Being Mortal

Frailty and co-morbidities and care goals in LTC

Take homes

- Label/dx frailty based on criteria
- Consider link between severity of frailty and prognosis
- In patients with multiple co-morbidities, guidelines likely do not apply; individualized care needed
- Moderate to severe frailty provides impetus to review meds and discuss Goals of Care
- As prognosis shortens, med review should focus on goals and DeRx

Objectives

- At the end of this presentation the participant will be able to:
  - Balance the management needs of multiple chronic health conditions
  - Identify patients with frailty & assess the level of frailty
  - Use strategies to prevent frailty when possible
  - Harmonize treatments based on level of frailty
  - Use frailty to assist with deprescribing

Rumination

- Write 3 words that come to mind when you hear the words “frail elderly”

Who you calling frail?

- Clarify main criteria for frailty with person next to you!

Defining Frailty

"A physiologic syndrome characterized by decreased reserve and resistance to stressors, resulting from cumulative decline across multiple physiologic systems, and causing vulnerability to adverse outcomes"

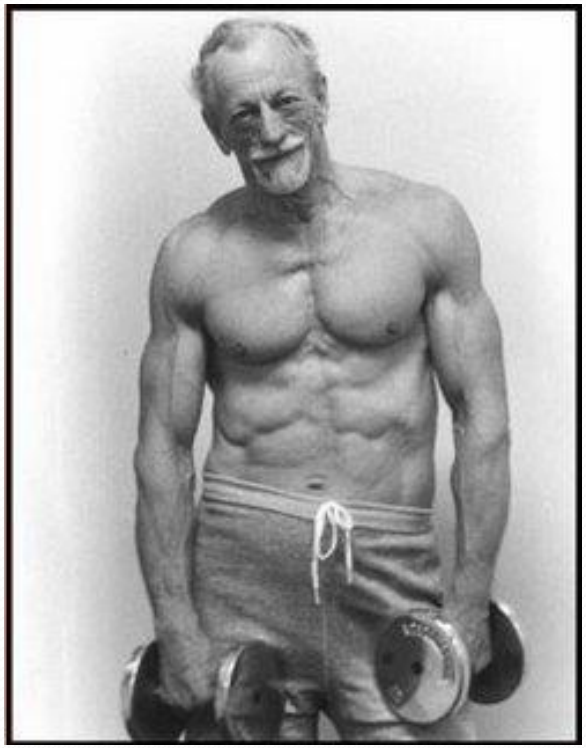
(Fried et al. 2003)

Frailty is like pornography, you can't define it but you know it when you see it!

Frailty, thy name is LTC

- **Frailty** is a common geriatric syndrome that embodies an elevated risk of catastrophic declines in health and function among older adults.

How do you use the concept?



Measuring +/- Defining Frailty

- Phenotype model
  - Weight loss, fatigue, low energy expenditure, slow gait, weak grip
    - cognitive impairment, mood, disability (Sourail et al 2010)

- Cumulative Physiological Dysfunctions
  - haematological, inflammatory, hormonal, adiposity, neuromuscular, or micronutrient systems

- Cumulative Deficits (Frailty Index)
  - Canadian model

Is there one for LTC?

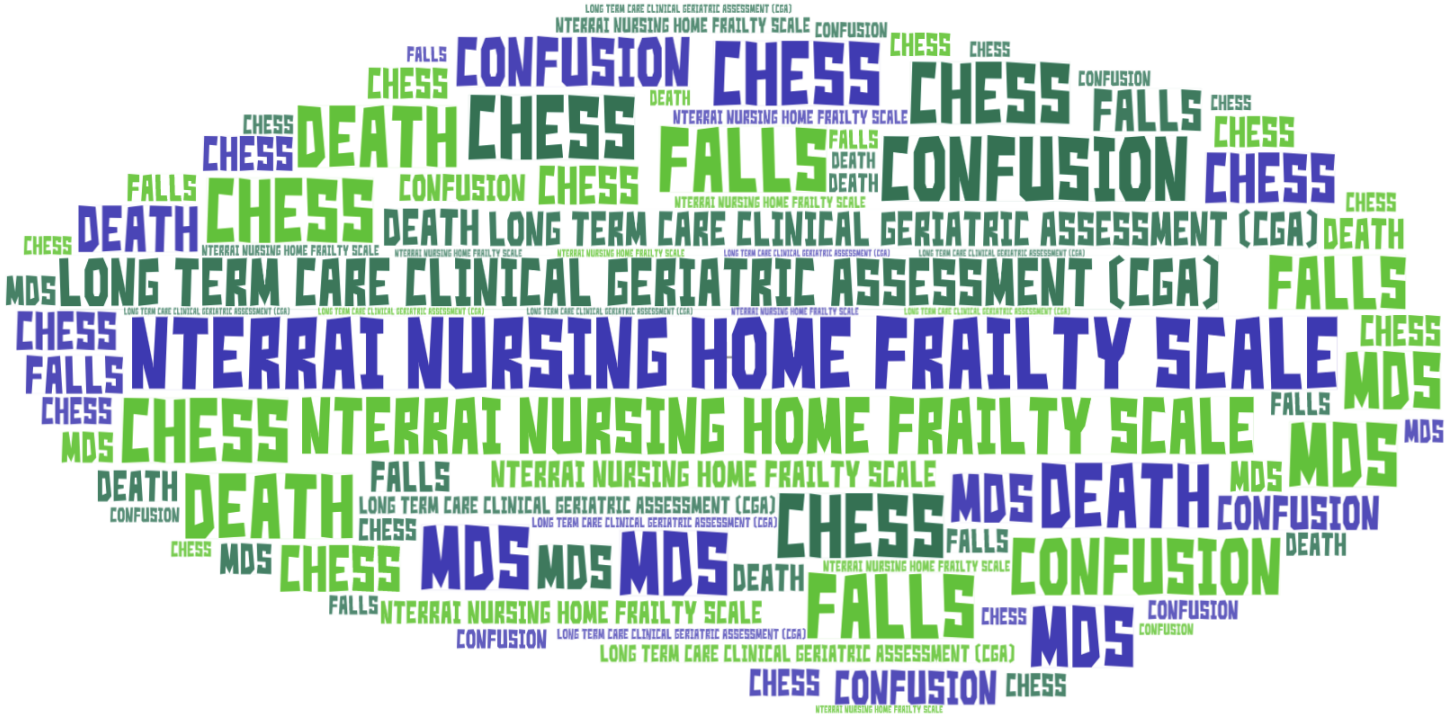
- FRAIL-NH

FRAIL-NH

	0	1	2
Fatigue	No	Yes	PHQ-9 ≥10
Resistance	Independent Transfer	Set Up	Physical Help
Ambulation	Independent	Walker	Not Able/WC
Incontinence	None	Bladder	Bowel
Loss of Weight	None	yes	xxxx
Nutritional Approach	Regular Diet	Mechanically Altered	Feeding Tube
Help with Dressing	Independent	Set Up	Physical Help
Total			0-13

Nonfrail (0-5), Prefrail (6-7), Frail (≥8)

Kaehr E, Visvanathan R, Malmstrom TK, Morley JE. Frailty in Nursing Homes: The FRAIL-NH Scale. *J Am Med Dir Assoc* 2015;16(2):87.


LONG TERM CARE CLINICAL GERIATRIC ASSESSMENT (CGA)
NTERRAI NURSING HOME FRAILTY SCALE
CONFUSION
CHESS
FALLS
DEATH
MDS

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.

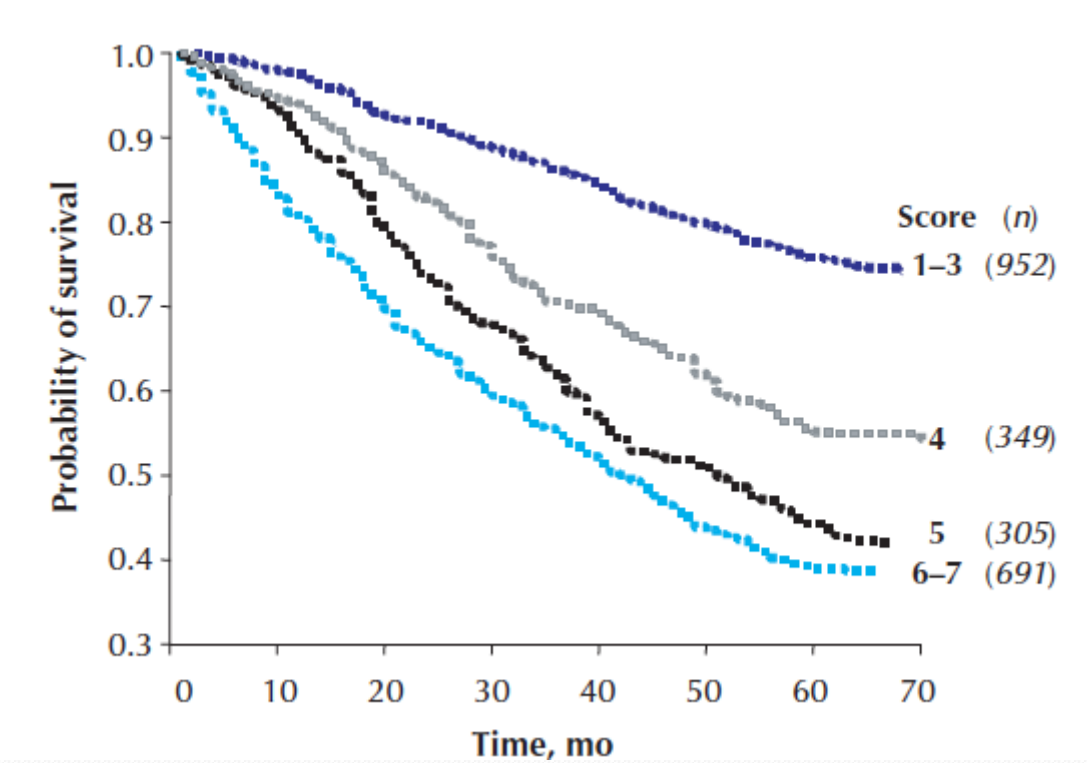
Scoring frailty in people with dementia

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.

Probability of Survival based on CSHA Frailty Scale



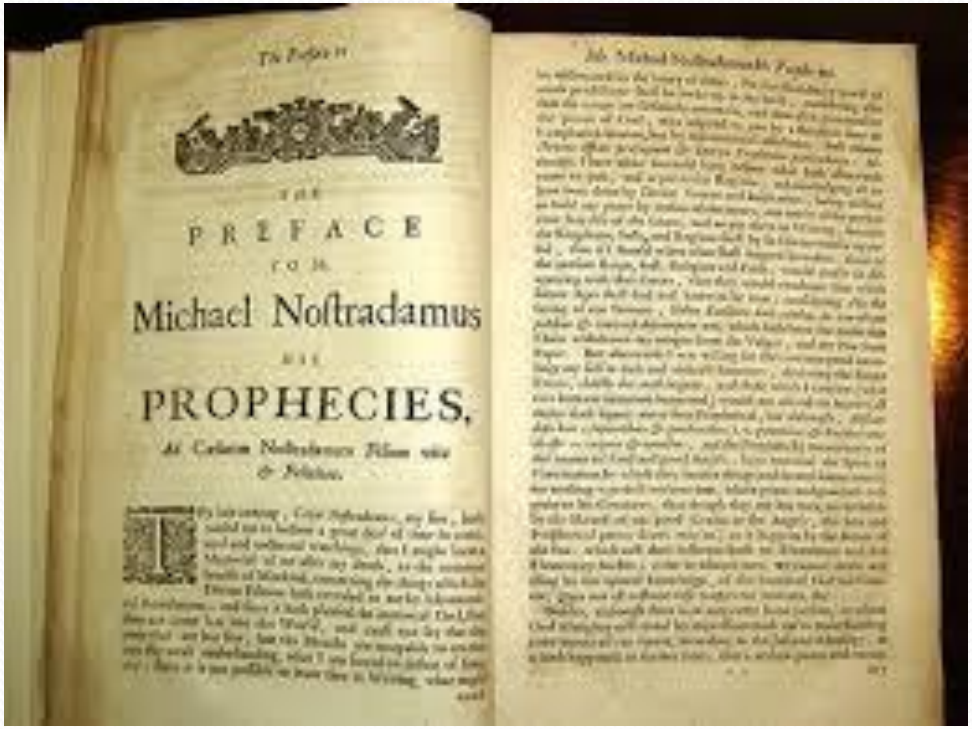
Rockwood K, et al CMAJ 2005;173(5):489-95

Other Tools

- Clinical Frailty Scale
- Phenotype
- Edmonton Frailty Scale from north of here
- PRISMA-7 What it looks like

How do you prognosticate?

- ePrognosis



Frailty, prognosis, and med lists!

- Do hospital transitions work better if you identify frailty?
- Are they frail or actually terminally ill !?!
- PPS and frailty scores- how do they correlate?

How applicable are clinical practice guidelines to elderly patients with comorbidities?

Donatus R. Mutasingwa MD MPhil PhD CCFP Hong Ge MD MHSc CCFP Ross E.G. Upshur MD MSc CCFP FRCPC

Abstract

Objective To examine the applicability of 10 common clinical practice guidelines (CPGs) to elderly patients with multiple comorbidities.

Design Content analysis of published Canadian CPGs for the following chronic diseases: diabetes, dyslipidemia, dementia, congestive heart failure, depression, osteoporosis, hypertension, gastroesophageal reflux disease, chronic obstructive pulmonary disease, and osteoarthritis.

Main outcome measures Presence or absence of 4 key indicators of applicability of CPGs to elderly patients with multiple comorbidities. These indicators include any mention of older adults or people with comorbidities, time needed to treat to benefit in the context of life expectancy, and barriers to implementation of the CPG.

Results Out of the 10 CPGs reviewed, 7 mentioned treatment of the elderly, 8 mentioned people with comorbidities, 4 indicated the time needed to treat to benefit in the context of life expectancy, 5 discussed barriers to implementation, and 7 discussed the quality of evidence.

Conclusion This study shows that although most CPGs discuss the elderly population, only a handful of them adequately address issues related to elderly patients with comorbidities. In order to make CPGs more patient centred rather than disease driven, guideline developers should include information on elderly patients with comorbidities.

What is the PATH

- FACT form

Treatment burden (Ross Upshar)

Complexity Burden
= # Medications + # Conditions

Predictive of hospitalization, ER visits, family practice visits

Trade-offs and patient preference

Pts over age 70 with **both** hypertension and a risk of falling (~1/3 of all pts over 70 with HTN)

Asked 123 patients their treatment wishes

½ opted for reducing stroke risk
and
½ opted for fall reduction

Treatment of HTN **reduces** 5 year risk of stroke by ~ 8% (from 26 to 18%)
but **increases** the risk of falls by about 6% (from 18-24%)

Tinetti JAGS 2008.

Nope.

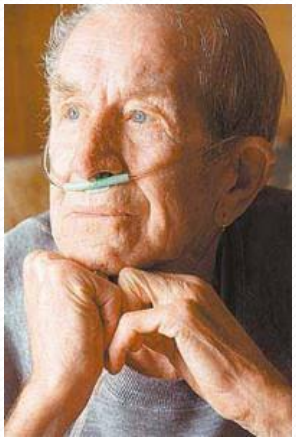
Survey:

- 40% of 1000 pts wanted to be as functional as possible,
- 30% wanted decreased symptoms (e.g.dyspnea),
- 30% wanted to live as long as possible.

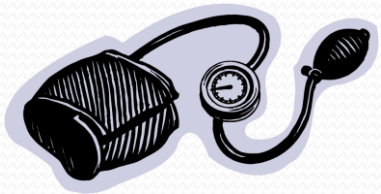
Fried T 2007

Symptomatic/Asymptomatic

- **Symptomatic conditions** impair function and well being and management plans are devoted to ameliorating these. *Examples*: osteoarthritis, angina, depression.



- **Asymptomatic conditions** associated with longer term risk reduction. *Examples*: hypertension, high lipids, mild glucose elevation.



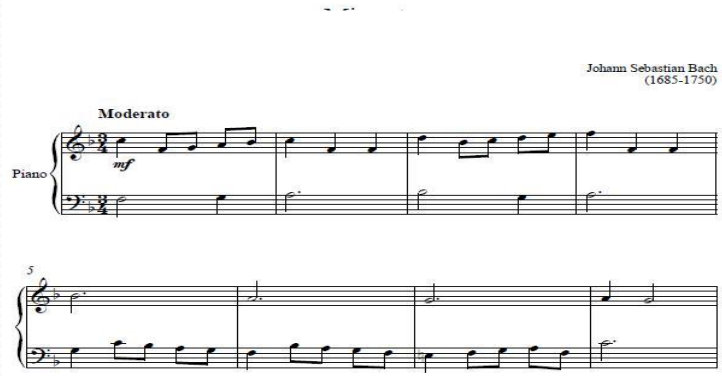
Clinically Dominant Condition

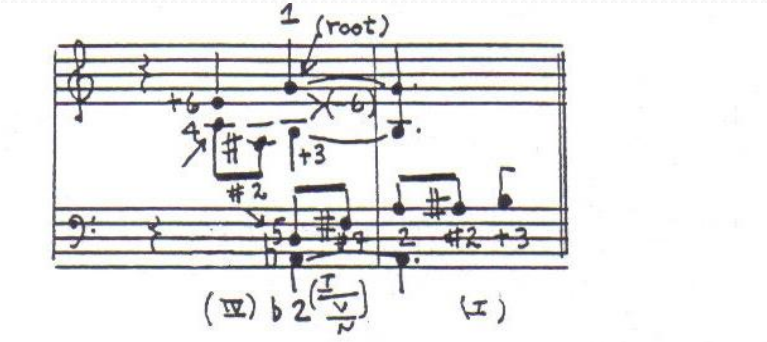
A co-morbid condition that eclipses the management of other health conditions in the short or long term

- End stage disease (cancer, renal failure, dementia)
- Severe symptoms (CHF, Depression)
- New onset diagnosis (Breast Cancer, Rheumatoid Arthritis

Concordant vs. Discordant Co-morbidity

- **Concordant:** part of the same pathophysiologic process or risk profile, so similar management plan.
  - DM and CAD, PVD, HTN
- **Discordant:** Not directly related to diabetes in pathopysiology and management plan.
  - DM and BPH, low back pain + GERD





Universal health outcomes?

- Are they better than disease specific outcomes?
  - Symptoms
  - Function
  - Longevity

Are you Fit For Frailty?

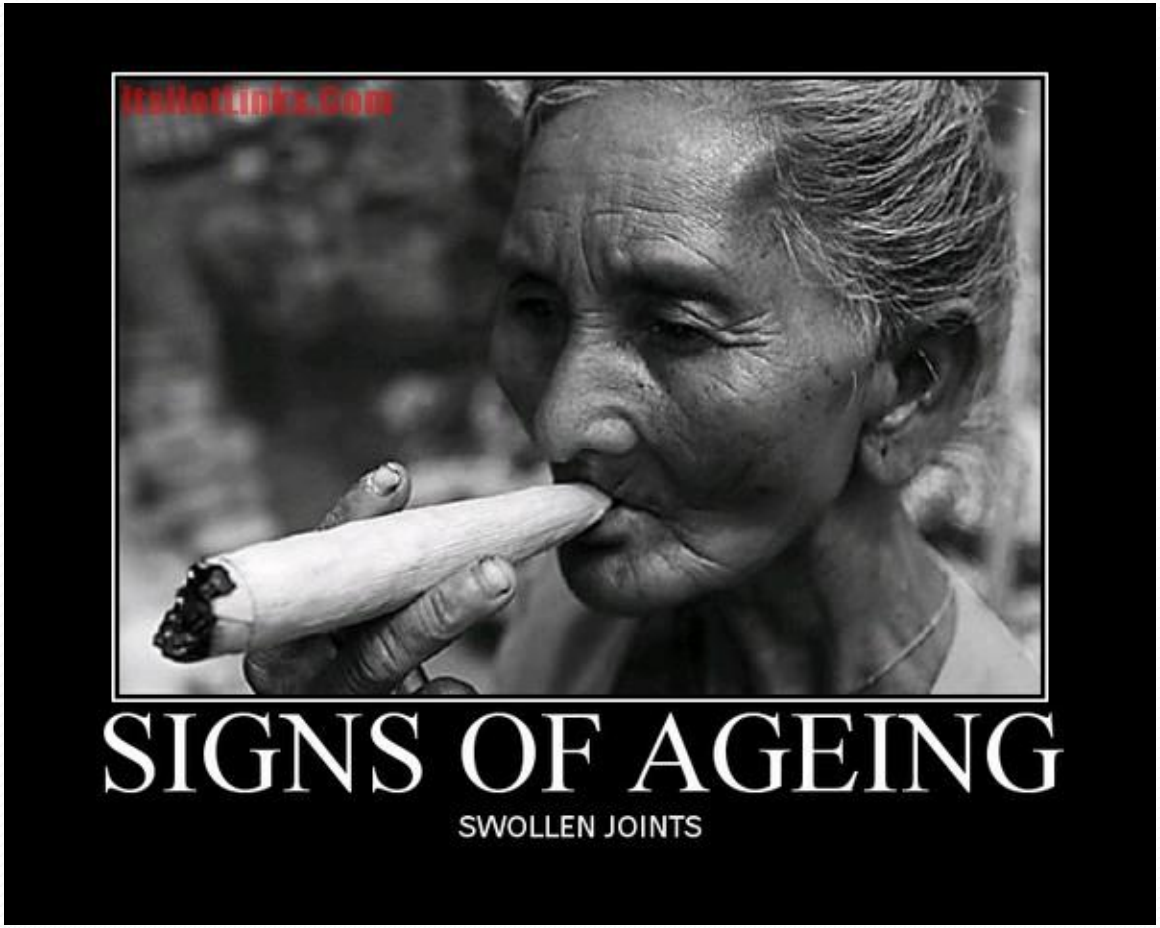
- Frailty

"Give it to me nuanced, Doc."

BGS excerpts

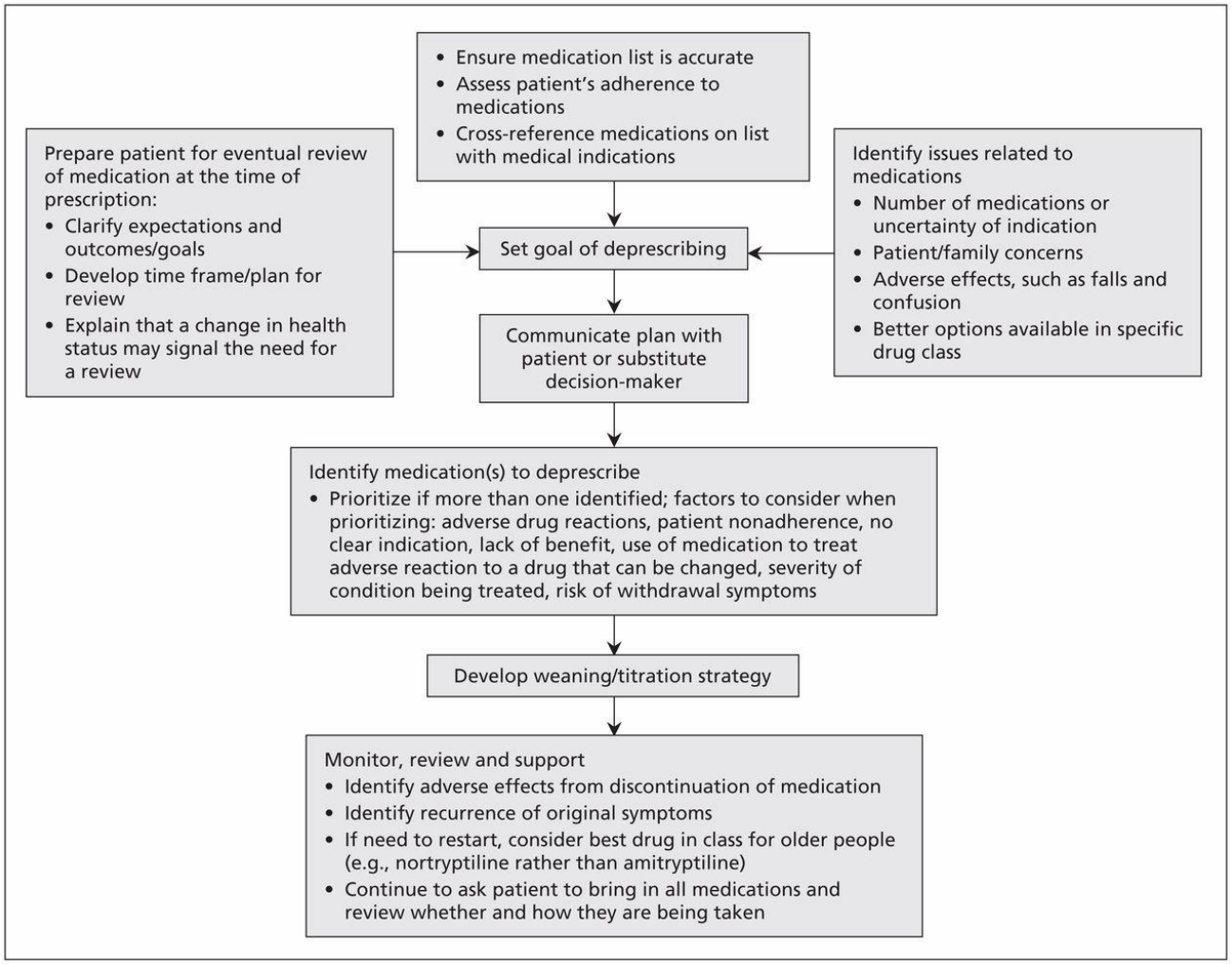
- Evidence-based medication reviews for older people with frailty (e.g. STOPP/ START criteria).
- Apply clinical judgment and personalized goals for disease-based clinical guidelines
- Generate personalized shared care/support plan (CSP) outlining treatment goals, management plans and plans for urgent care +/- EOL plan
- Establish systems to share health record information (primary care, emergency services, secondary care and social services)

Can you prevent frailty?



"I medicate first and ask questions later."

Practical approach to deprescribing.



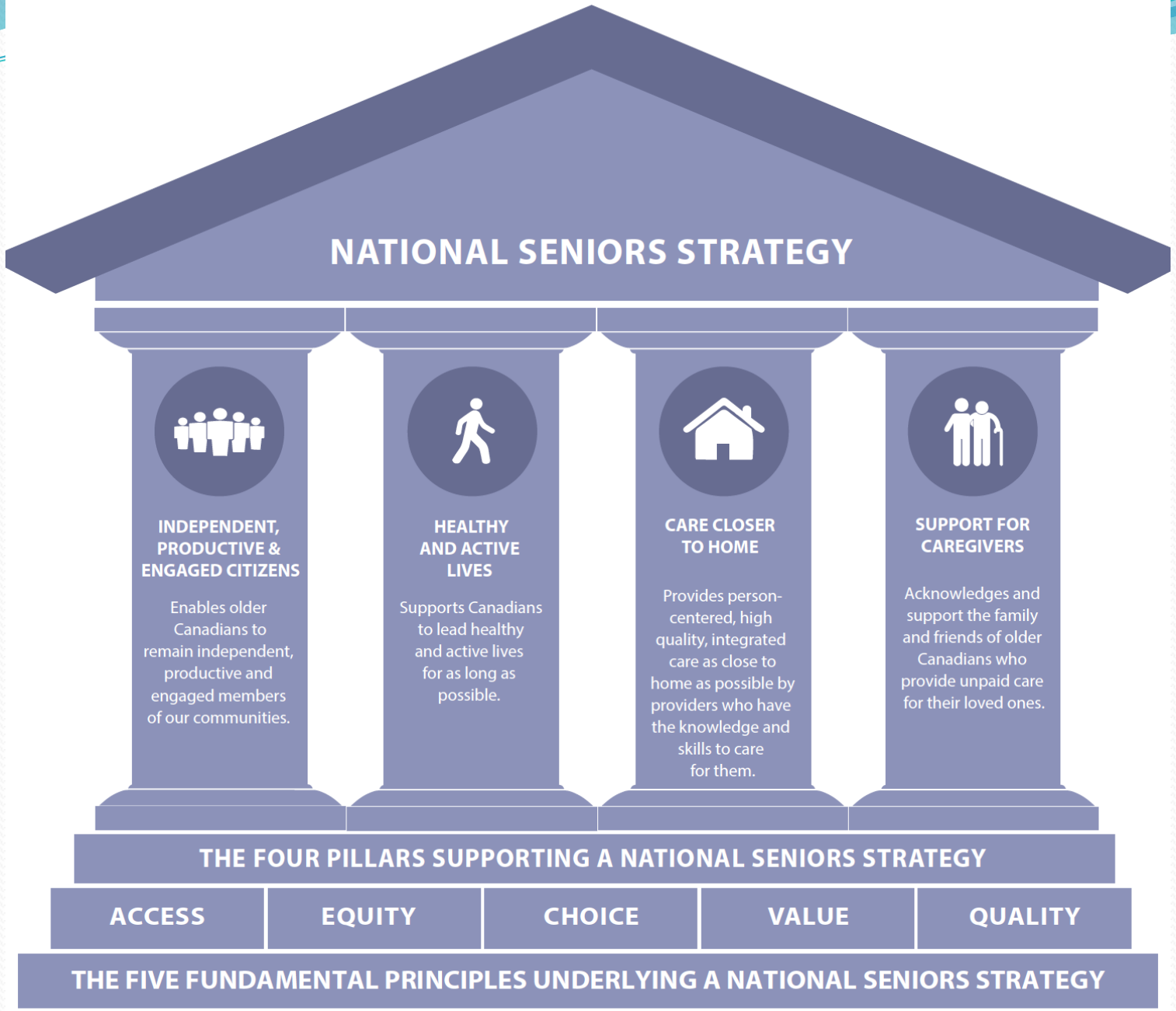
Christopher Frank, and Erica Weir CMAJ 2014;186:1369-1376

CMAJ·JAMC


HEAVEN
PHARMACY
Rx
SELF-
SERVE
BIXA

Penultimate exercise

In next 5 minutes consider models for frailty assessment in your Home


NATIONAL SENIORS STRATEGY
INDEPENDENT, PRODUCTIVE & ENGAGED CITIZENS
Enables older Canadians to remain independent, productive and engaged members of our communities.
HEALTHY AND ACTIVE LIVES
Supports Canadians to lead healthy and active lives for as long as possible.
CARE CLOSER TO HOME
Provides person-centered, high quality, integrated care as close to home as possible by providers who have the knowledge and skills to care for them.
SUPPORT FOR CAREGIVERS
Acknowledges and support the family and friends of older Canadians who provide unpaid care for their loved ones.
THE FOUR PILLARS SUPPORTING A NATIONAL SENIORS STRATEGY
ACCESS
EQUITY
CHOICE
VALUE
QUALITY
THE FIVE FUNDAMENTAL PRINCIPLES UNDERLYING A NATIONAL SENIORS STRATEGY

Take homes

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- In patients with multiple co-morbidities, guidelines likely do not apply; individualized care needed
- Moderate to severe frailty provides impetus to review meds and discuss Goals of Care
- As prognosis shortens, med review should focus on goals and DeRx
- Early recognition may decrease rate of decline

Haikus about Frailty

Old Man in Office
Trying to get out of our chair
We need some new ones