

**NI - the best place to age well**

# **Frailty....the NI context**

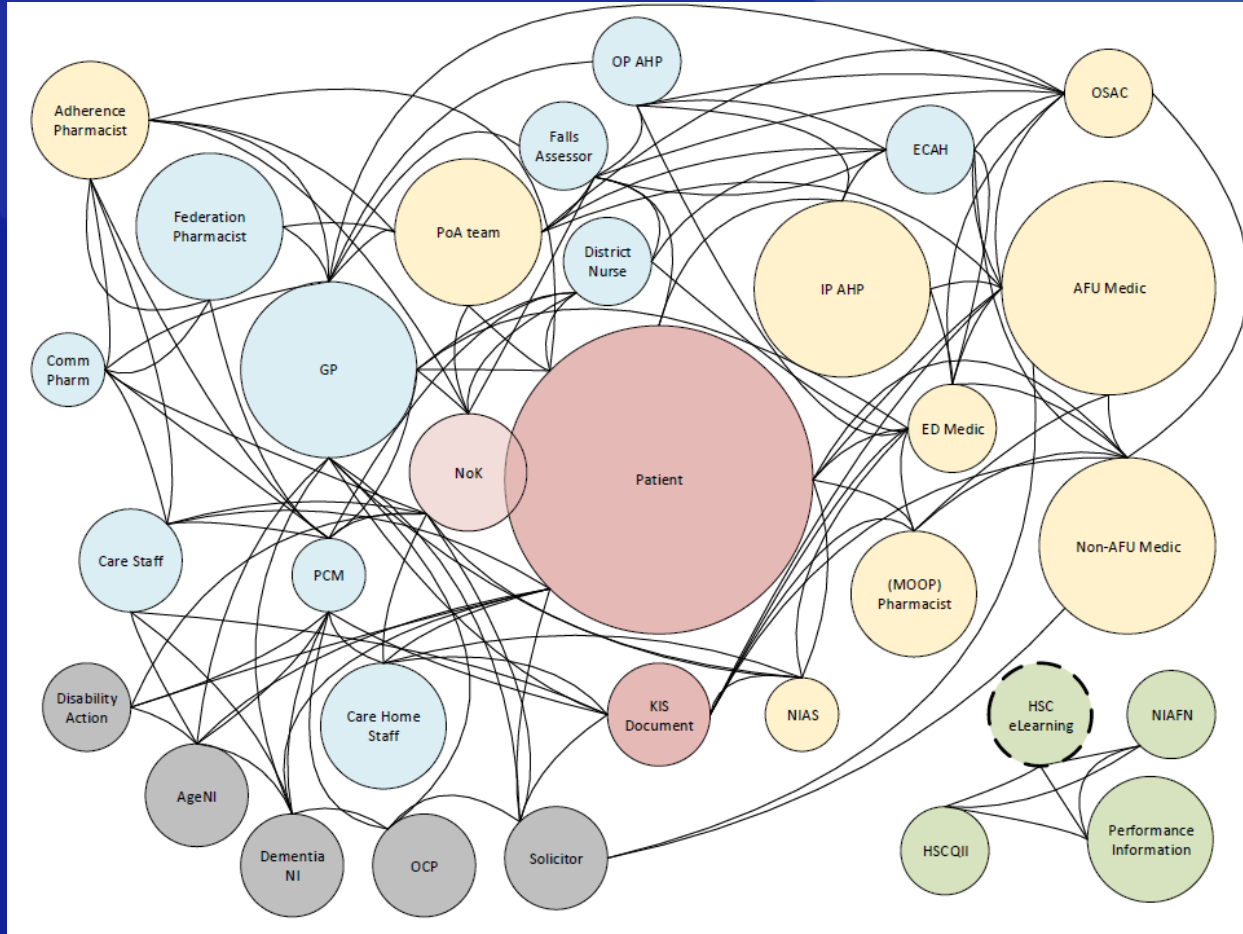
**Eleanor Ross - Assistant Director  
Nursing**

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# Ambition for frailty..

***‘Everybody should know what to do next when presented with a person living with frailty and/or cognitive disorder’***



# Current Issues

- Lots of service provision but no outcomes
- Many interventions aren't proven VFM
- Reactive services rather than preventative
- Comprehensive Geriatric Assessment doesn't always happen

# Need a NI road map for frailty



# Direct Clinical Verification

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

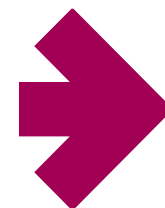
The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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# Frailty Syndromes:

Priority areas to think about:

**Falls**

**Mild Cognitive Impairment**

**Continence**

**Polypharmacy**

**Mental well being (including social isolation)**

# Moving Forward

Formalise multi agency Frailty Network  
PHA/HSCB has established an Oversight  
Group

Links nationally and internationally

Training

Evidence base

Health Economics



# Paradigm shift

