PS1.207

Frail elder, a challenge for the family doctor

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Background and Aim: Elders are defined as people aged 65 years and over. in Europe, by 2060, those aged will comprise 30 % of the population. There is no clear consensus on the definition of frailty. Frailty is not synonymous with comorbidity and disability. Comorbidity is a risk factor for frailty and disability is an outcome of it. Frailty is described as status of global impairment of physiological reserves involving multiple organ systems.
Method: A review of the literature is made about frailty definition and the applications as screening to identify frail older patients in primary care. in older people, comprenhesive geriatric assesment should form the basis of the diagnostic process.
Results: Two groups of frailty definitions can be categorized. Frailty phenotype, described by Linda Fried, and deficit accumulation model which most important representative author is Rockwood. Frailty phenotype use the biological syndrome model of frailty that includes five major criteria: weight loss, fatigue, weakness, low physical activity and poor endurance. It allows a classification in non-frail, prefrail and frail. On the contrary, deficit accumulation model considers symptoms, diseases, conditions and disability. Includes 75 components, ranged from 0 (absence of frailty) to 1 (full expression of deficit). It is important to know that frailty is independent of age and we can use the screening in primary care to prevent the disability and reduce the morbidity. These interventions are based in physical activity, nutritional intervention and cognitive therapy. There is no consensus on which are the most appropiate.
Conclusions: Although, the frailty definition is controversial, it can be use to identify frail older patients in our daily clinical practice to prevent adverse events as disability, mortality or institutionalization in patients in which we can do preventive cares.