

CAPIRE LA FRAGILITÀ DEL PAZIENTE

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**Innovation, Research and Teaching Service (IRTS)
dell'Azienda Sanitaria dell'Alto Adige (ASDAA-SABES)**



LA FRAGILITÀ



("frailty" OR "frail") AND ("elderly" OR "older adults" OR "aged")



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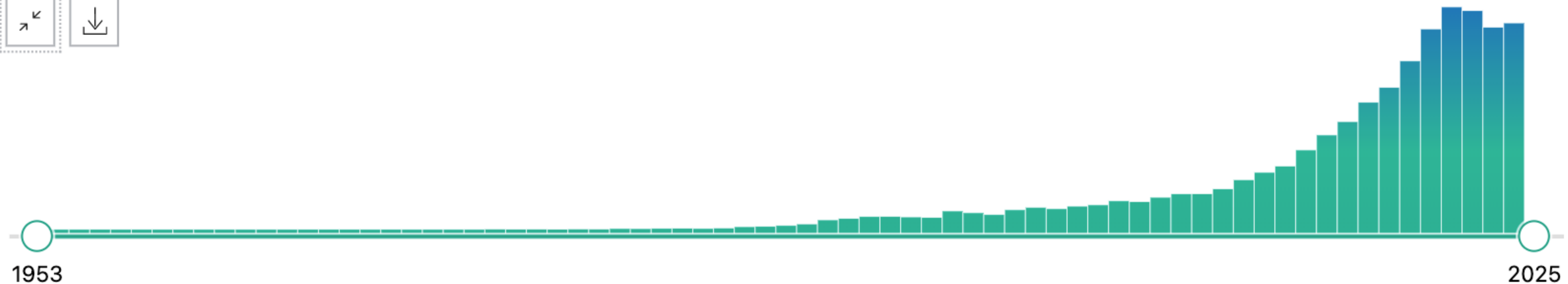
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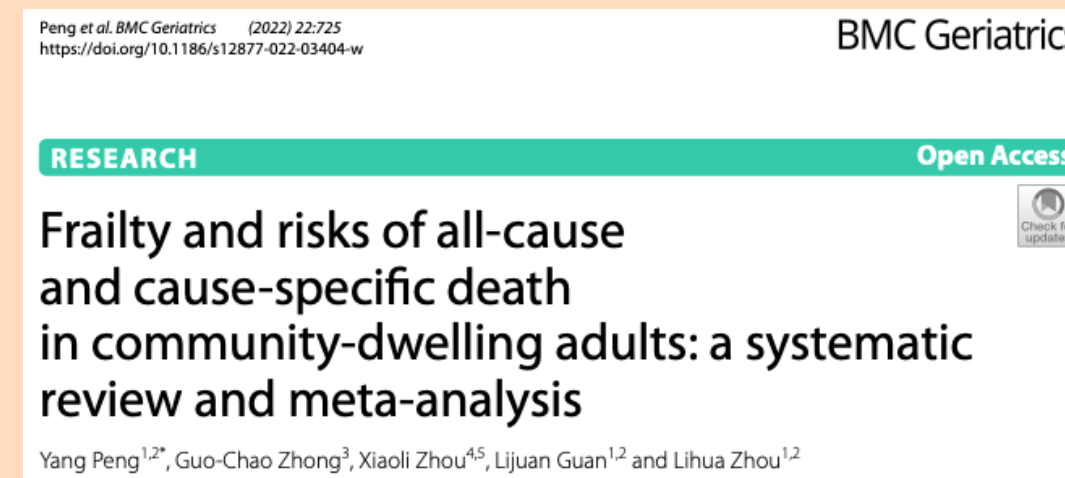
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of 3,829

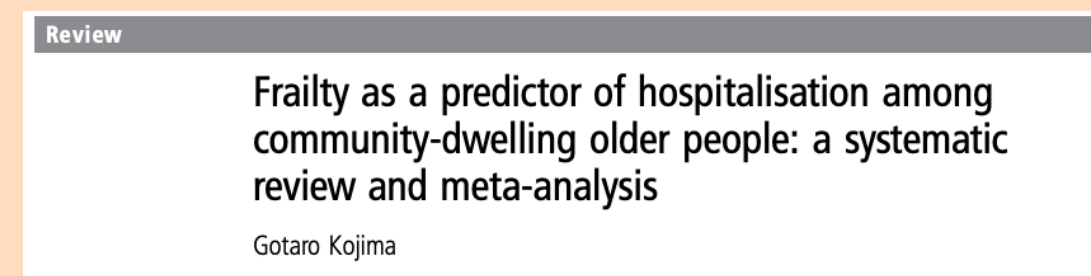


PERCHÈ LA FRAGILITÀ È IMPORTANTE?

1. Il rischio di mortalità per i pazienti fragili è del 140% più elevata rispetto ai non fragili.



2. I pazienti fragili hanno un rischio di ricovero 3,3 volte superiore ai pazienti non fragili.



3. I pazienti fragili hanno una degenza ospedaliera di 1/3 maggiore rispetto ai pazienti non fragili.



Clinical Frailty Scale

ISAR

**Multidimensional Prognostic
Index**

Prisma-7

FRAIL

**Triage Frailty and
Comorbidity Tool**

**Comprehensive Geriatric
Assessment**

**COME INDIVIDUARE IL
PAZIENTE FRAGILE?**

Dipende dal contesto

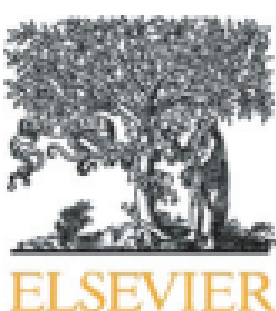
The identification of frail older adults in primary care: comparing the accuracy of five simple instruments

EMIEL O. HOOGENDIJK^{1,2}, HENRIËTTE E. VAN DER HORST^{1,2}, DORLY J. H. DEEG^{2,3}, DINNUS H. M. FRIJTERS^{1,2},
BERNARD A. H. PRINS⁴, AALTJE P. D. JANSEN^{1,2}, GIEL NIJPELS^{1,2}, HEIN P. J. VAN HOUT^{1,2}

GUIDELINES

Best practice guidelines for the management of frailty: a British Geriatrics Society, Age UK and Royal College of General Practitioners report

GILL TURNER¹, ANDREW CLEGG²



Contents lists available at [ScienceDirect](#)

European Journal of Internal Medicine

journal homepage: www.elsevier.com/locate/ejim



Review Article

Frailty measurement in research and clinical practice: A review

Elsa Dent^{a,b,*}, Paul Kowal^{c,d}, Emiel O. Hoogendijk^{e,f}

COME INDIVIDUARE IL
PAZIENTE FRAGILE?

Diversi strumenti disponibili
in letteratura I più studiati
sono:

Clinical Frailty Scale





&

PRISMA-7

CLINICAL FRAILITY SCALE

CLINICAL FRAILITY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	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 , even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILITY	Previously "vulnerable," this category marks early transition from complete independence. 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	LIVING WITH MILD FRAILITY	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	6	LIVING WITH MODERATE FRAILITY	People who 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	LIVING WITH SEVERE FRAILITY	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	LIVING WITH VERY SEVERE FRAILITY	Completely dependent for personal care and approaching 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 living with severe frailty . (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally 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.

In **very severe dementia** they are often bedfast. Many are virtually mute.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca
Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

Anamnesi completa

No items dicotomici

> 4: fragile

PRISMA-7

Question	Answer	
1. Are you 85 years old or older ?	yes	no
2. Male ?	yes	no
3. In general, do you have any health problems that require you to limit your activities ?	yes	no
4. Do you need someone to help you on a regular basis ?	yes	no
5. In general, do you have any health problems that require you to stay at home ?	yes	no
6. In case of need, can you count on someone close to you ?	yes	no
7. Do you regularly use a cane, a walker or a wheelchair to move about ?	yes	no

Centre d'expertise en santé de Sherbrooke. CESS©

• Raïche, M., Hébert, R., Dubois, M.F., Grégoire M, Bolduc J., Bureau C., Veil A. Le repérage des personnes âgées en perte d'autonomie modérée à grave avec le questionnaire PRISMA-7 : développement, implantation et utilisation. La Revue de Gériatrie, 2007; 32(3): 209-218.

• Raïche M, Hébert R, Dubois M-F. PRISMA-7: A case-finding tool to identify older adults with moderate to severe disabilities. Archives of Gerontology and Geriatrics 2008; 47(1): 9-18.

7 domande dicotomiche

>3 si: fragile

PRISMA-7 e CFS costruiti per il contesto geriatrico e intraospedaliero.



Impossibile da applicare a tutti i pazienti in altri contesti



Proposta italiana, creare un sistema bifasico

**MA CI SONO DEI
PROBLEMI!**

1

**Strumenti costruiti per
setting differenti rispetto
al territorio**



OPEN

Frailty detection among primary care older patients through the Primary Care Frailty Index (PC-FI)

Davide Liborio Vetrano^{1,2,8}✉, Alberto Zucchelli^{1,3,8}, Graziano Onder^{4,5}, Laura Fratiglioni^{1,2}, Amaia Calderón-Larrañaga^{1,2}, Alessandra Marengoni^{1,3}, Ettore Marconi⁶, Iacopo Cricelli⁶, Pierangelo Lora Aprile^{6,7}, Roberto Bernabei^{4,5}, Claudio Cricelli⁷ & Francesco Lapi⁷✉

**PC-FI: 25 variabili
che permettono di calcolare il punteggio**

4 livelli di fragilità

Applicabile a pazienti > 60

MA CI SONO DEI
PROBLEMI!

1

Clinical Interventions in Aging **Dovepress** Aging Clinical and Experimental Research (2023) 35:3041–3046
open access to scientific and medical research <https://doi.org/10.1007/s40520-023-02603-8> scientific reports

ORIGINAL RESEARCH ORIGINAL ARTICLE

Validation of Abbreviated Form of the Multidimensional Prognostic Index (MPI): The BRIEF-MPI Project
Alberto Cella¹, Nicola Veronese², Carlo Custodero³, Alberto Castagna⁴, Lisa A Cammalleri¹, Walter M Capitano², Luisa Solimando², Luca Carruba², Carlo Sabbà², Giovanni Ruotolo⁴, Mario Barbagallo², Alberto Pilotto^{1,3}

The importance of prognosis in geriatric patients attending the emergency department: a comparison between two common short geriatric assessment tools
Agnese Di Prazza¹ · Baldassare Canino¹ · Mario Barbagallo¹ · Nicola Veronese^{1,2}

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**APPLICARE LE SCALE
A TUTTI RISULTA
IMPENSABILE**

Cosa viene chiesto nella Brief MPI:

- 1. ADL**
- 2. vita quotidiana**
- 3. stato cognitivo**
- 4. mobilità**
- 5. nutrizione**
- 6. comorbidità (Cumulative Illness Rating Scale)**

**L'utilizzo di un duplice sistema
potrebbe essere utile e
vantaggioso**

**PC-FI e scala
multidimensionale (Brief
Multidimensional Prognostic
Index)**

Clinical Interventions in Aging **Dovepress** Aging Clinical and Experimental Research (2023) 35:3041–3046
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APPLICARE LE SCALE
A TUTTI RISULTA
IMPENSABILE

5 minuti per la compilazione della scheda

Fornisce tre livelli di rischio (low-middle-severe)

Rischio di ricovero aumento da 1.2% (low) a 6.8% (middle) a 38.6% (severe)

Necessità di casa di riposo 3.5% (low) a 9.3% (middle) a 29.5% (severe)

MA CI SONO DEI
PROBLEMI!

2

La considerazione del
solo paziente anziano
(età superiore a 65 anni)

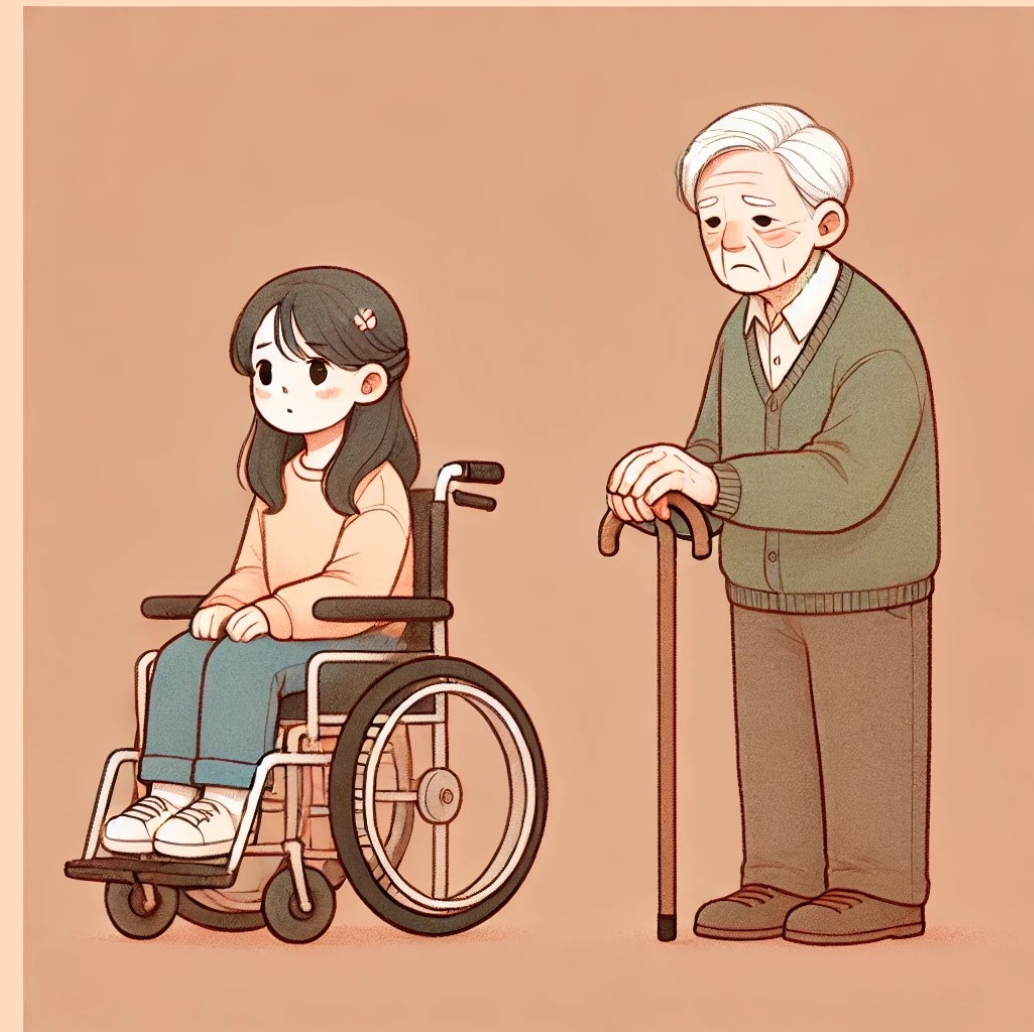
Published in final edited form as:
Clin Geriatr Med. 2011 February ; 27(1): 1–15. doi:10.1016/j.cger.2010.08.009.

The Frailty Syndrome: Definition and Natural History

Qian-Li Xue, PhD
Department of Medicine, Johns Hopkins University School of Medicine, 2024 East Monument
Street, Suite 2-700, Baltimore, MD 21205-1179, USA.

Definizione di fragilità:

Frailty is a medical syndrome characterized by a decline in physiological reserves and increased vulnerability to stressors due to the cumulative decline in multiple physiological systems. This leads to higher risks of adverse health outcomes, such as falls, hospitalization, disability, and mortality.



L'ETÀ NON
DOVREBBE
ESSERE
MANDATORIA

Studio multicentrico

australiano

4 ospedali

scala FRAIL

indipendentemente da età



Original Paper

Frailty in younger adults in hospital

E.H. Gordon ^{1*}, N.M. Peel¹, R.E. Hubbard ¹ and N. Reid¹

¹From the Centre for Health Services Research, The University of Queensland, Brisbane, Australia

*Address correspondence to Dr E.H. Gordon, Centre for Health Services Research, Princess Alexandra Hospital, Building 33, 199 Ipswich Road, Woolloongabba, QLD 4102, Australia. email: e.gordon@uq.edu.au

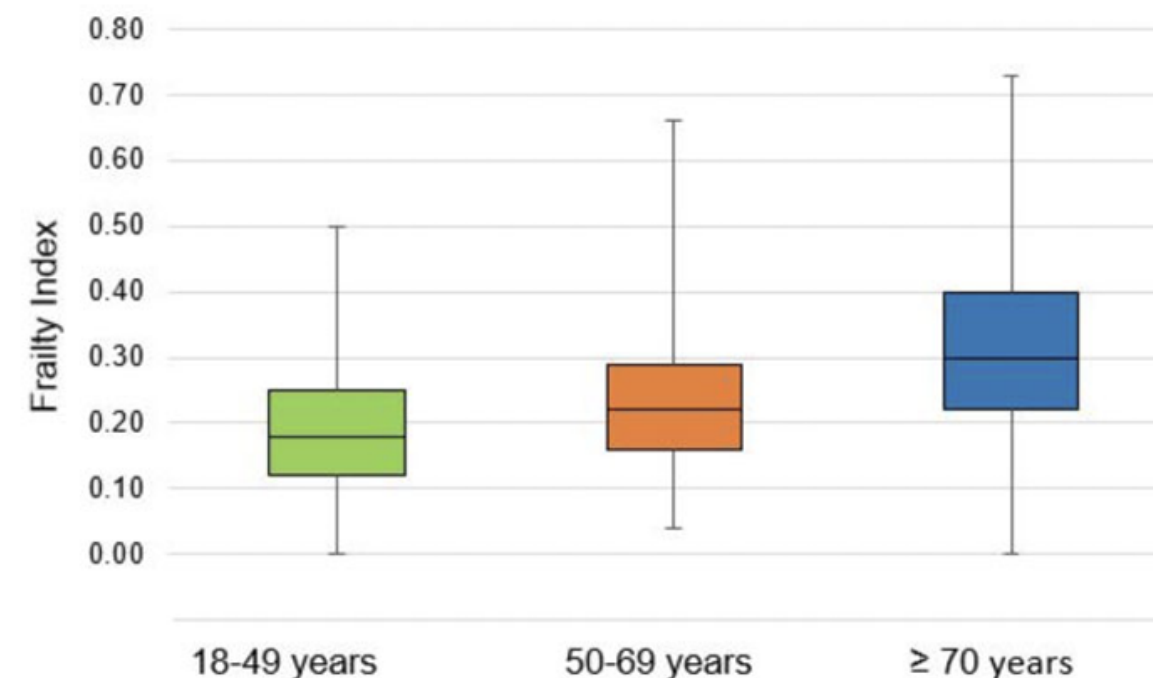
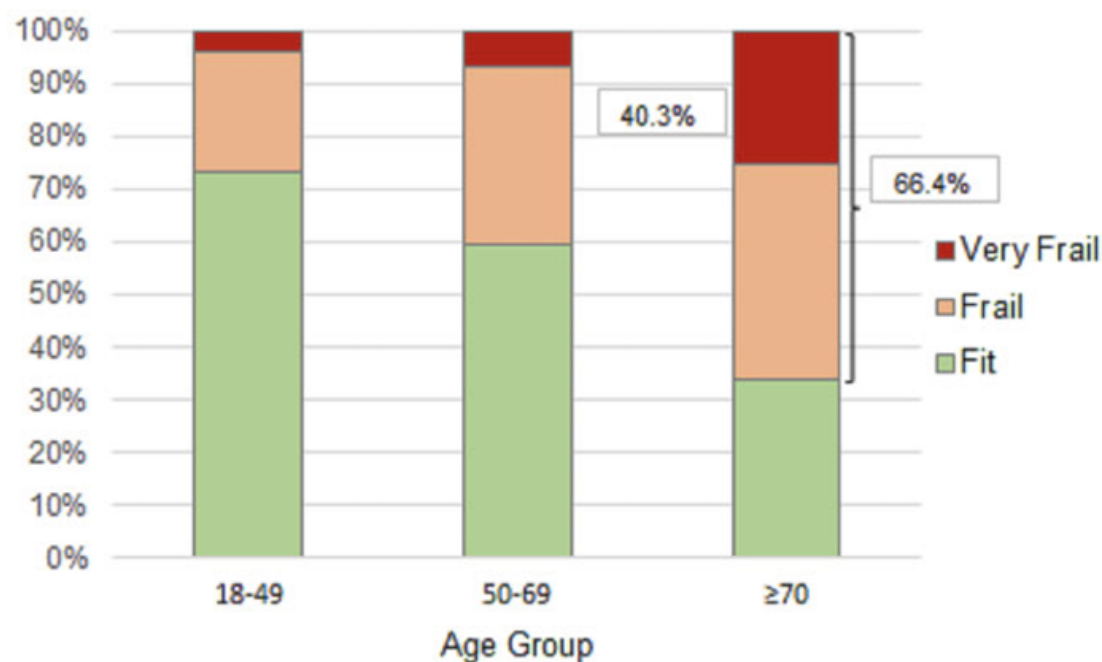


Table 2. Multivariable logistic regression: odds of an adverse outcome with every 0.1 increment in the FI

Outcome	Younger adults 18–49 years	Middle-aged adults 50–69 years	Older adults ≥70 years
Prolonged length of stay ^a	1.77 (95% CI: 1.27–2.48) ^{***}	1.39 (95% CI: 1.06–1.82) [*]	1.19 (95% CI: 1.01–1.40) [*]
Change of care ^b or died	1.40 (95% CI: 0.84–2.32)	1.35 (95% CI: 0.86–2.11)	1.31 (95% CI: 1.08–1.60) ^{**}

Models adjusted for age and sex.

FI, frailty index.

^a >75% percentile.

^b Change of care includes those who did not return to usual place of residence on completion of acute care episode but required continuing care (e.g. other acute care setting, palliative care or rehabilitation) or were newly discharged to residential aged care.

* P<0.05, ** P<0.01, *** P<0.001.

L'ETÀ NON
DOVREBBE
ESSERE
MANDATORIA

Studio monocentrico

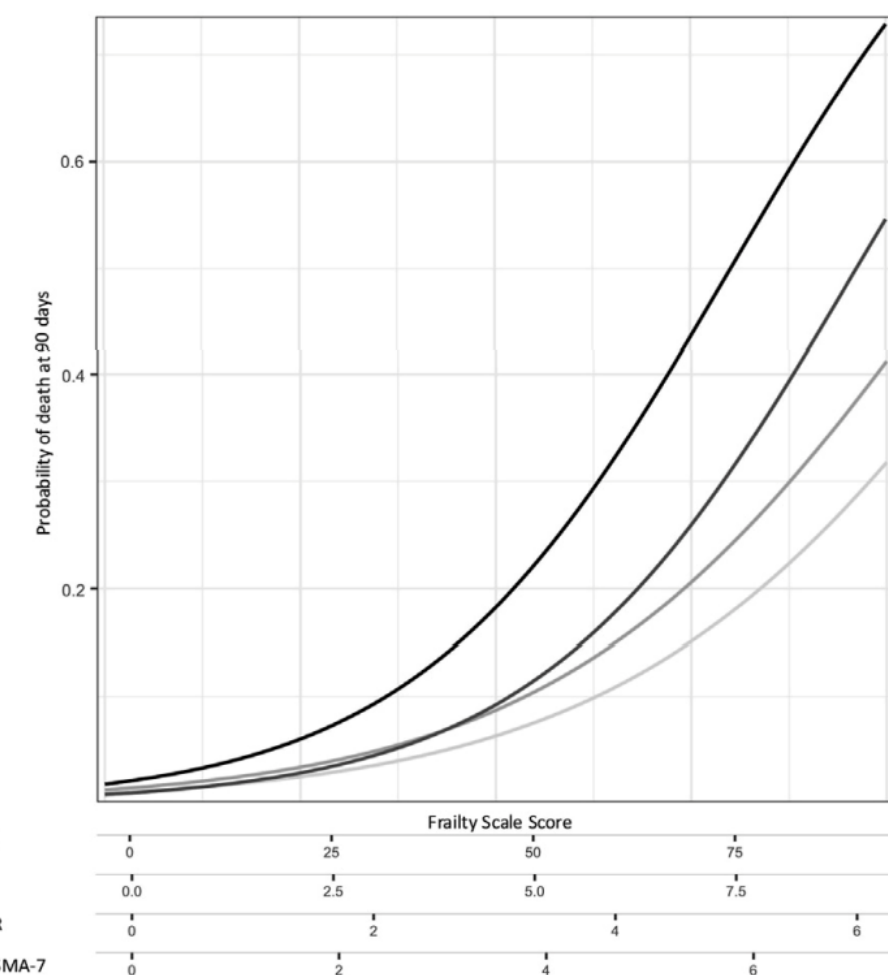
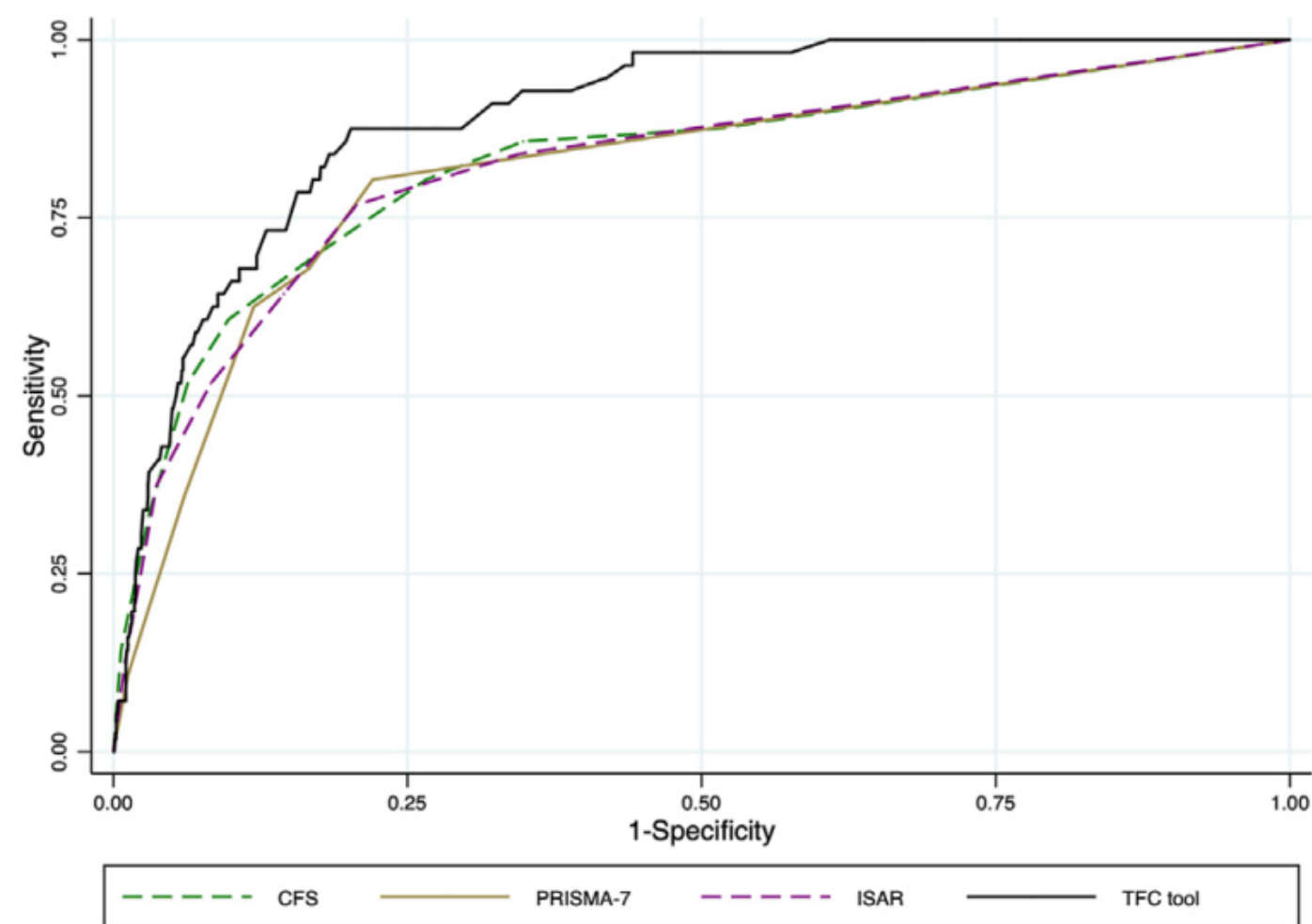
PS Merano

4 scale a confronto

ISAR, CFS, PRISMA-7, TFC tool

COMPARATIVE ANALYSIS OF FRAILTY SCALES IN EMERGENCY DEPARTMENT: HIGHLIGHTING THE STRENGTHS OF THE TRIAGE FRAILTY AND COMORBIDITY TOOL

Authors: Arian Zaboli, RN, Francesco Brigo, MD, Gloria Brigiari, MD, Magdalena Massar, MSc, Marta Ziller, RN, Serena Sibilio, RN, MSc, and Gianni Turcato, MD, Bolzano, Italy, Basel, Switzerland, and Santorso, Italy



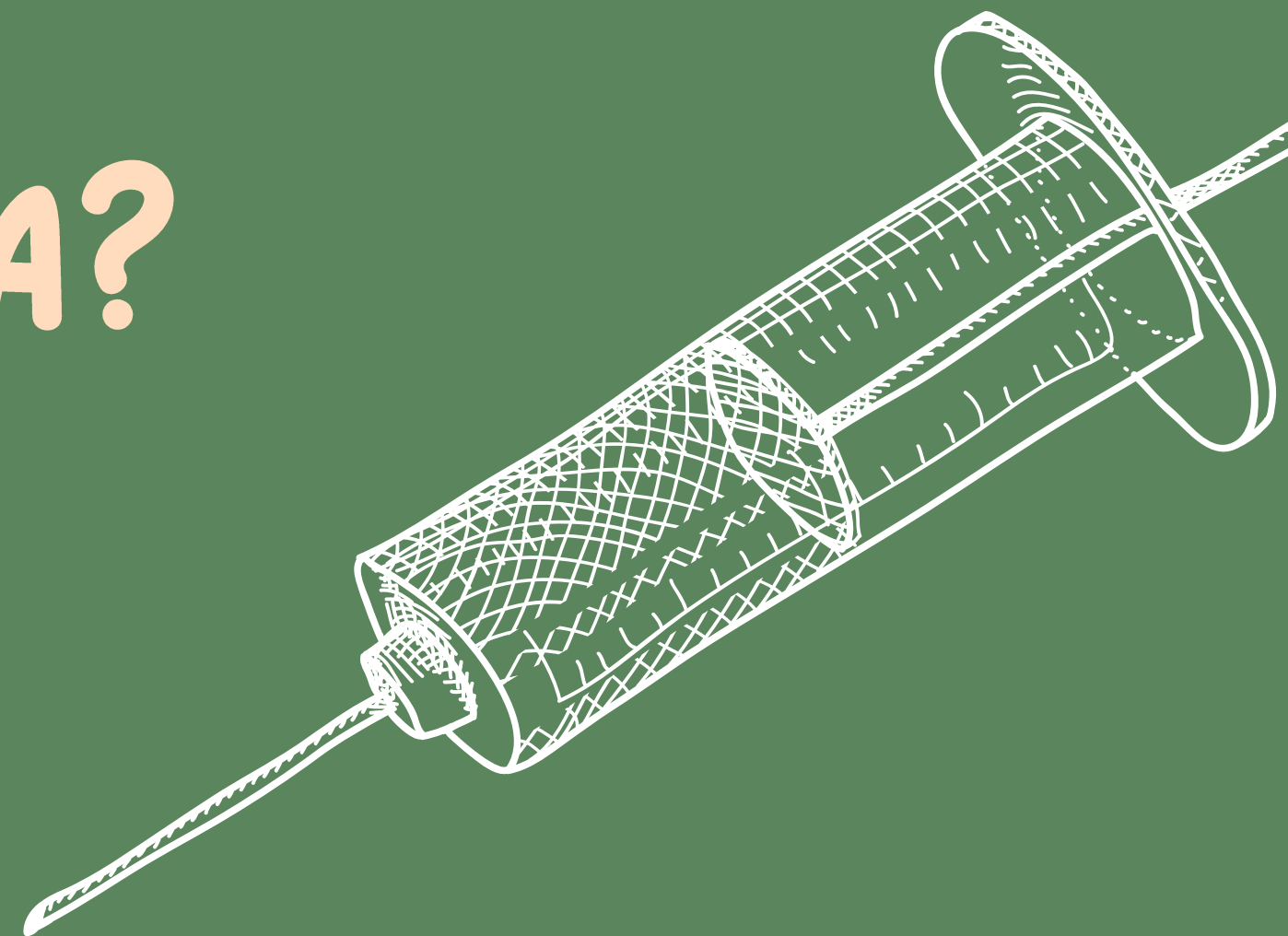
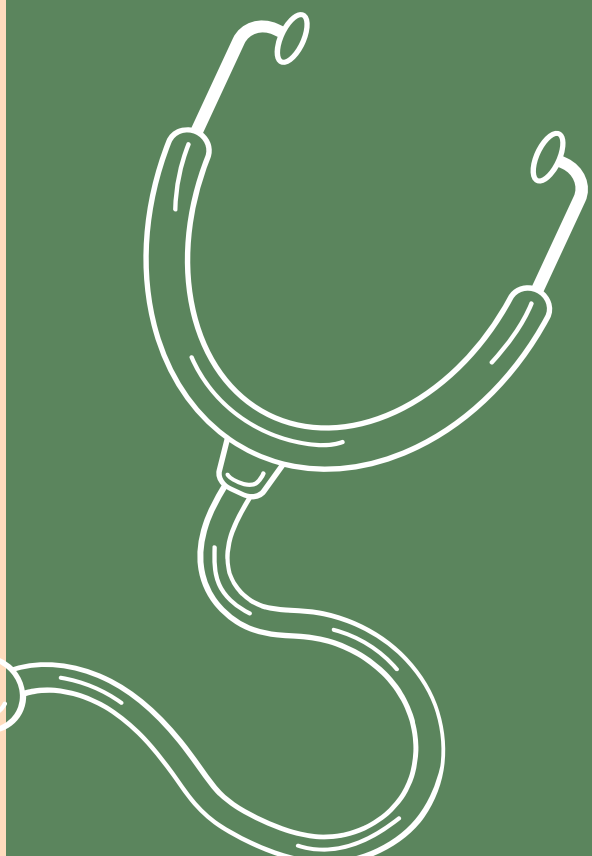
*CONSIDERARE LA FRAGILITÀ CI
POTREBBE PERMETTERE DI:*

- 1) Identificare pazienti sui quali investire tempo
- 2) Identificare quali pazienti necessiterebbero di un maggior numero di rivalutazioni
- 3) Identificare pazienti con maggior rischio evolutivo





QUAL È LA RELAZIONE TRA
FRAGILITÀ E ADERENZA
TERAPEUTICA?



PERCHÈ È IMPORTANTE LA FRAGILITÀ SE PARLIAMO DI ADERENZA TERAPEUTICA?

I pazienti fragili hanno una minore aderenza terapeutica (6.6 vs 7.1, $p=0.028$)

Sappiamo che l'aderenza terapeutica è fortemente influenzata dal paziente ma anche dal caregiver.

Frailty and medication adherence among older adult patients with hypertension: a moderated mediation model

Anshi Wang^{1,2†}, Jingjing Wan^{3†}, Lijun Zhu¹, Weiwei Chang¹, Liying Wen¹, Xiubin Tao^{4*} and Yuelong Jin^{1*}

¹School of Public Health, Wannan Medical College, Wuhu, China, ²Institutes of Brain Science, Wannan Medical College, Wuhu, China, ³Department of Nursing, Anhui College of Traditional Chinese Medicine, Wuhu, China, ⁴Nursing Department, Yijishan Hospital of Wannan Medical College, Wuhu, China

The influence of frailty syndrome on medication adherence among elderly patients with hypertension



ELSEVIER

JAMDA

journal homepage: www.jamda.com



Special Article

Medication Management in Frail Older People: Consensus Principles for Clinical Practice, Research, and Education

Manias et al. *BMC Geriatrics* (2019) 19:95
<https://doi.org/10.1186/s12877-019-1102-6>

BMC Geriatrics

RESEARCH ARTICLE

Open Access

Family involvement in managing medications of older patients across transitions of care: a systematic review



SPUNTI DI RICERCA!

- A) **COME IDENTIFICARE IL PAZIENTE FRAGILE?**
- B) **COME UTILIZZARE QUESTA INFORMAZIONE?**
- C) **EVIDENZA LIMITATA CIRCA L'ADERENZA TERAPEUTICA DEL PAZIENTE FRAGILE**
- D) **EVIDENZA LIMITATA SULLA RILEVANZA DEL CAREGIVER NEI PAZIENTI FRAGILI CON BASSA ADERENZA TERAPEUTICA**