

A Guide for Patients and Families

Frailty Myths



#1 Frailty is an inevitable part of ageing

FACT The risk of frailty increases with age, but it is not inevitable

In Singapore, research has shown that approximately 3.5% to 5% of community-dwelling individuals aged 50 and above are frail.

Studies from other countries revealed that up to 25% of community-dwelling older adults are found to be frail.



#2 People with multiple chronic conditions and/or disabilities are frail

FACT There is a difference between frailty, multiple chronic conditions and disability

Not all those with multiple chronic conditions are frail. It is possible for them to maintain their fitness with proper disease management.

Similarly, while frailty can lead to severe loss of function, not everyone with disabilities are frail.

For example, para-athletes may have a range of disabilities but are just as fit as an average adult.



#3 Frailty is irreversible and always leads to adverse outcomes

FACT It is a dynamic condition comprising a spectrum of non-frail, pre-frail and frail states

Frailty can improve or worsen overtime depending on individual's health status. A weaker person is less likely to improve to a pre- or non-frail state. Frailty should thus be addressed as early as possible.

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FRAILTY MYTHS

Condition is not inevitable with age and should be tackled early

Wong Wei Chin and Lim Wee Shiong

Madam Sim, who is rather early 80s, used to enjoy regular morning walks, group exercise classes and travelling on public transport to explore new corners with her friends.

However, over time, the onset of arthritis and joint pain in both her knees gradually hampered her physical activity.

Madam Sim found it increasingly difficult to board and alight from the bus and train. The pain got so unbearable that she had no choice but to stop using public transport altogether.

As her knee pain worsened, she became more socially withdrawn and eventually stopped venturing outdoors completely.

Things took another turn for the worse when Madam Sim came down with a common cold a few months later.

Feeling grumpy and untimely from her medication, she fell while getting out of bed. She ended up at the hospital emergency department with a head injury and was hospitalised.

Madam Sim is a classic example of a frail patient. Arguably, the most significant impact of frailty on a person is the reduced ability to perform normal day-to-day activities as well as a loss of independence, which can spiral

comprising a spectrum of non-frail, pre-frail and frail states.

A person's frailty can improve or worsen over time, depending on his preexisting state – a weaker person is less likely to improve to a pre- or non-frail state. Frailty should thus be addressed as early as possible.

Prevention or cure?

A comprehensive assessment of a person's medical, functional, psychological and social needs can help to piece together a useful snapshot of possible risk factors of his frailty.

Medical conditions that are potentially reversible, such as acute bacterial infection, can be diagnosed and treated. Medication should also be reviewed by a doctor or pharmacist, drugs that are no longer necessary should be stopped.

Following this, it is important for a frail individual to engage in physical activity. In particular, strengthening exercises, such as strength training in older adults does not cause lifting heavy weights at the gym. On the contrary, simple movements such as sit-to-stand exercises or weight workouts that can be performed at home.

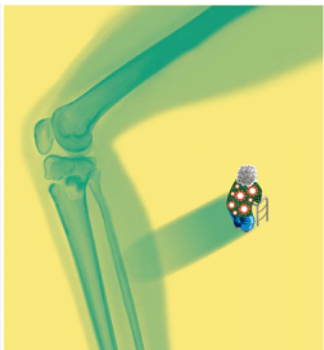
A frail individual should also have a healthy, well-balanced diet. Physical exercise and good nutrition practiced early in life will help reduce the risk of frailty later on.

Initiatives such as campaigns to promote exercise and healthier diets to older adults by the Health Promotion Board are helpful. More of such programmes are needed in the community to empower more elderly people to age well.

Madam Sim recovered well after a period of rehabilitation, coupled with comprehensive review and adjustment of her medications.

Upon her discharge from the hospital, she could walk with a walking aid, although climbing the stairs was sometimes difficult.

With her daughter's encouragement and support, Madam Sim gradually resumed her daily activities, including going to



Source: The Straits Times

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