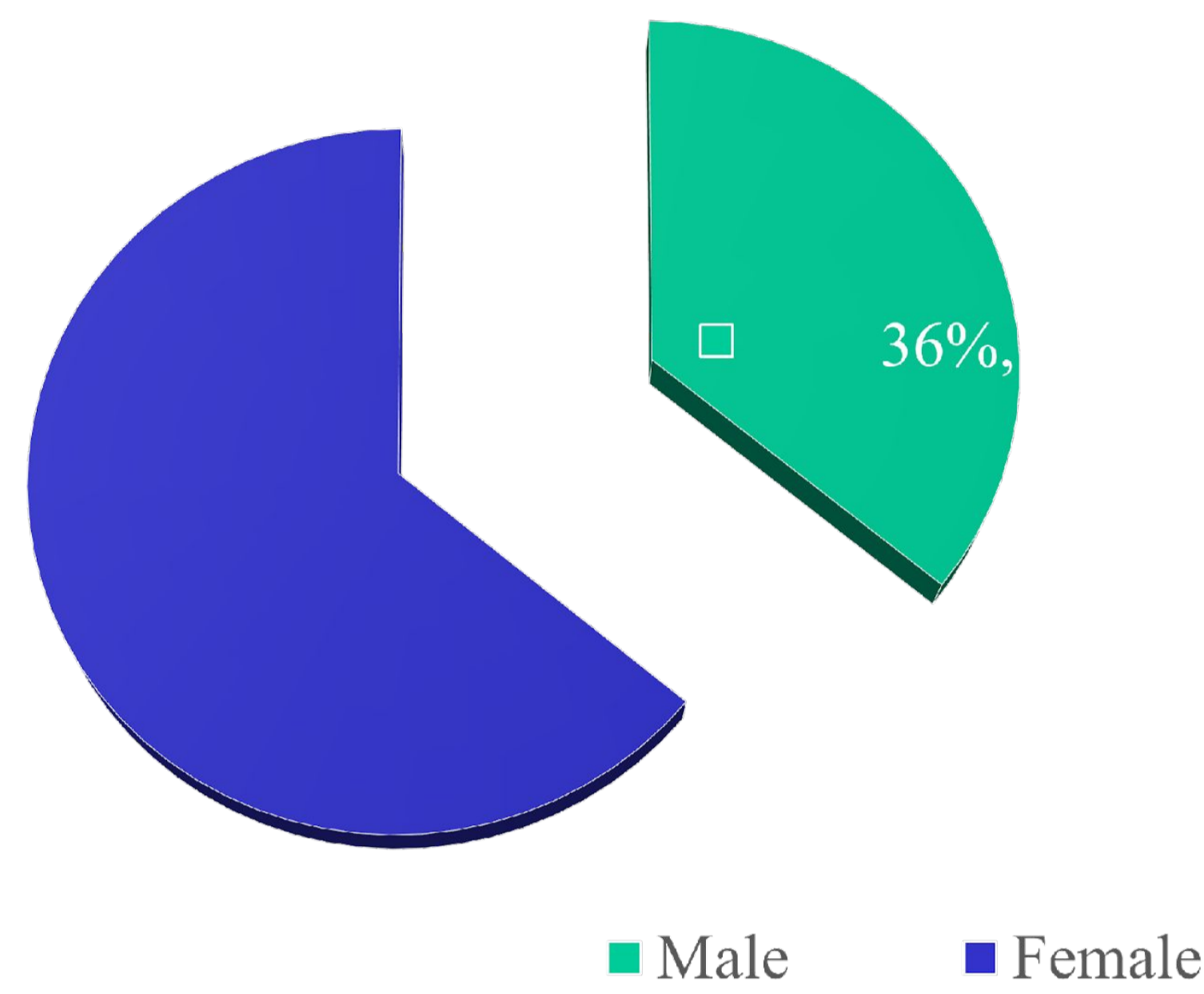


The Pattern of ICPOP Service Use According to the Clinical Frailty Scale

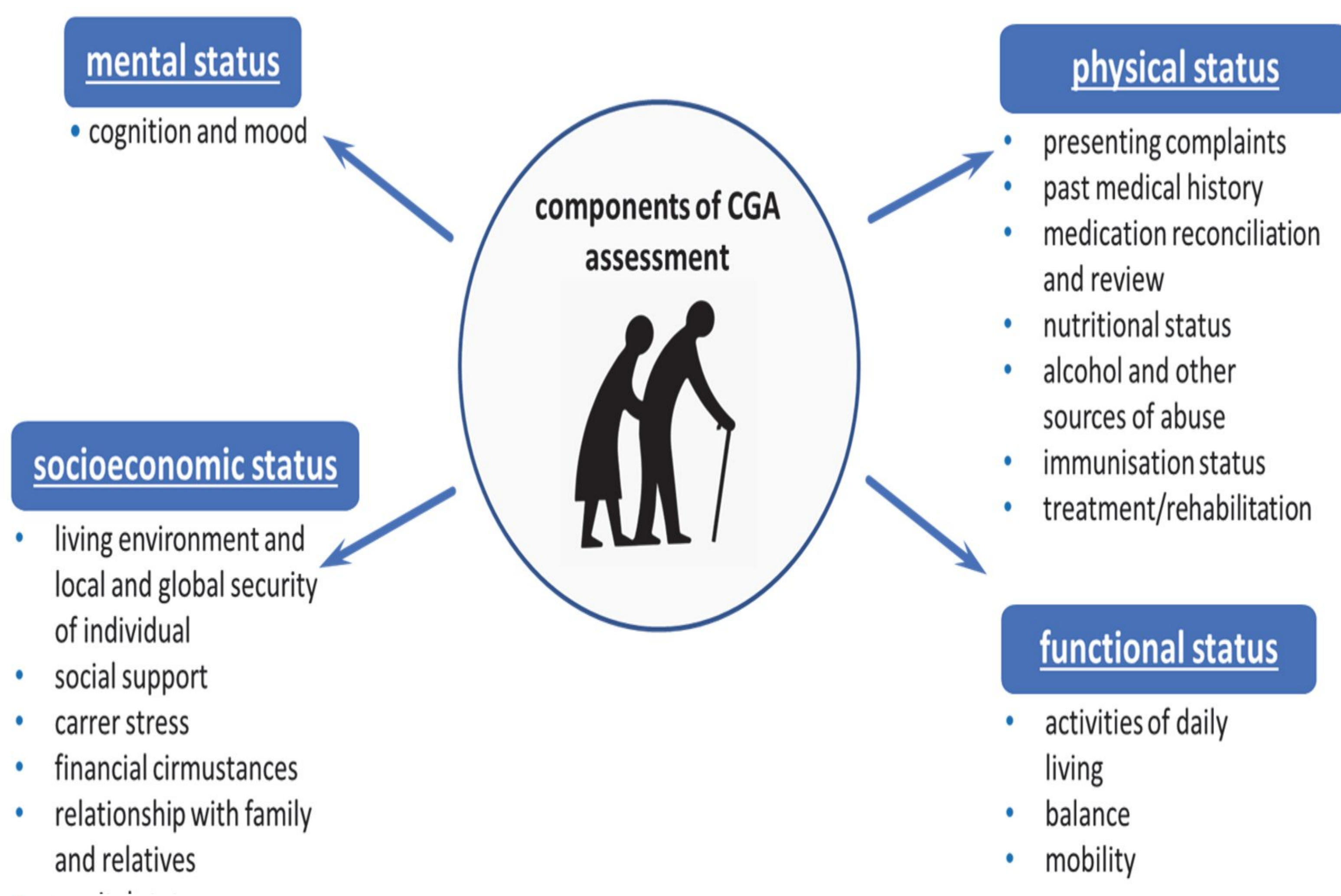
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Percentage % of Male v Female who received CGA



Background:

We are a specialist integrated team working with older people to co-ordinate and provide enhanced health and social care services through Comprehensive Geriatric Assessment (CGA) and intervention working across a large geographical region.



Results:

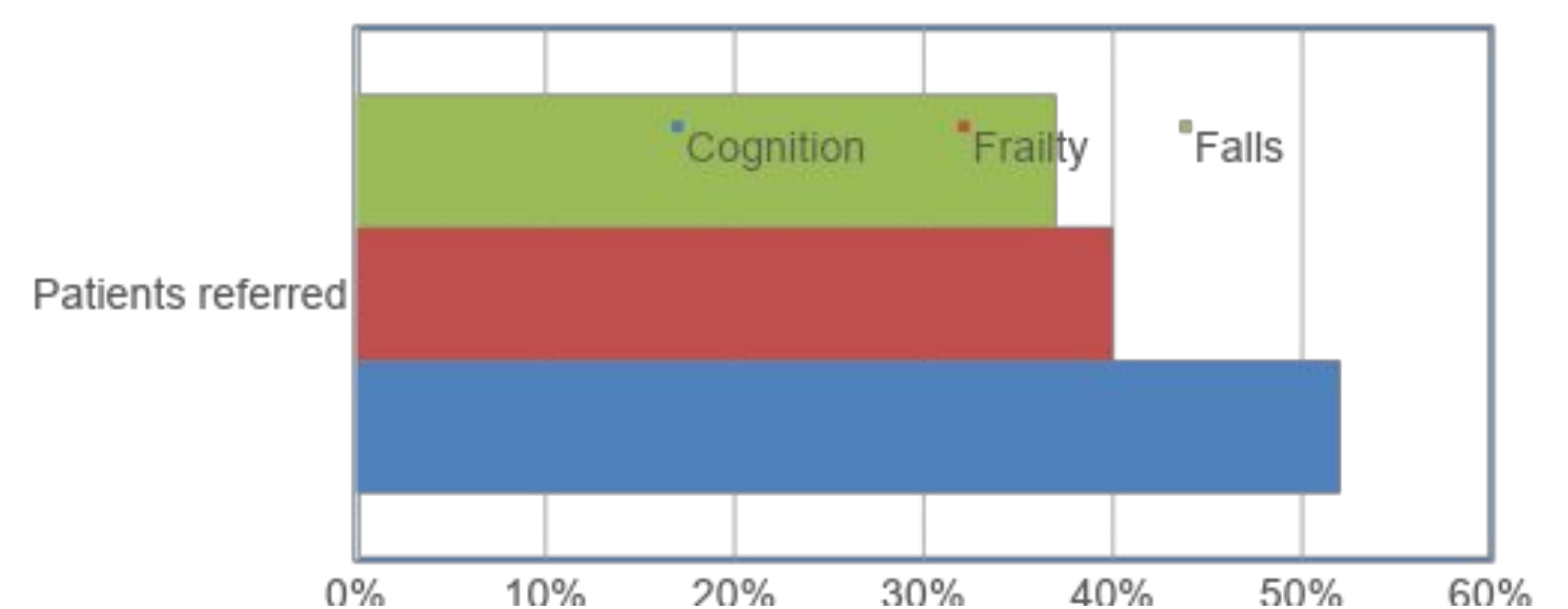
Of 249 patients who underwent CGA 64% (n=159) were female with a mean age of 82, and median MOCA score of 17. Reasons for referral were new or unexpected change in cognition (52%) frailty (40%) and falls (37%). Among this cohort 20% (n=51) were non-frail, 71% (n= 177) were frail and 8.4% (n=21) were severely frail.

There was no significant difference in mean MOCA score by level of frailty (p=0.49). Impairment in instrumental activities of daily living (IADL) was identified in 26% of non frail, 77% of frail and 100% of severely frail patients. 27% of non frail, 43% of frail and 33% of severely frail patients were living alone with carer strain reported in 70% of those with severe frailty. Informal care was regularly provided to 35% of non-frail, 60% of frail and 90% of severely frail patients.

Methods:

New patients who underwent CGA from January - May 2023 were suitable for inclusion in this retrospective study. Key parameters including demographics, cognitive and functional status were recorded and analysed according to the following categories of clinical frailty scale (CFS); 1-3 (non frail), 4-6 (frail) and ≥7 (severely frail).

Patients Referred to the Service



Conclusion:

Patients attending our service are frail, older and predominantly female. We identified a cohort who are not classified as frail but have cognitive impairment, are dependent for support in IADLs and reliant on informal care to allow them to live independently. In addition, we are supporting a severely frail, heavily dependent cohort and their caregivers. This demonstrates the complex case load within our ICPOP service which requires ongoing evaluation to ensure delivery of high quality person centred interventions

Clinical Frailty Scale*

- 1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
- 2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.
- 3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
- 4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.
- 5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
- 6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
- 7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
- 8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
- 9. Terminally Ill** – Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.