

Diagnosis and Management of Frailty

Introduction

There are a number of definitions of frailty, and one is: “a reduced ability to withstand illness without loss of function”.¹ Other definitions include the presence of multi-morbidity, with impairment in day-to-day functioning, and a combination of at least three of the following:¹

- weakness
- slow walking speed
- low physical activity
- weight loss
- self-reported exhaustion

The British Geriatric Society has defined frailty as: “a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves”.² Frailty can describe someone’s overall resilience and how quickly they are able to recover from health problems and other acute events. For example, a minor problem such as a urinary tract infection can have a severe impact when someone is frail. Frailty is not inevitable or static and can be made better or worse.¹ Around 10% of people over 65 years old have frailty, increasing to between 25% and 50% of those over the age of 85.² Identifying and managing frailty can improve a person’s quality of life, reduce treatment burden, and prompt optimisation of care and support.

This module complements recently produced PBSGL modules about [Polypharmacy](#) and [Dementia](#), and should help primary healthcare teams to care for patients at home or in homely settings, in keeping with the vision of [Realistic Medicine](#).³

Module aims:

- To offer some definitions of frailty
- To present tests for identifying individuals with frailty
- To review measures to reverse or stabilise frailty in susceptible individuals
- To consider management of pre-existing conditions in frailty, including “tipping points” and crisis management in frail adults
- To recognise the need to change disease management targets for hypertension and diabetes