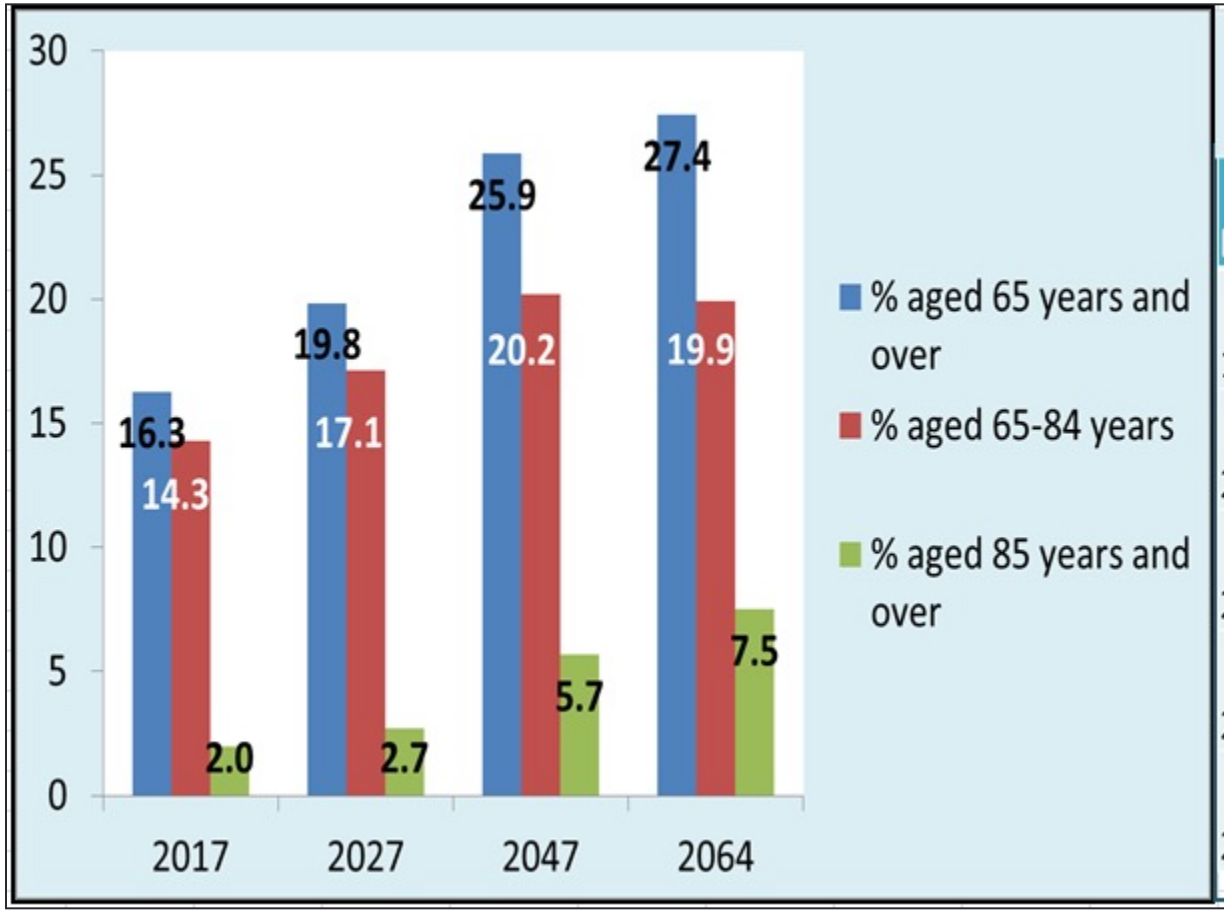
THE MEDICAL MANAGEMENT OF FRAIL AND ELDERLY PATIENTS- *A GP PERSPECTIVE*

Dr Chris Leggett GP Down ICP

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Demographics NI



Ageing population

Projection Year	65+ years n (%)	85+ years n (%)
1974	170,884 (11%)	10,061 (< 1%)
2017	304,302 (16%)	37,361 (2%)
2039	499,000 (25%)	89,000 (4%)
2047	530,023 (26%)	116,114 (6%)
2064	564,832 (27%)	154,489 (8%)

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What is frailty?

- WHO (2015): ‘frailty is a progressive age-related decline in physiological systems that results in decreased reserves of intrinsic capacity which confers extreme vulnerability to stressors and increases the risk of adverse health outcomes’
- Age Related Physiological decline, reducing reserve capacity, increasing vulnerability and increasing risk of adverse health outcomes.
- Strong predictor of relevant adverse outcomes
- Separate, but causally related to, multi-morbidity & disability
- Frequent: 1 person out of every 10 after 65+ years is frail
- ***Potentially reversible***, particularly in the early stages

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What does this mean?

- **Reduced resilience and increased vulnerability to decompensation after a stressor event**
- **A state where multiple body systems lose their reserves**
- **Strong predictor of adverse outcomes including**
  - Reduced mobility,
  - Loss of independence and greater dependency on care/24hr care,
  - Hospitalisation
  - Death
- **Distinctive health state related to the ageing process**
- **Now recognised as a Long Term Condition**

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Frailty “syndromes”

- Falls
- Continence issues
- Poly Pharmacy (more than 5 medications)
- Mild Cognitive disorder
- Social Isolation/Loneliness

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Vulnerability to Hospital Admission:“PJ Paralysis”

- Patients over 80 – 1 week in bed can lead to:

- 10 years of muscle wasting
- 1.5kg muscle loss
- Increased Dependence
- Demotivation
- Increased Risk of Delirium

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Identification of Frailty

- Opportunistic Screening –

- Falls, Home Visits, Recent Hospital Admissio
- District Nurse Caseload
- MDTs
- Electronic Frailty Index ?role in early Frailty



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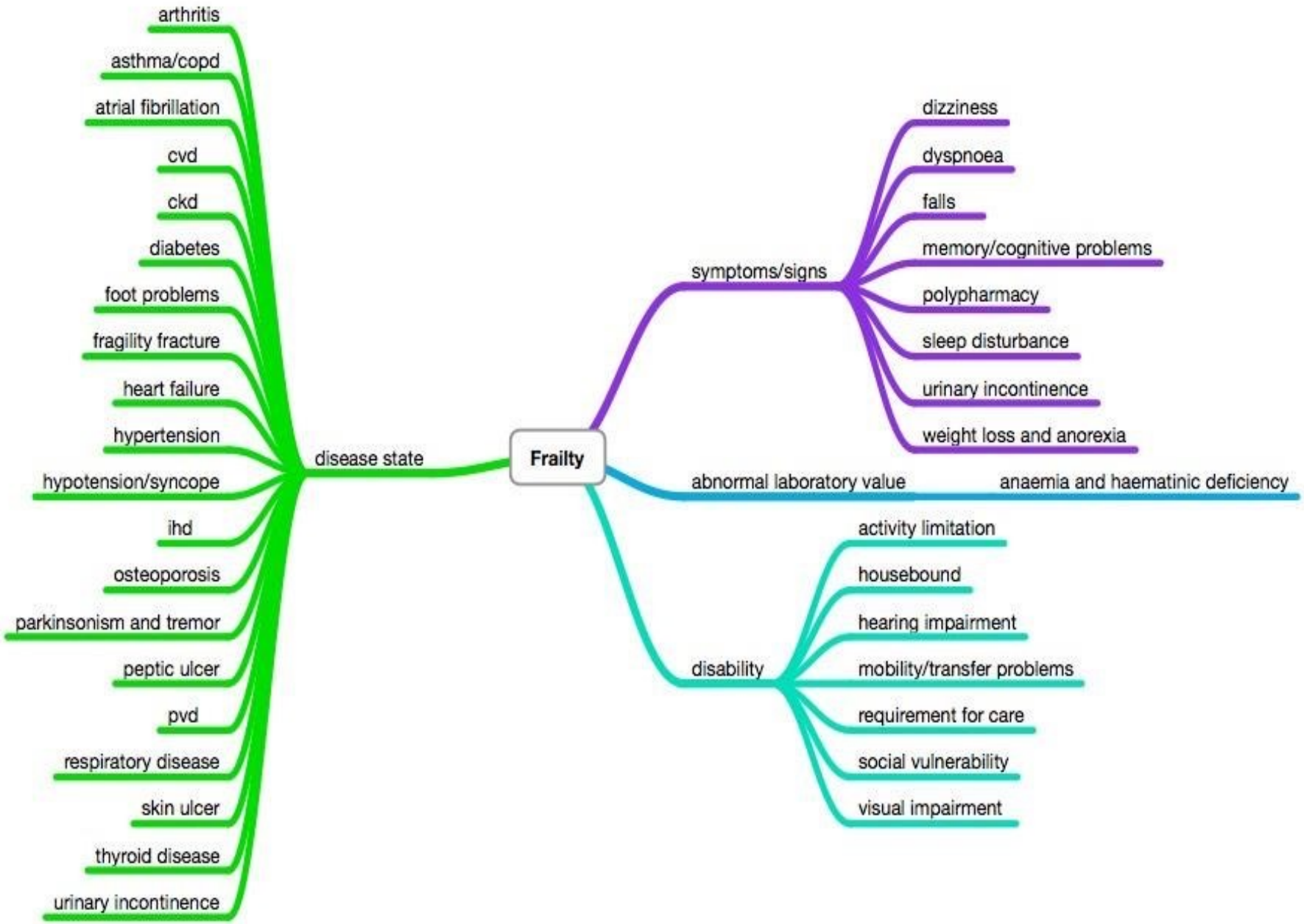
Healthy Ageing Collaborative:

Electronic Frailty Index (Clegg et al)

Academic Unit of Elderly Care & Rehabilitation,
Bradford Teaching Hospitals Foundation Trust

Yorkshire & the Humber Improvement Academy

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Frailty
disease state
arthritis
asthma/copd
atrial fibrillation
cvd
ckd
diabetes
foot problems
fragility fracture
heart failure
hypertension
hypotension/syncope
ihd
osteoporosis
parkinsonism and tremor
peptic ulcer
pvd
respiratory disease
skin ulcer
thyroid disease
urinary incontinence
symptoms/signs
dizziness
dyspnoea
falls
memory/cognitive problems
polypharmacy
sleep disturbance
urinary incontinence
weight loss and anorexia
abnormal laboratory value
anaemia and haematinic deficiency
disability
activity limitation
housebound
hearing impairment
mobility/transfer problems
requirement for care
social vulnerability
visual impairment

EMIS number	Deficits /36	Suggested frailty equivalent
8	11	moderate
12	6	mild
23	9	moderate
28	14	severe
33	6	mild
54	6	mild
57	4	fit
58	5	mild
67	3	fit
68	12	moderate
69	7	mild
101	1	fit
103	13	severe
109	6	mild
112	9	moderate
133	6	mild
155	2	fit
168	5	mild
184	6	mild
189	4	fit
201	5	mild
225	5	mild
229	5	mild

Practice frailty breakdown

Category	Total patients
Fit	596
Mild	613
Moderate	338
Severe	187
Total	1734

eFI evaluation tool disclaimer

This evaluation tool has been made by EM
stratification tool and does not replace th

There is the opportunity for small discrep
and clinically agreed before they are read

Training materials can be found on the EM
https://supportcentre.emishealth.com/h

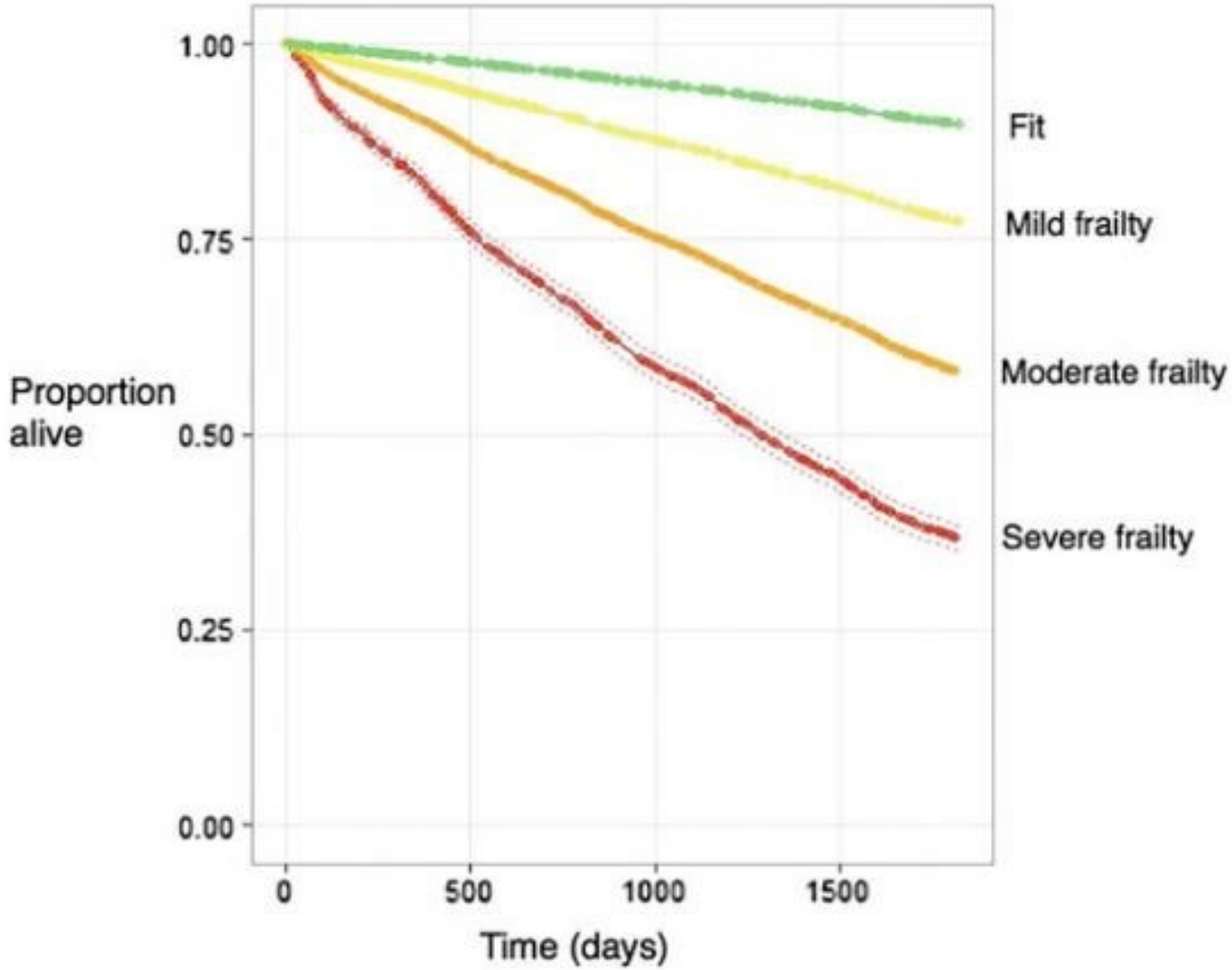


Figure 1. Five-year Kaplan–Meier survival curve for the outcome of mortality for categories of fit, mild frailty, moderate frailty and severe frailty (internal validation cohort).

Medical Care Plan

1. Patient Details

Title: Mr. Mrs. Miss. Ms. Dr. (Other) Mr
First Names :Michael
Surname: Mouse
Preferred Name: Michael
Date of Birth: 01-Jan-1945
Gender: M
HCNI:

Address: 101
Main Street
Disneyland

Postcode:
Telephone 1:
Telephone 2 ~[Mobile Number]

2. GP Details

Registered GP LEGGETT, C D (Dr)
GP Practice (Z00201 number)

Practice Tel. No. 028 437 22220

Practice Address Donard Family Practice
56 Main Street
Newcastle
Postcode BT33 0AE

3. Emergency Contacts

	Name	Relationship	Contact Details
Main Carer			
Next of Kin			
Preferred Contact			

4. Other Lead Professionals involved in patient care – community & secondary care

Name	Role	Contact Details
1.		
2.		
3.		
4.		

5. Current Social Support

Lives alone	Y / N	Summary of social support including unmet needs:
Residential Home Resident	Y / N	
Nursing Home Resident	Y / N	
Care Co-ordinator	Y / N	
Name & Contact details :		

6. Significant Medical History

Dated

Problems

Active

Date	Problem	Associated Text	Date Ended
14-Mar-2018	Hypertensive disease		
14-Mar-2018	Type 2 diabetes mellitus		
14-Mar-2018	Paranoid schizophrenia		
14-Mar-2018	Schizophrenia NOS		
18-Jan-2018	Overdose of drug		
05-Aug-2016	Smoking cessation therapy	Given advice regarding stopping smoking - for referral to clinic	
05-Aug-2016	Chest infection NOS	Attended with cough, colored sputum, temperature.	
06-Jan-2015	Overdose of drug		
Not known	Telephone consultation		

Any existing disease specific care plans	Care Plan Attached	Secondary Care Review	Secondary Care Details
	Y / N	Y / N	
	Y / N	Y / N	
	Y / N	Y / N	
	Y / N	Y / N	

7. Summary of Current Symptoms / Active Medical Problems and actions taken
(include disease specific symptoms e.g. pain , fatigue, spasticity, mood or sleep disturbance, falls)

8. Recent Observations

Pulse Rate:
Pulse Rhythm:
BP
Weight
Height
BMI

9. Functional Assessment and Activities of Daily Living

	Impaired?	Details
Vision	Y / N	
Hearing	Y / N	
Speech	Y / N	
Swallowing	Y / N	
Mobility	Y / N	
Cognition	Y / N	
Continence	Y / N	
Other ADL e.g. Washing, Dressing, Eating	Y/ N	

10. Medication Review

Allergies (as per ECR) on Date
Allergies

DUMMY PATIENT

Current Medication (as per ECR) on Date

Medication

Comment re side-effects, perceived efficacy, and compliance issues.

Disease specific Medication

NB Current Medication and allergies should always be rechecked with ECR.

Most recent medication review	Name	Date No events found.
by General Practitioner		
by Pharmacist		
Regular Pharmacy? Y / N	Pharmacy details:	
Weekly dispensing? Y / N		
Pharmacy pickup? Y / N		

11. Risk factors & Health Promotion

Smoking: Advice given? Y / N / NA

Alcohol: Advice Given? Y/N/NA

Comment on appropriate uptake of health promotion, screening, vaccination:

12. Discussion of Unplanned Hospital Admissions in past year:

Number / Reasons Comments / Actions

13. Anticipatory Plan for Crisis Episodes / Exacerbations

Mr Mouse usually presents with:

Causes are likely to be related to:

Actions to be taken and by whom:

Additional information e.g. preferred place of care:

Please contact:

14. Medical Care Plan

Discussed with Patient? Y / N Date:

Discussed with Nursing Staff? Y / N Date: Whom?

Discussed with Relatives? Y / N Date: Whom?

GP signature:	Print Name	Date	Review date:
		18-Sep-2018	

The completed Medical Care Plan should be held in the patient's practice record, accessible to t printout of this can be left at the patient's home providing it is clearly dated and advises that medications and recent medical history are checked on the ECR. ED, NIAS & OOH clinicians ha to the ECR. The Medical Care Plan should be reviewed at least once a year and after any sig change in the patient's condition.

DUMMY PATIENT

Findings

- AF
- Postural Hypotension
- Essential Hypertension
- Falls
- Continence Issues
- Hearing Loss
- Depression
- Memory Loss
- Social Isolation



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Outcomes

- New Diagnoses
- Falls Prevention: Strength and Balance
- Rationalisation of Medication
- Referral to Audiology, Optician, Dentist..
- Care of Elderly
- Dementia Clinic
- Continence Services
- Social Prescribing



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Patient Experience



- 73 year old lady referred to falls prevention following Frailty Assessment: No history of falls but significant fear of falls. Completed 12 week strength and balance program.

- *“My confidence has grown, my balance is so much better now and I don’t have the same fear of falling. Since starting the class I can get to the bathroom in time.”*

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Preventing/Delaying Frailty

- **Promote healthy lifestyle:**
  - Be physically active
  - Follow Mediterranean diet
  - Avoid being overweight
  - Avoid tobacco
  - Reduce alcohol consumption

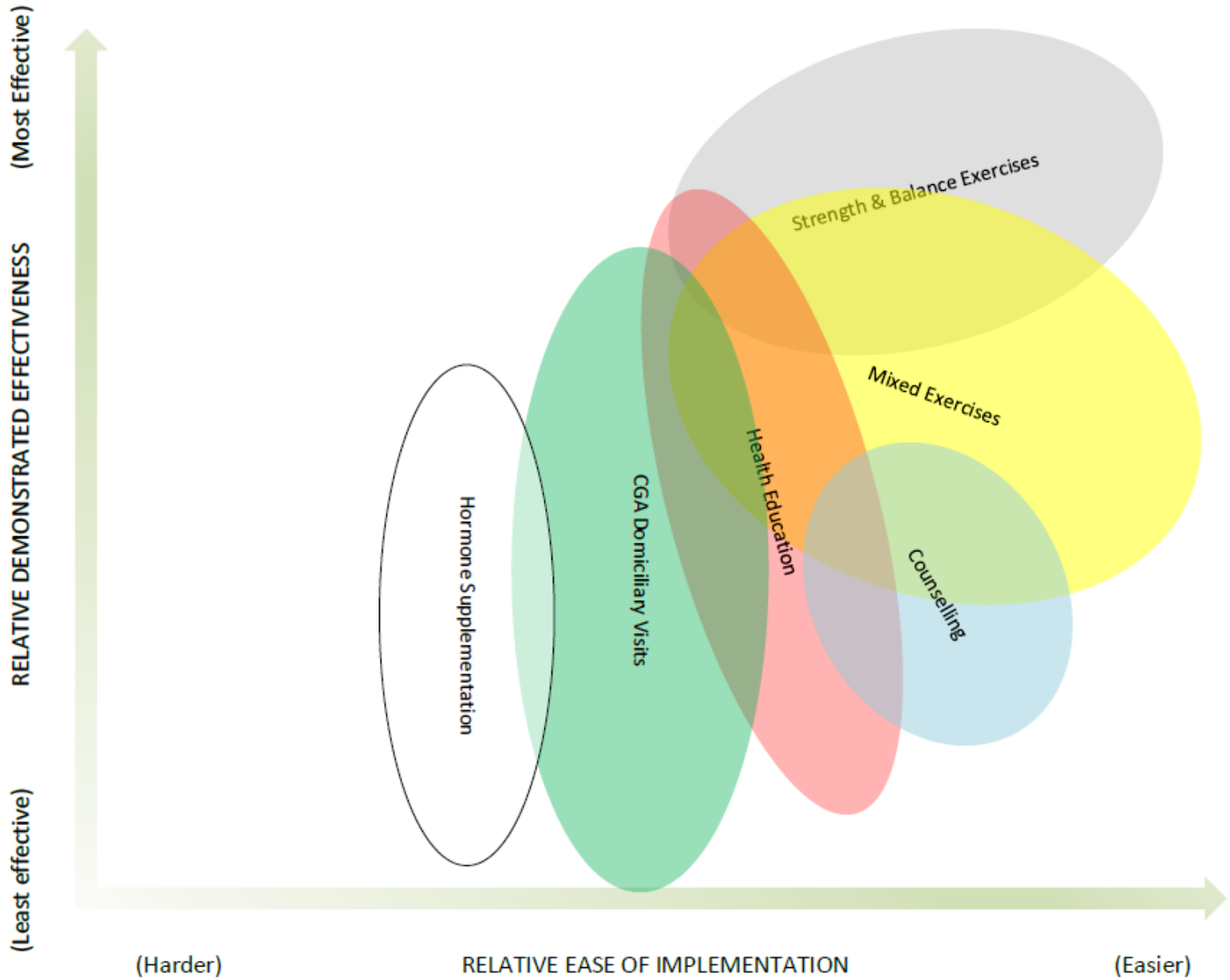
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Exercise and physical activity

- Physical activity is most promising intervention for preventing or improving frailty
- Frailty is not a reason not to prescribe activity
- Improves body composition, dietary intake, muscle function, upper and lower body flexibility, and reduces depression
- Multicomponent interventions x > 5 months x 5 times per week x 30–45 minutes per session

- 150 minutes/week (NI 36% adults achieve this)

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Benefits of Physical Activity for Older Adults (Cunningham/O'Sullivan 2020)

- **Reduced Risk of:**

- **Early Death**
- **Heart Disease, Diabetes,**
- **Breast and Prostate Cancer**
- **Cognitive Decline, Dementia**
- **Depression**

- **Improved:**
- **Quality of Life:**
- **Improved Cognitive Functioning**

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Iuliano S et al. Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial. BMJ 2021; doi.org/10.1136/bmj.n2364

3.5 additional portions milk/yoghurt cheese in intervention group:

33% reduction in fractures

46% reduction in Hip fractures

11% reduction in falls

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How has my clinical practice changed?

- Consider Frailty potentially delayable
- Opportunistic/Structured Assessment
- Screen for AF/Postural Hypotension/ Take QOF in context
- Enquire re falls-refer Physio/Strength&Balance programmes
- Medication review/STOPP/Start
- Use of ECAH/Acute Care At Home
- Social Prescribing
- Recommend Exercise/Walking
- Consider Carer support
- MMSE/3item 5 minute recall/earlier Dementia referrals

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NI Frailty Network

- Frailty Network: frailtynetwork@hscni.net

- Virtual Network
- Totally inclusive
- Share Best Practice
- Consult
- Populate Task and Finish Groups eg Regional Falls Pathway in Nursing Homes
- Updates on progress
- Events

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