CLSA—A GERIATRICIAN’S PERSPECTIVE

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FRAILTY, FALLS, FRACTURES

Frailty
- Physical
- Cognitive
- Emotional
- Social
FRAILTY

Frailty has been recognized as a concept for 30 years

Definitions vary

- A syndrome resulting from a multisystem reduction in reserve capacity to the extent that physiologic systems are close to, or pass, the threshold of symptomatic clinical failure

- A state of increased vulnerability to adverse outcomes
FRAILTY

A clinical syndrome:
- Weakness
- Fatigue
- Inactivity
- Reduced food intake and weight loss
  - Often associated with:
    - Sarcopenia
    - Balance and gait abnormalities
    - Deconditioning
    - Osteopenia
FRAILTY

**Stressors**
- Illness
- Disability
- Dependence on others
- Burden on caregiver

**Reserves**
- Health
- Attitude
- Resources
- Caregiver
VULNERABILITY TO STRESSORS

- Minor illness in FIT OLDER PERSON
- Minor illness in FRAIL OLDER PERSON

Functional abilities

INDEPENDENCE

DEPENDENCE
Understanding frailty is important

- Greater complexity in treatment choices
- More complex care planning
- Greater costs of care
Frailty and its precursor state are potentially reversible.
It is a dynamic process.

Risk of mortality is better predicted by frailty than by chronological age.

With chronic disease, the addition of frailty increases mortality.
PROACTIVE ATTENTION TO FRAILTY

Identify “at-risk” individuals

Target resources and strategies to prevent slide into frailty or worsened frailty

- In the community
- In the hospital

Use frailty as a component to decisions regarding health care investigations, future planning

Palliative and Therapeutic Harmonization (PATH)
WHAT ARE WE LOOKING FOR SPECIFICALLY?

Cardiovascular wellness
- Exercise tolerance
- Any known heart disease
- Diseases that influence cardiovascular health
  - High blood pressure
  - Diabetes
  - High cholesterol

- EKG
WHAT ARE WE LOOKING FOR SPECIFICALLY?

Cerebrovascular Health
- High blood pressure
- Diabetes
- Heart disease
- Heart rhythm problems
- Carotid stenosis—Doppler ultrasound of carotid arteries

Stroke Risk
What are we looking for specifically?

Falls and Fractures

- Predisposing diseases that are associated with falls
- Osteopenia
- Osteoporosis

- FRAX score—10 year probability of hip fracture or other major osteoporotic fracture
WHY BONE DENSITOMETRY?

Identifies reduced bone mineral density and stratifies risk of fracture

Radiation exposure is equivalent to one day of background radiation
OTHER RISKS FOR FRACTURE

Advanced age
Previous fractures
Falls
Glucocorticoid therapy
Family history of hip fracture
Smoking/Alcohol

Diseases—Rheumatoid arthritis, liver disease, malabsorption, premature menopause, inflammatory bowel disease
WHY WORRY ABOUT FALLS AND FRACTURES?

Fractures of vertebrae and hip cause:

- Chronic pain
- Deformity
- Depression
- Disability
- Death

50% of individual with hip fracture are UNABLE to walk without assistance

25% require residential care
Thank You Very Much!

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Stand for people. Not a product or service or metric or number.

Stand for real, living, breathing people and we will change the world.