Can Frailty Be Treated?

[SOURCES: “Detection and Significance of Frailty in Elderly Insurance Applicants” by Robert J. Pokorski, MD, in General Cologne RE, and a background report provided by Sudhir Karkarla, MD, Fellow, Geriatric Medicine, Arrowhead Regional Medical Center, San Bernardino.]

When we think about someone who might be frail, we think of people who maybe have a hard time standing or walking or who are weak, maybe very thin. In fact, frailty is identified when a person has combinations of such things as:

- Unintentional weight loss of 10 pounds or more in the past year
- Self-reported exhaustion
- Weakness, as measured by grip strength
- Slow walking speed
- Low physical activity
- Inability to perform instrumental activities of daily living (IADLs) including preparing of meals, doing light housework, getting around outside the house, and shopping
- Being unable to take off or put on a coat when necessary
- Difficulty climbing steps
- Difficulty standing up from a seated position.

A person who is frail has an increased risk for falls and injury, illness, loss of independence and even death. The causes of frailty in later adulthood include inadequate diet and poor nutrition, persistent depression, physical inactivity, being homebound and isolated from other people, and a history of heavy drinking or smoking.

A key component of frailty is the loss of muscle mass. Decreasing muscle mass can result from increasing secretions of the adrenal gland, which also result in lower resistance to infectious disease. As we age, lower hormone levels, in both men and women, contribute to loss of muscle.

However, people who view their health as poor, who have multiple chronic conditions, who are using five or more medications (regardless of the underlying diseases), who have sight impairment, who are obese, or who have a low income level, are all at greater risk to become frail.

The treatment of frailty needs to be “multidisciplinary”, according to Dr. Sudhir Kakarla, who is a Fellow in Geriatric Medicine at Arrowhead Regional Medical Center. He says that medical conditions need to be treated, vaccines need to be given to increase resistance to infectious disease, and smokers need to stop smoking. Dr. Kakarla recommends rehabilitation therapies and exercise training regimens to improve fitness, muscle strength, flexibility and mobility, as prescribed by your physician.
Proper nutrition is very important. Many people stop cooking and eating properly when they find themselves alone. Inviting friends or neighbors to join you for dinner can encourage you to cook and eat more healthy meals. Meals on wheels programs can help those who are homebound.

In many cases, frailty can be halted and even reversed. Here’s what to do:

1. See your doctor for treatment of contributing medical conditions, appropriate vaccinations, and a recommended plan of exercise
2. Stop smoking and limit alcoholic beverages
3. See a mental health professional for treatment of depression
4. Turn off the TV and get out and do things as much as possible
5. Go to a senior center and become involved in the activities
6. Make new friends
7. Take up new interests
8. Eat a balanced diet of healthy foods
9. Do your exercises regularly.

According to Dr. Robert Pokorski, “Some age-related changes are due to disuse and not aging, and the lost fitness can be regained with regular physical activity, even in extreme old age.” He continues, “Strength training does not halt the underlying loss of muscle fibers, but the improvement in strength may be equivalent to 10 to 20 years of rejuvenation” !!