



National Healthcare Group
Adding years of healthy life

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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MIND & BODY

DocTalk

FRAILTY MYTHS

Condition is not inevitable with age and should be tackled early

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Madam Sim, who is in her early 80s, used to enjoy regular exercise, walks, group singing services and travelling on public transport to explore new countries with her friends.

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

Madam Sim found it increasingly difficult to walk and to climb stairs from the bus to the train. The pain was 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As her knee pain worsened, she became more socially withdrawn and eventually stopped venturing outside her home.

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

Feeling groggy and unsteady from her flu medication, she fell while walking to the toilet and ended up at the hospital emergency department with a head injury and was hospitalized.

Madam Sim is a classic example of a frail patient. Arguably, the most significant impact of frailty on a person is that they are unable to perform normal day-to-day activities as well as a sense 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. In this pre-frail 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 is key. A comprehensive assessment of a person's medical, functional, psychological and social needs can help determine the best way to tackle a snapshot of possible risk factors of his frailty. Medical conditions that are preventable or reversible, such as heart failure, infection, can be diagnosed and treated. Medication management, as advised by a doctor or pharmacist, drugs that no longer necessary should be stopped.

Following this, it is important for a frail individual to engage in physical activity, in particular strength training.

Strength training in older adults does not mean lifting heavy weights on the gym. On the contrary, low-impact exercises such as the sit-to-stand exercise are useful workouts that can be performed at home.

A frail individual should also have a healthy, well-balanced diet.

Physical exercise and good nutrition are key components that will help reduce the risk of frailty later on.

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

Madam Sim recovered well after her hospital stay and was discharged with a comprehensive review and adjustment of her medications.

Upon her discharge from hospital, the carer went with her walking out, although finding the stairs was sometimes difficult.

With her daughter's support, Madam Sim gradually resumed her daily activities, including her

Source: The Straits Times

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