Frailty Screening

The purpose of this project is to improve frailty detection in your family medicine clinic. This specifically targets adults age 65 and older who are followed in a primary care office.

Frailty has been identified as an independent risk factor for hospitalization, increased dependence and mortality. It is also increasingly used for prognostic purposes in a number of chronic conditions such as cancer, solid organ transplant and heart failure.

Frailty is one of the geriatric syndromes and, like other geriatric syndromes, presents on a continuum, thereby making early identification challenging. The hallmarks of frailty are slowness, weakness, fatigue and unintended weight loss. It is generally thought of as an age-related vulnerability to minor internal or external stressors. The causes of frailty are multifactorial and complex. Chronic medical conditions such as heart disease, autoimmune conditions, kidney disease, liver disease, cognitive impairment, neuroendocrine dysregulation and arthritis are all thought to contribute to frailty. Chronic medical conditions are not the only factors at play in frail patients. Malnutrition, depression and social support all serve a role in the progression of frailty.

The screening tool we are asking you to use in your clinic is termed the Functional Scale. It is a combination of a clock draw and the FRAIL scale. This is a self-administered tool that takes 2-3 minutes for the patient to complete. The patient will be provided this form at the time they check in and they will be asked to complete it prior to being seen by the healthcare provider. The FRAIL scale is a validated tool used to assess frailty. The scoring for this handout is attached.

Evidence regarding the treatment of frailty is building. Several interventions have been identified as helpful when instituted early. Screening for and then treating depression has been shown to be helpful in improving function. Resistance training for patients with gait instability and weakness helps to reduce falls and physical therapy may be beneficial. Protein supplementation should be considered when patients are unable to prepare adequate meals for themselves and when muscle loss is thought to be a contributing factor to their disease process. Optimizing the management of chronic conditions has also been shown to make a positive impact on frailty. Polypharmacy should be minimized and a thorough medication review by a skilled clinical pharmacist is recommended. A consultation with a geriatrician should be considered when other geriatric syndromes are suspected or when a complete geriatric assessment appears necessary. Attached is an algorithm for the management of the frail patient.

The early identification of frailty can lead to improved outcomes for patients. It can also aid in advanced care planning discussions. This easily administered screening tool can facilitate earlier interventions for patients and, ultimately, help them live a healthier and more independent life.
Functional Scale

1. How much of the time during the past four weeks did you feel tired? 
CIRCLE THE NUMBER THAT APPLIES:

1 = ALL of the time  2 = MOST of the time  3 = SOME of the time  4 = A LITTLE of the time  5 = NONE of the time

2. By yourself and not using aids, do you have any difficulty walking UP 10 steps without resting?  □ Yes  □ No

3. By yourself and not using aids, do you have any difficulty walking several hundred yards?  □ Yes  □ No

4. Did a doctor ever tell you that you have an illness?  □ Yes  □ No if > 5 checked 
CHECK ALL THAT APPLY:

☐ hypertension  ☐ diabetes  ☐ cancer (other than a minor skin cancer) 
☐ chronic lung disease  ☐ heart attack  ☐ congestive heart failure 
☐ angina  ☐ asthma  ☐ arthritis 
☐ stroke  ☐ kidney disease

5. How much do you weigh with your clothes on but without shoes? ____________

One year ago in (MO, YR), how much did you weigh without your shoes and with your clothes on? ____________ Positive if > 5% unintended weight loss in 1 year

6. Please draw the face of a clock with numbers and hands to signify the time ten minutes after eleven.

One point per question for each highlighted response. Only count items 1-5 for frailty. 
Clock draw is a basic cognitive assessment. 
Scoring:  Frail= 3-5, Pre-Frail 1-2, Robust = 0
Frailty Algorithm

Fatigue

- PHQ-9 or GDS for depression
- Do you stop breathing while asleep? Sleep apnea
- TSH for hypothyroid
- Vitamin B12
- Hemoglobin for anemia
- Blood pressure for hypotension/orthostasis

Resistance Aerobic

- SARCOPENIA
  - Resistance exercise
  - 3 to 5 x week
  - Aerobic exercise
  - Protein supplement daily
  - 1000 IU vitamin D daily

Illnesses

- Review medication list for unnecessary side effects and drugs whose side effects may be contributing to frailty, e.g., anticholinergic drugs

Loss of Weight

- Medications producing anorexia
- Emotional – depression
- Abuse, elderly, alcoholism
- Late life paranoia
- Swallowing problems
- Oral problems
- Nosocomial infections, eg, H Pylori
- Wandering and other dementia-related problems
- Hyperthyroidism, hypercalcemia, hyperglycemia, hypoadrenalism
- Enteral problems, eg, celiac disease
- Eating problems
- Low salt, sugar and cholesterol diets
- Stones - cholecystitis

Caloric Supplementation

Frailty Algorithm courtesy of Gateway Geriatrics Workplace Enhancement Program, St. Louis, MO. Used with permission.