



Falls and Frailty Session

CLAIRE KAYE

Are we good at managing our patients with Frailty?



Objectives

- ▶ Learn what Frailty, Falls and Multimorbidity is
- ▶ Discuss our patient case
- ▶ Discover what we can actually DO for these patients
- ▶ Learn to spot hazards
- ▶ What are our contractual obligations
- ▶ How does the housebound service fit in?

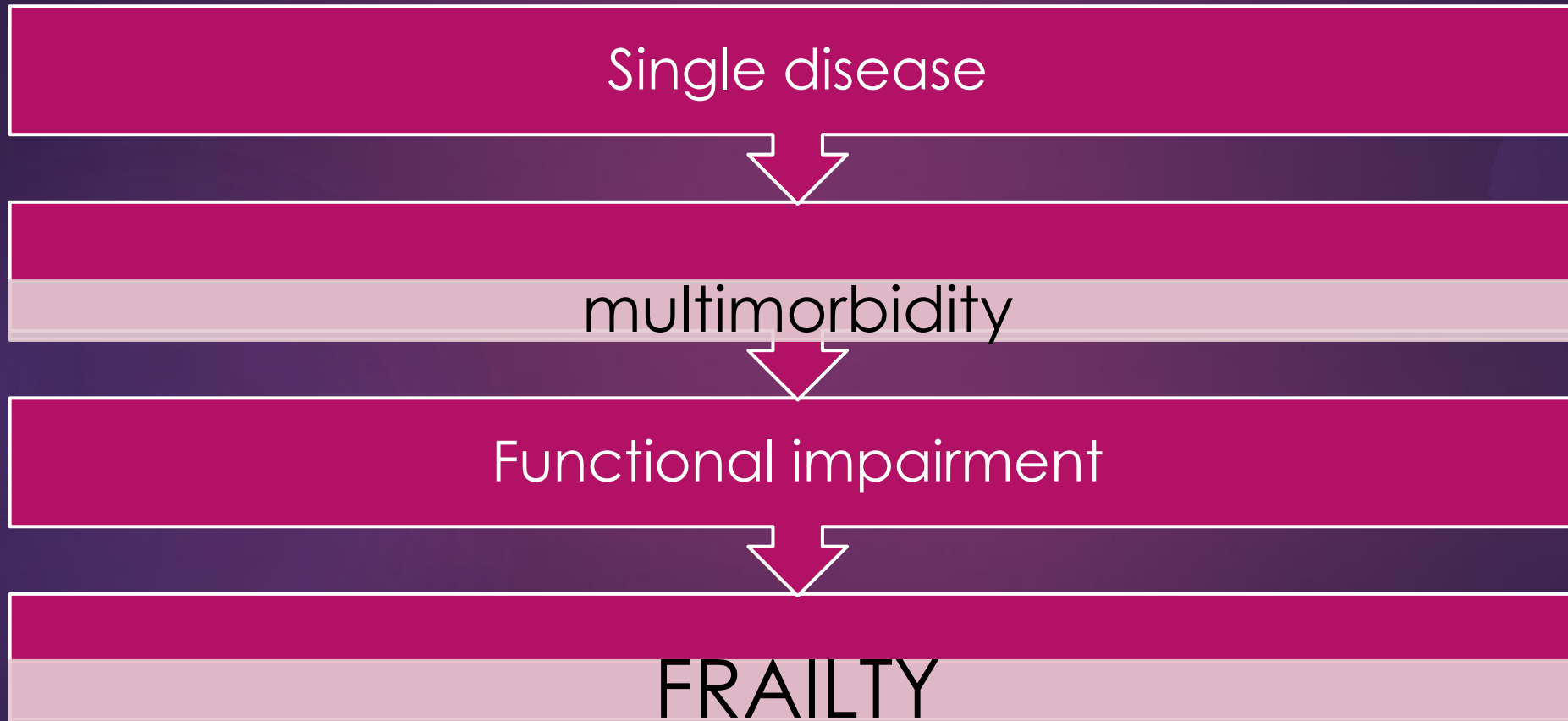
What is Frailty ?



What is frailty?

- ▶ The British Geriatric Society states that frailty is "a state of increased vulnerability"
- ▶ It is variable over time
- ▶ We must consider frailty a diagnosis- a long term condition
- ▶ Increased morbidity and mortality associated with frailty

Accumulating Health Deficit



What is Frailty?

- ▶ A clinical syndrome when 3 out of 5 are present:
 - ▶ Slow gait speed
 - ▶ Muscle weakness
 - ▶ Unintentional weight loss
 - ▶ Low physical activity levels
 - ▶ Self reported exhaustion

Clinical Frailty index

Clinical Frailty Scale* (CFS)



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



1. **Falls** (e.g. collapse, legs gave way, 'found lying on floor').



2. **Immobility** (e.g. sudden change in mobility, 'gone off legs' 'stuck in toilet').



3. **Delirium** (e.g. acute confusion, 'muddled', sudden worsening of confusion in someone with previous dementia or known memory loss).



4. **Incontinence** (e.g. change in continence – new onset or worsening of urine or faecal incontinence).



5. **Susceptibility to side effects of medication** (e.g. confusion with codeine, hypotension with antidepressants).

EFI (Electronic Frailty Index)

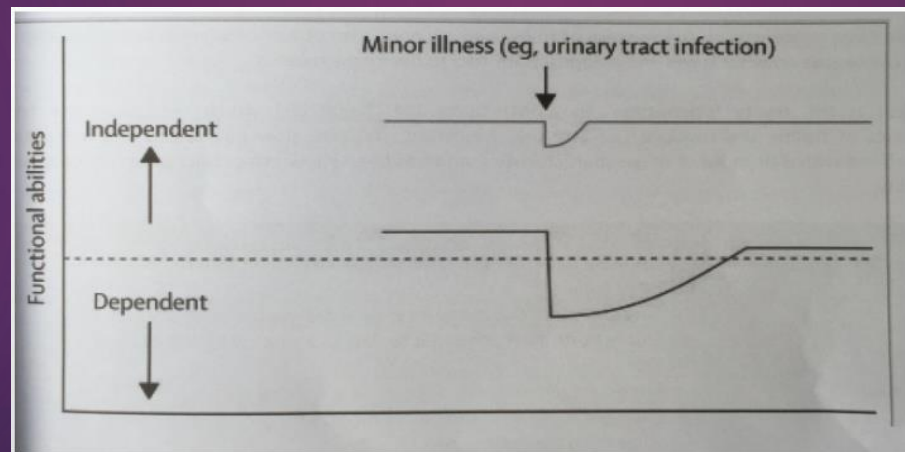
- ▶ Screening tool
- ▶ Calculated on EMIS using 36 clinical indicators
- ▶ Score:
 - Mild frailty 0.12- 0.24
 - Moderate frailty 0.24-0.36
 - Severe frailty >0.36

Why does Frailty matter?

- ▶ Older patients living with frailty they have an increased risk of morbidity and mortality
- ▶ Frailty increases the risk of falls, loss of independence and hospital admissions
- ▶ Frailty is a predictor of adverse outcomes
- ▶ Can be reversed in many cases if caught early
- ▶ Causes longer hospital stays

Cost to the patient

- ▶ Loss of confidence
- ▶ Fear of falling
- ▶ Reduction in physical function and social interactions
- ▶ Loss of independence



What are our GP Contractual requirements?

- ▶ Identify patients over 65 yrs old with a moderate and severe frailty score using EFl
- ▶ For those patients confirmed through clinical judgment as living with severe frailty. The practice will:
 - Deliver a clinical review providing and annual medication review
 - Discuss whether the patient has fallen in the last 12 months
 - Provide any other clinically relevant interventions
 - Seek consent for an enriched summary care record

FALLS

Why are falls important?



Falls

- ▶ An unexpected event in which the participant (person) causes to rest on the ground , floor, or lower level.

If you fall, I'll be there .

- *Floor*

Why are falls important?



Why are falls important?

- ▶ 1 in 3 adults (30%) over 65 will have a fall each year
- ▶ 50% of 80yr olds fall each year
- ▶ Approximately 10% of falls lead to a fracture
- ▶ Falls associated fractures in elderly people are a significant cause of morbidity and mortality
- ▶ 400,000 people in the UK end up in A&E a result of a fall
- ▶ Current estimates are that falls cost the NHS more than £2.3 billion per year



Why do people
fall?

Why do people fall?



Mechanical : a trip or slip



Non mechanical : due to an underlying cause

Cardiovascular problems

Infection

Arthritis


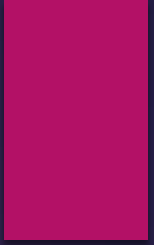
Neurological condition etc

Risk factors for falls

- ▶ Weakness and **Frailty**
- ▶ Low vitamin D
- ▶ Existing gait/ balance issues
- ▶ Medication
- ▶ Visual disturbance
- ▶ Poor foot wear
- ▶ Home/ environmental factors
- ▶ Cognitive decline
- ▶ Poor nutrition

CHANGE IN PRACTICE ALERT





What is the one of the most important questions you can ask anyone over the age of 65yrs old?



WHEN WAS YOUR LAST
FALL?

Basic assessment in patient has fallen

- ▶ Hx of previous falls
- ▶ What happened this time
- ▶ Vision
- ▶ Gait
- ▶ Neurological deficit
- ▶ Pulse
- ▶ Lying and standing BP
- ▶ CVS examination
- ▶ Think about medications

CHANGE IN PRACTICE ALERT



Timed Up and Go Test

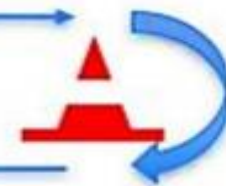
- Difficulty in getting up from sitting position
- Unsteadiness & Gait Disorder
- Time taken to cover 6 m > 12 seconds

Any of these alone or in combinations are predictors for future falls

Step 1: Stand up



Step 2: Walk 3 metres



Step 3:
Turn
around

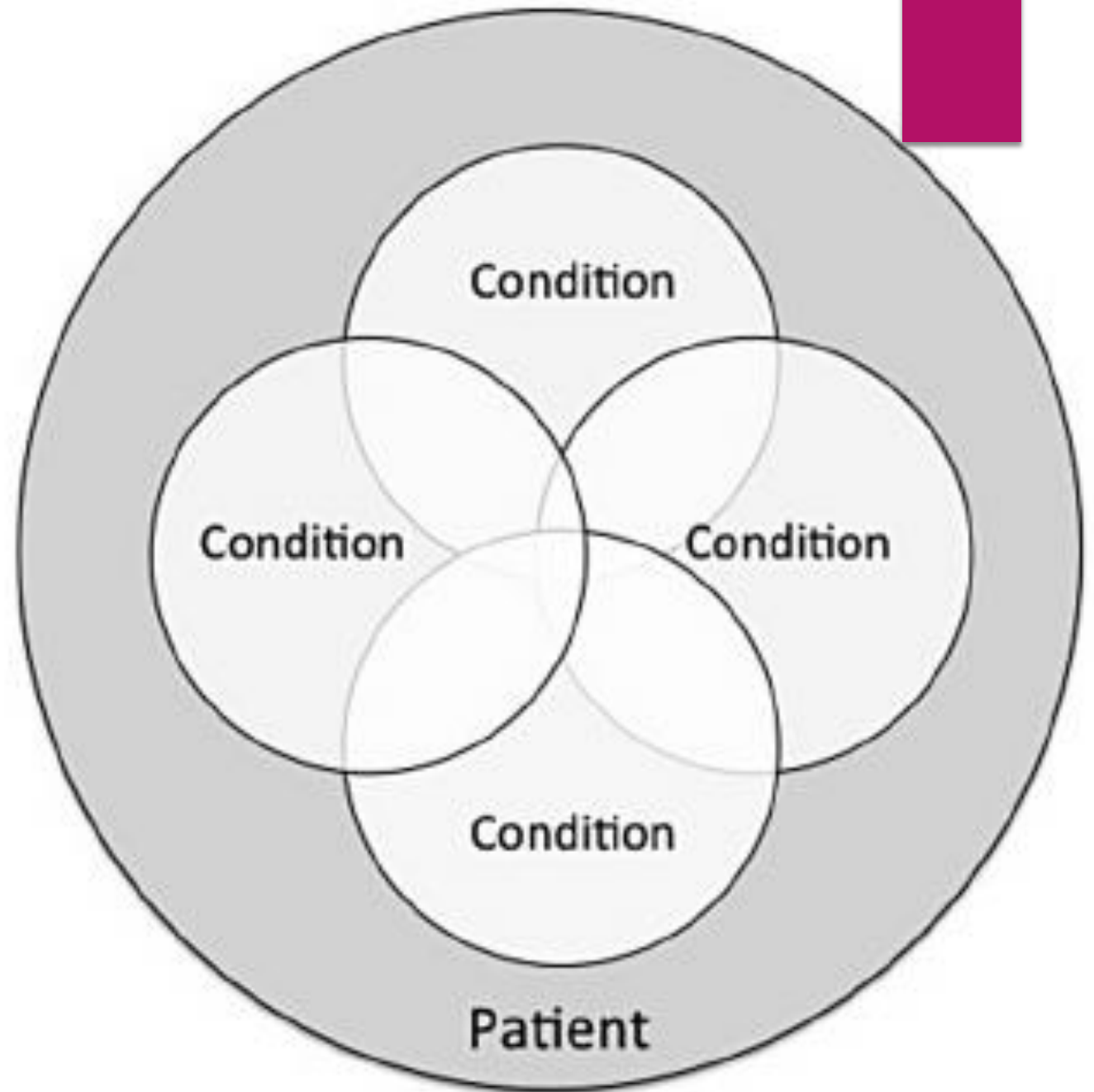
Step 4: Walk 3 metres



Step 5: Sit down

What is multimorbidity?

- ▶ When someone has 2 or more long term conditions



Meet Mabel

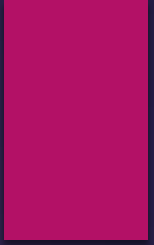



Visit information

- ▶ Mabel's daughter Judith calls the practice to ask for a home visit for Mabel because she fell in the night when she got up to go to the toilet. She doesn't think that her Mum lost consciousness but has badly grazed her arm. Judith sounds worried.



What could be the possible causes of Mabel fall?

- 
- 
- ▶ You decide to visit Mabel.
 - ▶ What else do you want to know when visit her?

Basic information from Mabel



Feeling a bit more confused over last few days



Can't always get to the toilet on time as toilet is upstairs



Examination: normal except looks pale BP lying 100/60, standing 94/56, 3cm laceration on right forearm

How
would you
manage
Mabel?



HOW DO WE ASSESS THIS PATIENT GROUP?

- ▶ Notice the patient may be increased risk of falls and Frailty
- ▶ Assess and optimise co-morbidities (often forgotten) – consider bloods, MSU etc
- ▶ Medication review and consider deprescribing
- ▶ Assess home environment and discuss obvious risks
- ▶ Assess nutrition – ask permission to look in the fridge!! (MUS screening tool)
- ▶ Assess mobility – Timed up and go test
- ▶ Assess memory – 6CIT
- ▶ Assess vision – optician assessment
- ▶ Assess hearing – home audiology review
- ▶ Assess social situation
- ▶ Consider a FRAX score
- ▶ Advanced care plan and discuss DNR if appropriate
- ▶ INVOLVE THE MULTIDISCIPLINARY TEAM EARLY
- ▶ NOK and LPA

ALSO KNOW AS A.....

COMPREHENSIVE GERIATRIC ASSESSMENT



Prescribing in Frail Adults (think about deprescribing)



	Indication current	Appropriate dose	Effective	Adverse Effects	Adherent	Shared Goals
Appropriate →	yes	yes	yes	no	Yes	yes
Inappropriate →	No	No	No	Yes	No	No

Hazard Perception Video

▶ Meet Freda

Take home points

- ▶ Always think about frailty in any patient over 65.
- ▶ Always ask a patient when was their last fall
- ▶ Consider doing a Timed to Get Up and Go Test
- ▶ Look for any underlying medical conditions
- ▶ Do a proper medication review
- ▶ Remember to break the patients management plan in to bite size chunks
- ▶ Frailty is everyone's responsibility



THANK YOU AND ANY QUESTIONS