

Fact Sheet - Frailty and deterioration

It is a privilege to work with older adults however this area of specialist care can also prove a challenge to health and social care workers too. We know more about older person's care than we ever have but key messages need to be shared amongst the whole workforce. It is suggested that 10% of people over 65 years are living with frailty and this estimate rises to between 25-50% for those over 80 years. It is important to remember that frailty is mostly but not exclusively present in older people.

An older person living with frailty has less physical reserve, they are generally more 'slowed up', tire easily and often in general will have reduced physical strength. Frailty develops over time and is more commonly being thought of as a long term condition. Evidence shows that individuals living with frailty will benefit from comprehensive assessment and multi-disciplinary working to provide the best care possible. This includes early recognition when an individual is unwell or their condition is deteriorating. We need to understand a person's usual condition so that in turn we can recognise when things are changing to support care planning and perhaps referral on to other health professionals to make care delivery as timely as possible.

One of the ways that we can ensure that all of this happens is to be aware of and understand what it means to be an older person living with frailty and also have good knowledge of how to recognise not just common signs and symptoms of illness but also frailty syndromes and other functional changes which may be an indication that there is an underlying problem which needs to be addressed.

When it comes to illness, frailty means we often see a massive response to something minor such as an infection or constipation.

Top tips

- Always get to know the person you are caring for and what is usual for them:
 - know the person's physical health and medical conditions
 - identify any mental health problems and the way these present themselves
 - be clear about the person's functional ability
 - learn about the person's background - social, family and work-life background

Understanding the above makes it easier to recognise any changes that occur and can help us to identify the reasons for these changes more quickly.

- Remember that older people living with frailty often present differently with illness e.g. a younger, fitter person with a chest infection may have obvious symptoms such as a cough or a temperature whereas the first signs in a person living with frailty could well be new or increased confusion, falls, unusually restless or agitated, sleeping when normally up and about or not eating and drinking as usual.
- Look out for the following '**Frailty Syndromes**' as an indication a person may be unwell:
 - Functional changes affecting mobility, eating and drinking, sleep patterns, feeling more tired
 - New or worsening confusion
 - New or worsening incontinence
 - Falls
 - Medication side effects – whether the person has been on the medicine for a short or long time

- Share your concerns with others such as a health care professional when you see changes in a person's condition to ensure the best care is planned for the individual in the timeliest manner. Always act on your gut feelings too. The aim is to look for any reversible causes that can be treated, improved with different care or aids or even to provide an opportunity for facilitating a peaceful end of life.

The challenge of frailty care is not everyone understands illness in old age often presents as functional changes; never be afraid to describe these changes when asking for help or sharing your concerns that these changes may indicate underlying illness.

Point to note - Not all older people like the word frailty, saying it reminds them of words such as broken, weak, and fragile so we must therefore be sensitive to the language we use.

References

British Geriatrics Society (2014) Fit for Frailty. Part One: Consensus Best Practice Guidance for the care of older people living with frailty in community and outpatient settings. Available at: http://www.bgs.org.uk/campaigns/fff/fff_full.pdf

Britain Thinks. (2015) Frailty: Language and Perceptions. A report prepared by Britain Thinks on behalf of Age UK and the British Geriatrics Society.

Nicholson, C., Meyer, J., Flatley, M., Holman, C. (2013) The experience of living at home with frailty in old age: A psychosocial qualitative study. *International Journal of Nursing Studies*, 50(9), pp.1172-1179.

Other useful resources:

BGS(2020) Keeping older people safe and well at home. Available at: <https://www.bgs.org.uk/resources/keeping-older-people-safe-and-well-at-home>

Is my resident unwell – a useful tool when managing suspected deterioration in an older person in a care home setting. Available at: https://www.ahsn-nenc.org.uk/wp-content/uploads/2020/03/WCCH_is_my_resident_unwell_A4_single_pages.pdf

Considerations in end of life care:

BGS(2020) End of Life Care in Frailty: Urgent Care Needs. Available at <https://www.bgs.org.uk/resources/end-of-life-care-in-frailty-urgent-care-needs>

Acknowledgements

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