

Frailty Evaluation and Management

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Frailty: The Silent Threat to Resilience

Frailty affects up to 51% of people aged 90 and older

5% to 17% of older adults in the general population are considered frail

Frail individuals have a 1.3 to 2.6 times higher risk of falls, disability, hospitalization, and death compared to non-frail peers

Women are more often diagnosed as frail, but men with frailty have higher mortality rates



What is Frailty?

Definition of Frailty

Frailty is a clinical condition marked by reduced physiological reserve and an increased susceptibility to external stressors.

Fried Frailty Phenotype

This model defines frailty as a physical syndrome with five features: exhaustion, weakness, slowness, inactivity, and weight loss.

Deficit Accumulation Model

Frailty is viewed as accumulated health deficits measured by a Frailty Index including impairments and disabilities.



Who to Screen?



Target Population for Screening

Screen adults aged 65+ or those with over 5% unexplained weight loss in the last year to identify frailty early.

Specialty Setting Screening

Frailty screening in oncology and surgery guides treatment decisions and reduces treatment-related risks.

Preoperative Evaluation

Preoperative frailty evaluation predicts postoperative complications and mortality in elective major surgeries.



Frailty Assessment Tools



Screening Tools for Frailty

Tools like FRAIL Scale, CFS, and G8 provide quick frailty screening using self-report or clinical judgment in limited-resource settings.

Comprehensive Assessment Tools

Fried Phenotype, CGA, and Rockwood FI assess multiple health domains for detailed frailty evaluation and personalized care planning.

Tool Selection Factors

Choice depends on clinical context, assessment goals, and resource availability to ensure accurate frailty identification and care.

Efrailty.org Resource

eFrailty.org offers electronic calculators, comparative guides, and decision support for selecting appropriate frailty assessment tools



Tailored Approaches by Frailty Status

FRAILTY STATUS	GOAL	KEY INTERVENTIONS
Robust	Prevent frailty	<ul style="list-style-type: none">- Promote physical activity- Healthy nutrition (protein, vitamin D)- Screen for social isolation- Regular geriatric assessments
Pre-frail	Reverse or halt progression	<ul style="list-style-type: none">- Multicomponent programs (exercise, nutrition, cognitive)- Medication review- Health education- Social engagement
Frail	Stabilize condition, prevent complications	<ul style="list-style-type: none">- Individualized care plans- Multidisciplinary team involvement- Home safety & fall prevention- Advance care planning
Severely Frail	Maximize comfort and quality of life	<ul style="list-style-type: none">- Palliative care- Hospice eligibility assessment- Avoid aggressive interventions- Caregiver support

Management Principles



Exercise Programs

Multi-component exercise programs include resistance, aerobic, flexibility, and balance training for at least three months.

Nutritional Strategies

Adequate protein intake 1.2 to 1.5 gm per kilogram and Mediterranean diet adherence support frailty management; vitamin D supplements used if deficient.

Geriatric Assessment

Comprehensive Geriatric Assessment (CGA) enables personalized, multidisciplinary care for frail older adults—improving function, quality of life, and clinical outcomes.

Medication Optimization and Support

Using Beers and STOPP/START criteria minimizes polypharmacy; social support and education enhance overall management.

Key Takeaways

Frailty is common and increases risk of poor outcomes in older adults

Early screening (≥ 65 years, weight loss, functional decline) is essential

Tailored care improves outcomes across frailty stages

Best strategies: Resistance training, protein support, CGA, medication review

Goal: Preserve function, independence, and quality of life