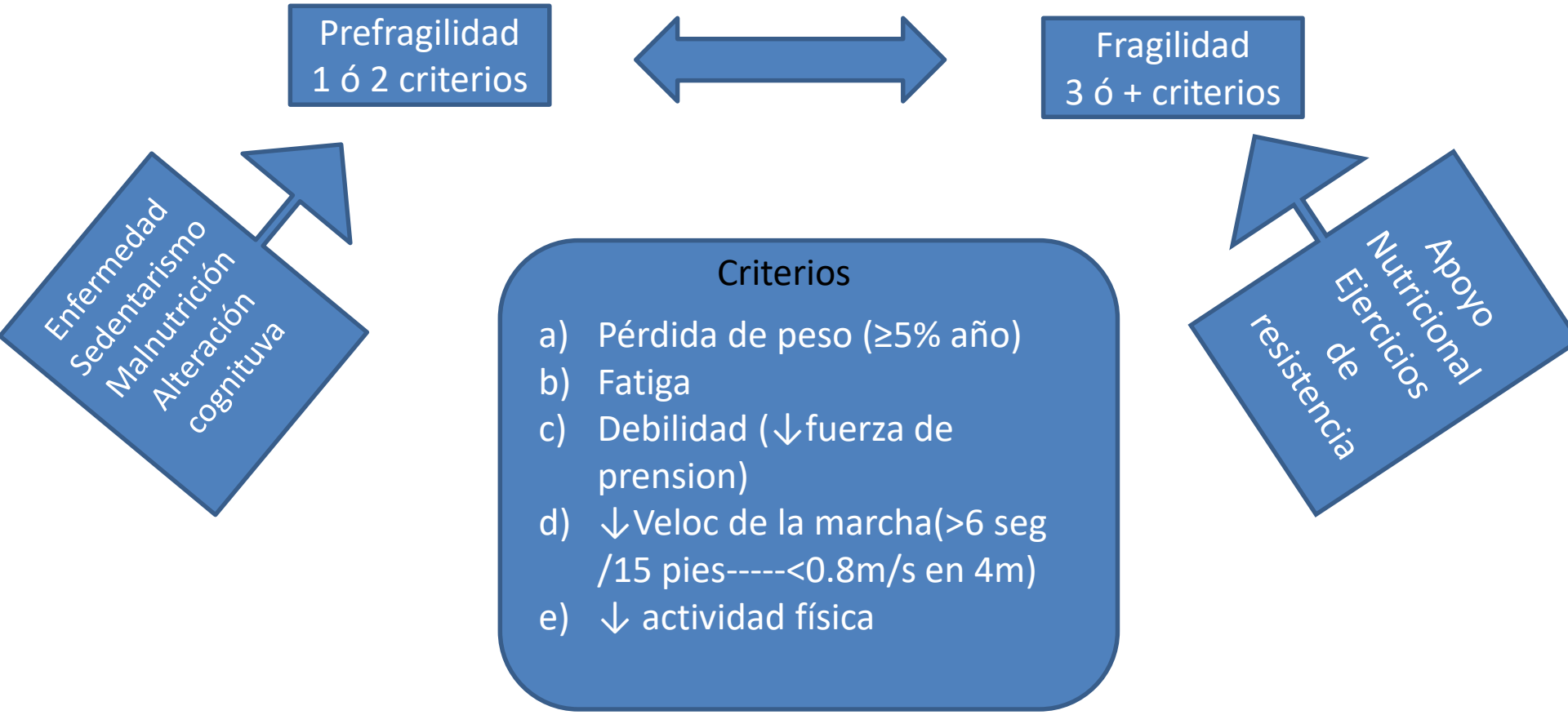

CGA
Recognition of Frailty in an individual
• Either by encounter screening or
• by frailty presentation (or by systematic screening- not yet recommended)
Holistic Medical Review including
• Identification and Optimisation of medical illnesses plus onward referral to other specialists
• Individualised goal setting
• Drug review
• Anticipatory care planning (which may include escalation plans, emergency plans, end of life care (EOLC) plans
Geriatrician
Therapist or other community care team member
Specialist nurse
OPMHT
Individualised Care and Support Plan –
With details of personal goals, optimisation plans, escalation and emergency plans as well as advance care plans for some.

Interrelación entre comorbilidad- discapacidad y fragilidad



Aging, disability and Frailty. Ann Nutr Metab 2008

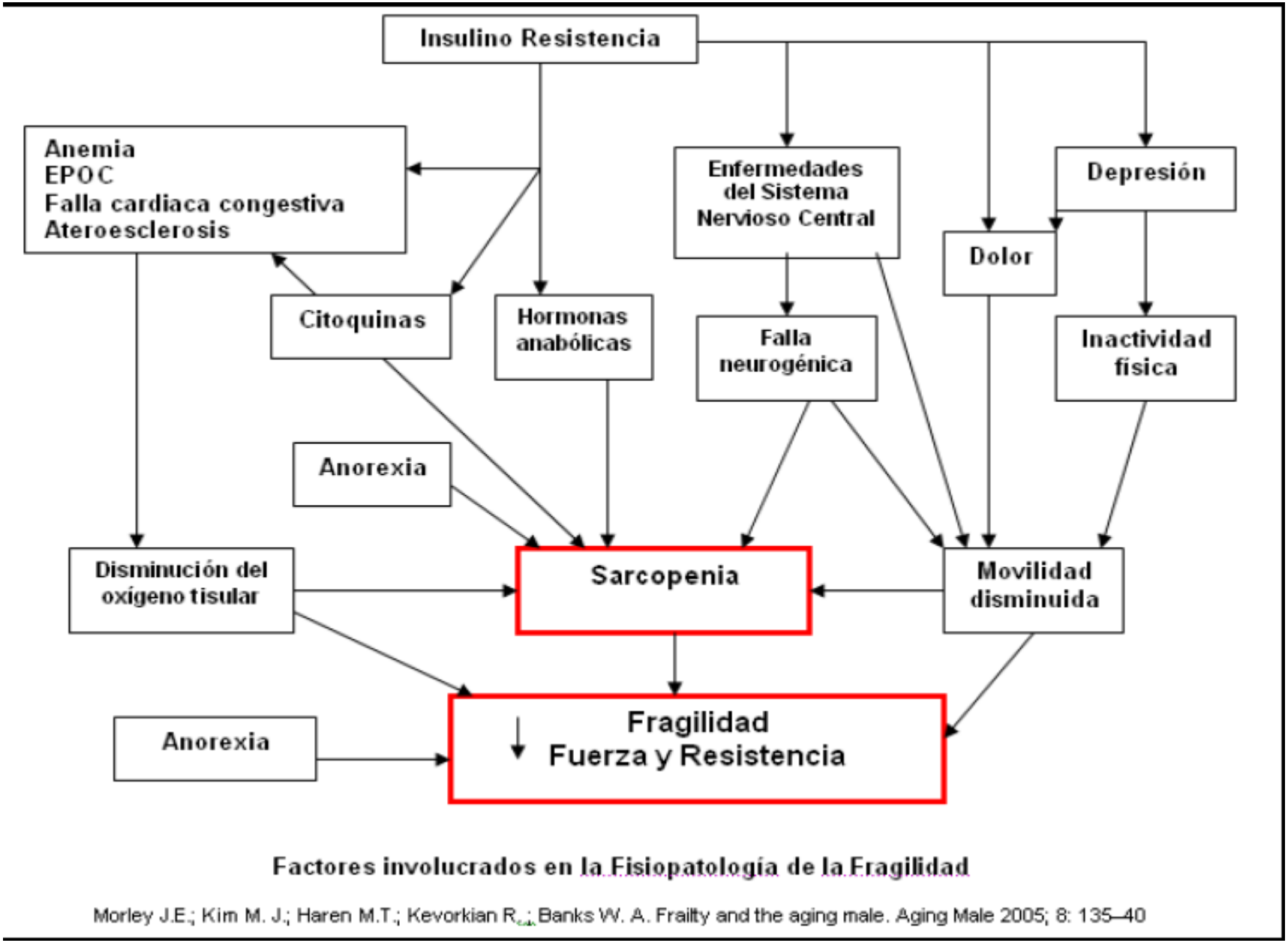
Reversibilidad?



Frailty in older adults. Evidence for a phenotype. J Gerontol A Biol Sci Med Sci. 2001 Mar

Frailty and its Dangerous Effect Migh be Preventable. Current Clinical .A Internal Med. 2004

Walston, J. Frailty.Uptodate 2015



Factores involucrados en la Fisiopatología de la Fragilidad

Morley J.E.; Kim M. J.; Haren M.T.; Kevorkian R.; Banks W. A. Frailty and the aging male. Aging Male 2005; 8: 135–40

Guia clínica Adulto Mayor Frágil. Ministerio de Salud. Secretaria de Salud Pública.2008

Quienes intervienen en prevención de fragilidad

- Equipo de Atención Primaria
  - Intervención en prevención de factores de riesgo para fragilidad modificables:
    - Sedentarismo
    - Pérdida de peso
    - Trastorno de la marcha
    - Alteración leve de memoria
    - Polifarmacia
    - Soledad
    - Alteración visual /auditiva
    - Control de enfermedades crónicas

A global clinical measure of fitness and frailty in elderly people

Kenneth Rockwood, Xiaowei Song, Chris MacKnight, Howard Bergman, David B. Hogan, Ian McDowell, Arnold Mitnitski

Box 1: The CSHA Clinical Frailty Scale

1 *Very fit* — robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age

2 *Well* — without active disease, but less fit than people in category 1

3 *Well, with treated comorbid disease* — disease symptoms are well controlled compared with those in category 4

4 *Apparently vulnerable* — although not frankly dependent, these people commonly complain of being "slowed up" or have disease symptoms

5 *Mildly frail* — with limited dependence on others for instrumental activities of daily living

6 *Moderately frail* — help is needed with both instrumental and non-instrumental activities of daily living

7 *Severely frail* — completely dependent on others for the activities of daily living, or terminally ill

Note: CSHA = Canadian Study of Health and Aging.

Box 2: Tools for measuring degree of frailty that were compared with the CSHA Clinical Frailty Scale*

- Modified Mini-Mental State Examination[22] (3MS), in which a score† of 77 or less indicates cognitive impairment
- Cumulative Illness Rating Scale,[23] a comorbidity measure that has been validated with autopsies
- A history† of falls, delirium, cognitive impairment or dementia (as per DSM-III-R criteria for the diagnosis of dementia)[24]
- CSHA rules-based definition of frailty,[12] which categorizes subjects as 0 (having no cognitive or functional impairment), 1 (isolated urinary incontinence), 2 (dependent in 1 ADL or having a diagnosis of CIND) or 3 (dependent in at least 2 ADLs, having mobility impairment or having a diagnosis of dementia)
- CSHA Frailty Index, a count of 70 deficits (listed in Appendix 1), including the presence and severity of current diseases, ability in ADLs and physical signs from clinical and neurologic exams. (A person with 7 deficits, for example, would have an index score of 7/70 = 0.10. The relative frailty or fitness of a patient can be calculated as a percentage difference from the average score for people of that age.) To indicate severity, each deficit not restricted by its nature to two values (i.e., 0 or 1 for absence or presence, respectively) was assigned three (0, 0.5 or 1) or four values (0, 0.33, 0.67 or 1.0), as appropriate
- CSHA Function Scale (based on the extensively validated Older American Resources Survey), which scores the patient on each of 12 ADLs (some instrumental) as 0 (the patient is independent in carrying out this ADL), 1 (needs assistance) or 2 (is incapable)

Note: CSHA = Canadian Study of Health and Aging, 3MS = Modified Mini-Mental State Examination, ADL = activity of daily living, CIND = cognitive impairment, no dementia.
*Except for the 3MS, a higher score on these tests represents greater morbidity.
†The clinicians assessing study participants on the CHSA Clinical Frailty Scale were aware of these factors in the medical history but blinded to scores from all the other indexes listed, except for results from the 3MS (as indicated).