



Royal College
of Nursing

Assessment, Interventions and Support for Caring for People Living with Frailty

Dawne Garrett

Professional Lead – Care of Older People

Royal College of Nursing

◆ What is frailty?

- ◆ Frailty is a clinically recognised state of increased vulnerability. It happens as people get older and also have a decline in the body's physical and psychological reserves.

How would you feel if someone said you were frail?

- ◆ Frailty varies in its severity and individuals should not be labelled as being *frail* or *not frail* but simply that they have frailty. The degree of frailty of an individual is not static; it naturally varies over time and can be made better and worse.
- ◆ Frailty is not an inevitable part of ageing; it is a long-term condition like diabetes or Alzheimer's disease.

- ◆ **Why is frailty important?**
- ◆ Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small event which challenges their health (e.g. infection, new medication, fall, constipation or urine retention).
- ◆ Frailty might not be apparent unless actively sought.
- ◆ Many people with multiple long-term conditions will also have frailty which may be overlooked if the focus is on disease based long-term conditions such as diabetes or heart failure.
- ◆ Other people whose only long term condition is frailty, may not be known to primary care or the local authority until they become immobile, bed bound, or delirious as a result of an apparently minor illness.
- ◆ There is evidence that in individuals with frailty, a person-centred, goal-orientated comprehensive approach reduces poor outcomes and may reduce hospital admission.

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◆ When and how should frailty be recognised?

- ◆ Any interaction between an older person and any health or social care professional should include an assessment which helps to identify if the individual has frailty.

What opportunities does your service have for assessing if an older person is frail?

◆ ***Frailty syndromes***

- ◆ The presence of one or more of these 5 syndromes should raise suspicions that the individual has frailty.
- ◆ • Falls (e.g. 'collapse', 'legs gave way', 'found lying on floor')
- ◆ • Immobility (e.g. sudden change in mobility, 'gone off legs' 'stuck on toilet')
- ◆ • Delirium (e.g. acute confusion, worsening of pre-existing confusion/short term memory loss)
- ◆ • Incontinence (e.g. new onset or worsening of urinary or faecal incontinence)
- ◆ • Susceptibility to side effects of medication (e.g. confusion with codeine, hypotension with antidepressants).

Measures

- ◆ Rockwood
- ◆ EFI

- ◆ ***Simple assessments for identifying frailty***
- ◆ A range of simple tests for identifying frailty is available:
 - ◆ • Gait speed: taking more than 5 seconds to cover 4 metres
 - ◆ • ‘Timed up-and-go test’ (TUGT): a cut off score of 10 seconds to get up from a chair, walk 3 metres, turn round and sit down.
- ◆ A brief clinical assessment would help exclude some false positives (e.g. fit older people with isolated knee arthritis causing slow gait speed).
- ◆

- ◆ Generate a personalised shared care and support plan (CSP) outlining treatment goals, management plans and
- ◆ plans for urgent care. In some cases it may be appropriate to include an end of life care plan.

Questions

