



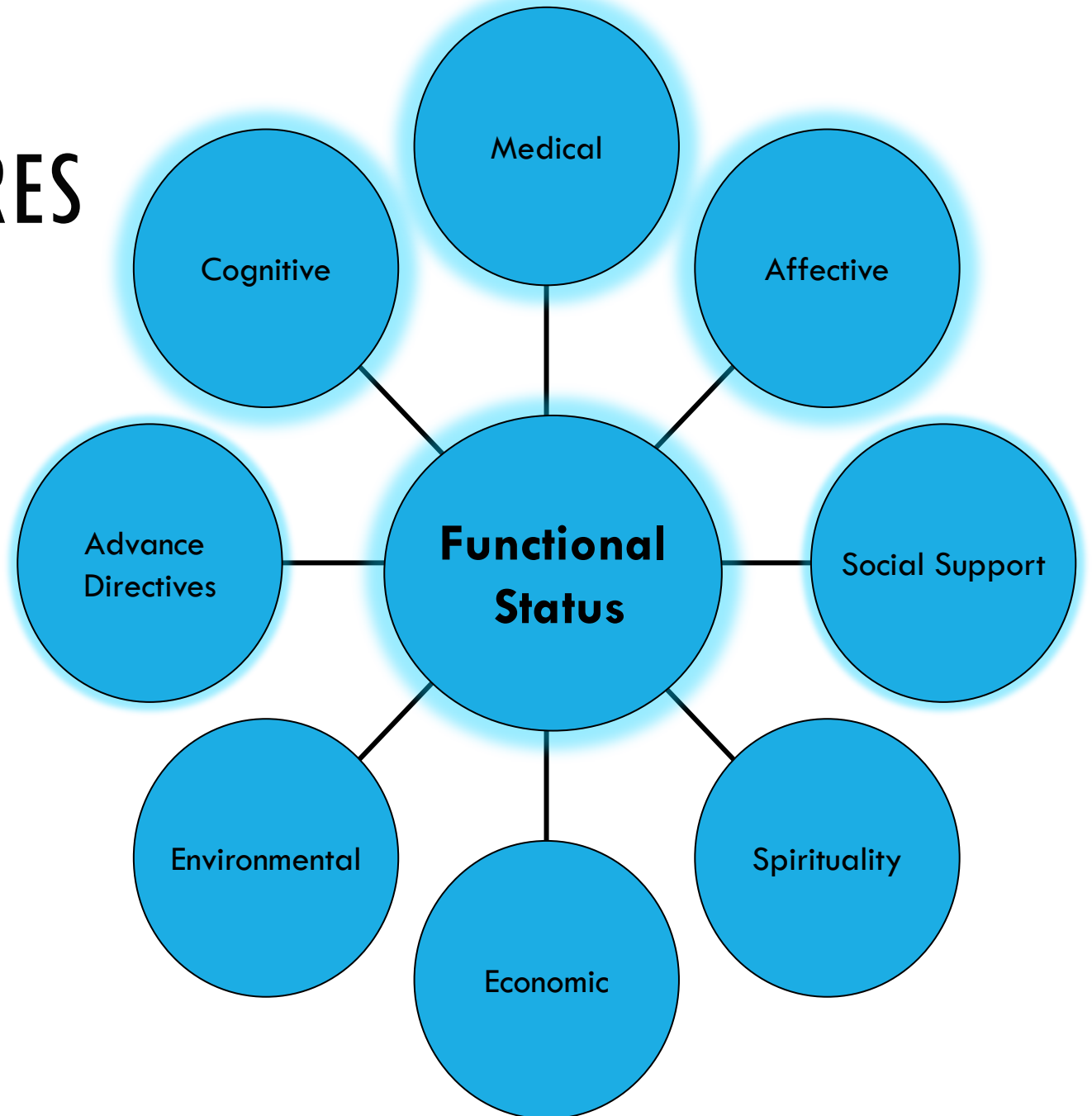
CLSA—A GERIATRICIAN'S PERSPECTIVE

Marilyn Bater, MD, FRCP(C)
Geriatric Medicine, Island Health

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

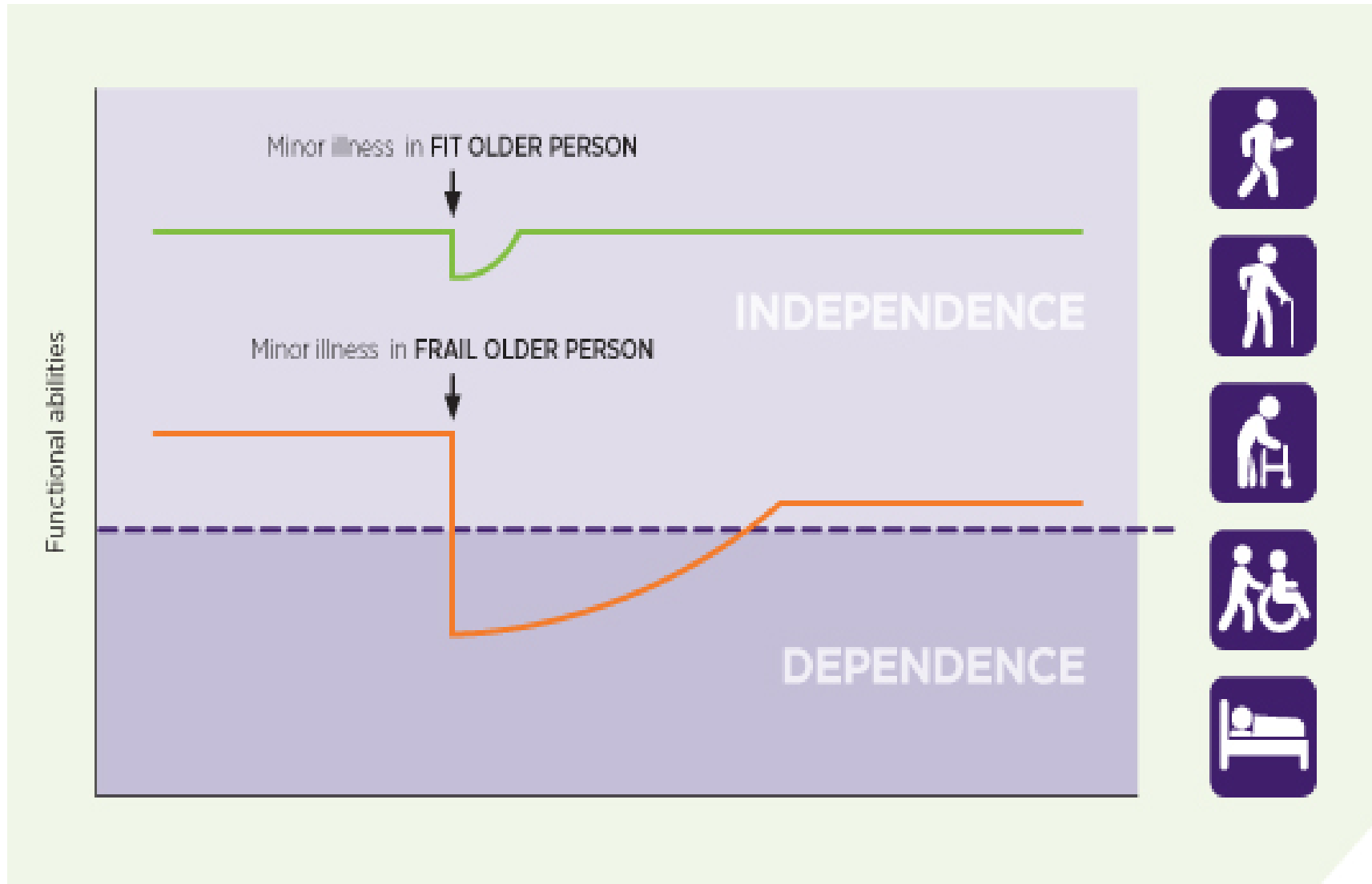
- Illness
- Disability
- Dependence on others
- Burden on caregiver



Reserves

- Health
- Attitude
- Resources
- Caregiver

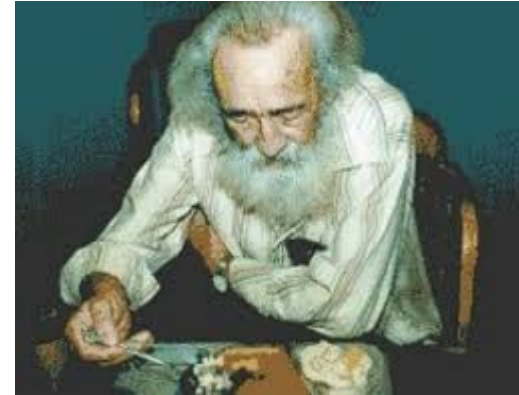
VULNERABILITY TO STRESSORS



FRAILTY

Understanding frailty is important

- Greater complexity in treatment choices
- More complex care planning
- Greater costs of care



FRAILTY

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)

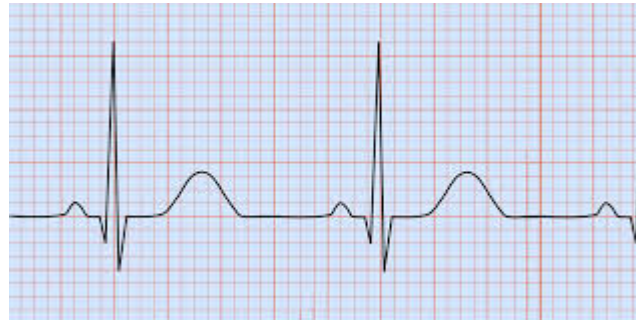
WHAT ARE WE LOOKING FOR SPECIFICALLY?

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

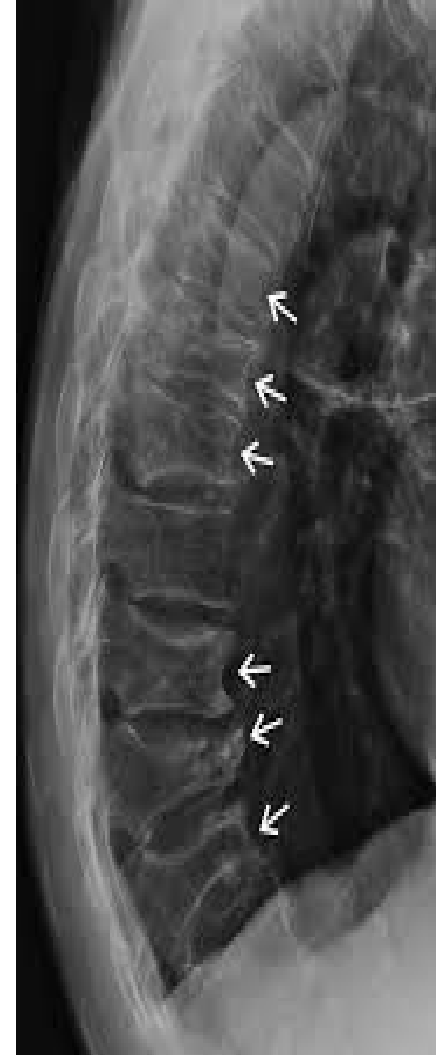
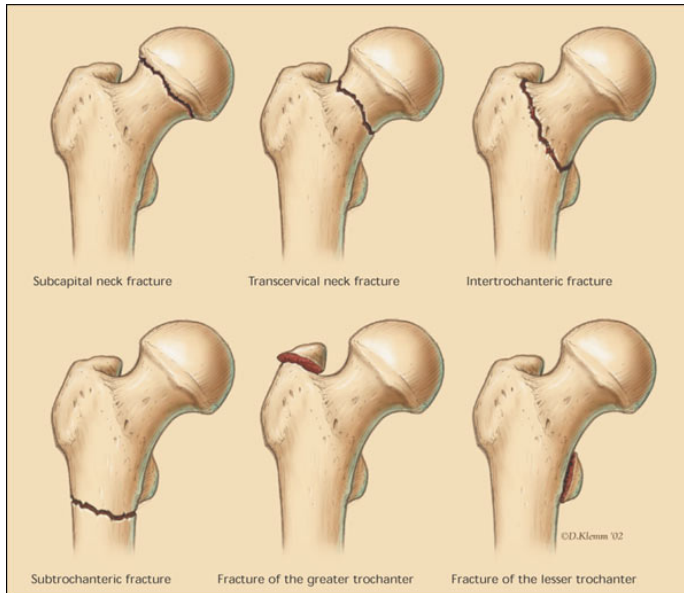
- Predisposing diseases that are associated with falls
- Osteopenia
- Osteoporosis

- 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!

Marilyn.Bater@viha.ca

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

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