2015: 40% > 50 jr

2030: 75% > 50 jr
Frailty

A clinical syndrome with multiple causes and contributors, resulting in enhanced vulnerability to stressors and increased risk of adverse outcomes.
Phenotype of Frailty

• Undesirable weight loss of ≥5% body weight in the previous year
• Self-reported exhaustion
• Weak grip strength
• Slow Walking speed
• Reduced physical activity

Clinical Relevance

• Increased risk of falls, hospitalisation, nursing home admission and mortality
• A predictor of occurrence of new disabilities independent of age, burden of disease and psychosocial characteristics.
• Better predictor of mortality than age
• Higher risk of post-operative complications
• Higher risk of dementia
Measurements

• Self-reported
  – Weight loss
  – Physical activity
  – Exhaustion

• Measurements
  – Max. hand grip strengths
  – Walking speed
Early identification of onset of frailty with targeted interventions
• Optimize sensory options (hearing, vision)
• Assess cognition and mood
• Exercise

Even into his nineties, John was determined to stay fit!
• Fall prevention
• Nutrion supplements
• Optimizing vitamin D and Calcium
Questions

• Who are the (pre)frail subjects
• Why is there a need to identify frail elderly and proposing such a approach
• What approach should be considered
Take home messages

• Be aware of (pre) frailty in your patients
• Start measuring all your patients ≥ 50 years
• Prevent co-morbidities by promoting healthy lifestyle