

Ageing and frailty in the UK

Author: Jay Acharya^A

In an ever-ageing UK population, frailty is a growing concern. This multidimensional geriatric syndrome is associated with deconditioning and, as such, worsening patient outcomes, and is an increasing burden on the healthcare system.

It is predicted that the prevalence of multi-morbid frail individuals will increase exponentially with a 17% increase in this patient cohort by 2035, of which 67% will suffer from cognitive impairment / dementia.¹ With life expectancy expected to increase to 85.7 years for men and 87.7 years for women by 2030, the importance of recognising frailty cannot be understated.²

One such widely used validated tool is the Clinical Frailty Scale (CFS). This scale, which when published in 2005, originally scored from 1 (very fit) to 7 (severely frail) was modified in 2007 to reflect a terminally ill stage and now comprises of nine points.³ The advantage of CFS scoring is the ability to predict patient outcomes in an acute setting and utilise geriatric specialty input.

In an audit undertaken at a local hospital in Surrey in November 2021 (Fig 1) of patients who were referred to the acute frailty team in the emergency department, it was noted that 79% of patients had a CFS score taken after 2 hours. Various studies have shown that the increasing level of frailty and the delay in identifying this, leads to longer length of stays with a mean 12.6 days of those who are severely frail (CFS >7) compared with a mean of 4.1 days of the non-frail cohort (CFS <4).⁴ With higher readmission rates of 31.2% of the severely frail compared with 19% in the non-frail cohort, early identification and importance of comprehensive geriatric assessments (CGA) can prevent complications with more effective and prompt discharge planning.⁴

CGAs are multidisciplinary diagnostic processes to evaluate various factors including medical, functional, social and psychological.⁵ While a full CGA in an acute setting may not be possible due to time pressures, the initiation and continuation in community settings allows for better prognoses for these patients and in turn can lead to fewer hospital attendances and readmissions.

In conclusion, the ever-growing burden of an ageing population with multi-morbidities and frailty will lead to an increasing cost and burden on the National Health Service (NHS) and as such the importance of recognising frailty in an acute setting and the consequences of delays will ultimately cost time and money. Therefore, the emphasis now must be on education for all healthcare professionals in primary care, secondary care and community teams on the early identification and management

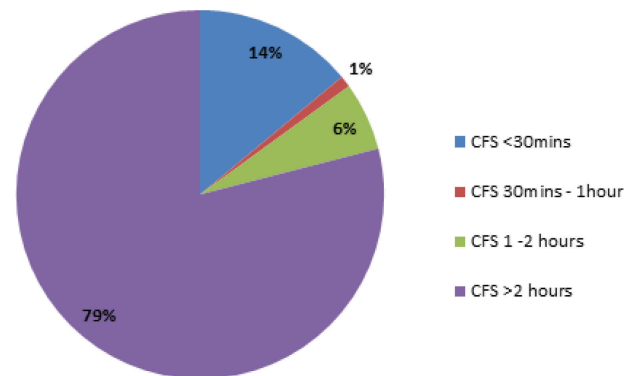


Fig 1. Time taken for Clinical Frailty Scale scoring to be done in the emergency department, total 96 patients (November 2021).

of frailty, CFS and CGAs. With the aim that with education, we will meet the needs of this ever-growing frail population. ■

References

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Author: ^ASt Peter's Hospital, Chertsey, UK