Frailty 5 Checklist

Teaching primary care of frail older adults

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As Canada's population ages, frailty, with its increased risk of functional decline and deterioration in health status, will become increasingly common. About a quarter of Canadians older than age 65 are frail, increasing to more than half in those older than age 85.[1]

Frailty is a state of increased vulnerability, with reduced physical reserve and loss of function. Frail seniors often have multiple comorbidities, take numerous medications, and might live in complex social environments. Assessment of a frail patient in the context of a busy family medicine clinic or on a home visit can be daunting for a medical student or resident. A practical approach to care of frail patients is critical.

Recently, a 92-year-old man living in supportive housing with type 2 diabetes, peripheral vascular disease, and a below-knee amputation came for a routine clinic visit in his wheelchair, accompanied by a friend. He was seen by a resident, who asked the patient about his diabetes and his pain, but was not sure what else to review. After the visit, the teacher and learner debriefed. The resident said, "You know what we need? We need a checklist. Checklists have improved care in other areas of health care.[2] If I could approach frail patients with a short checklist, I would feel more confident and thorough in my care."

We reviewed evidence-based guidelines for common conditions that occur in frailty and developed a checklist for medical learners and other primary health care providers. The checklist focuses on function and goals of care, which are often overlooked in the care of older adults.

The Frailty 5 Checklist covers the important domains of care for frail seniors (**Figure 1**): feelings; flow; function and falls; "farmacy"; and future and family. The guide to using the Frailty 5 Checklist suggests screening questions and structured assessment tools for each of the 5 checklist items (**Table 1**).[3,4]

Figure 1. Frailty 5 Checklist

Guidelines behind the Frailty 5 Checklist

Feelings

Mood: While routine screening for depression is not recommended by the Canadian Task Force on Preventive Health Care, clinicians are advised to be alert to the possibility of depression. Seniors with chronic health problems and social isolation are at risk of depression. Clinical clues, such as insomnia, low mood, and anhedonia, should trigger screening.[5]

Cognition: Screening asymptomatic adults for cognitive impairment is also not recommended; however, screening is indicated if a patient, family member, or other caregiver is concerned about potential cognitive decline or if the patient has symptoms suggestive of mild cognitive impairment.[6] Memory concerns should be evaluated and followed to assess progression.

Pain: Persistent pain commonly affects older adults and is associated with a number of adverse outcomes, including functional impairment, falls, decreased socialization, poor sleep, and greater health care use and costs.[7] Seniors might under-report pain.

Flow

Bowels: Rates of constipation approach 50% in adults older than 80 and can have substantial consequences such as syncope, coronary or cerebral ischemia, anorexia, nausea, pain, and diminished quality of life.[8] Constipation can be treated effectively with osmotic agents.

Bladder: Approximately 70% of women older than 70 have some form of urinary incontinence. Incontinence is associated with diminished quality of life owing to skin irritation, urinary tract infections, falls, and social isolation. It is second only to dementia as a cause of admission to long-term care. There is evidence for both conservative and other treatments of incontinence in older adults.[9]

Table 1. Guide to using the Frailty 5 Checklist

CHECKLIST ITEM	TOPIC	QUESTIONS
Feelings	Mood	If signs and symptoms of depression are present, consider using the Two-Question Screen: "In the past month have you often been bothered by feeling down or depressed or hopeless?" and "In the past month have you experienced little interest or pleasure in doing things?"[3]
	Cognition	Were any concerns identified by the patient, caregiver, or family? If yes, screen with the MMSE, MOCA, or RUDAS
	Pain	Do you have any pain? If so, where?
Flow	Constipation	How often do you move your bowels? Is your stool hard or lumpy? Do you have to strain with bowel movements?
	Urinary incontinence	Do you ever leak urine?
Function and falls	Activities of daily living	Do you need help with or has anyone taken over any of your usual activities? Review basic activities of daily living: DEATH (dressing, eating, ambulation, toileting, hygiene) Review instrumental activities of daily living: SHAFT (shopping, housework, accounting, food preparation, transportation)
	Falls	Have you had any falls in the past year? Consider the frequency, context, and characteristics of the falls. Consider if there are abnormalities of gait or balance[4]
"Farmacy"	Medication review	Review prescribed and unprescribed medications and how they are taken
	Medication adherence	How often do you not take or forget to take this medication?
	Deprescribing	Provider to consider the following: Are there any medications that are not currently needed and can be reduced or discontinued? Are there medications being used to treat the patient to targets that are inappropriate for frail older adults (for conditions such as diabetes mellitus, hypertension, and high cholesterol levels)? Deprescribing guidelines and algorithms are available from **https://deprescribing.org/resources/deprescribing-guidelines-algorithms**
Future and family	Supports	Whom do you rely on for support and assistance?
	SDM	Who is your SDM or POA for personal care and POA for finances? Does the named SDM align with the legal hierarchy? Have you discussed your goals and values with your SDM or POA?
	Goals of care	What is your understanding of your condition? What do you hope for and value in the remaining years of your life? What are your preferences for care in case of a life-threatening illness? The Speak Up campaign provides advance care planning tools at **www.advancecareplanning.ca**

MMSE—Mini-Mental State Examination, MOCA—Montreal Cognitive Assessment, POA—power of attorney, RUDAS—Rowland Universal Dementia Assessment Scale, SDM—substitute decision maker.

Function and falls. Basic and instrumental activities of daily living must be reviewed to understand what supports are needed.

Older adults should be routinely asked whether they have fallen in the past year, as falls are the leading cause of injury in older adults and can have devastating consequences.[4] A recent systematic review and meta-analysis of fall prevention found a reduction in injurious falls with exercise alone and with exercise combined with other interventions, including vision evaluation and treatment, environmental evaluation and modification, and calcium and vitamin D supplementation.[10] A home environment evaluation can be done by an occupational therapist through the local home care agency.

"Farmacy." Reviewing patients' medications (prescribed and unprescribed) is effectively done by checking pill bottles, dosettes, and blister packages. It is essential to assess medication adherence by asking patients how often, if at all, they forget to take each medication. Developing a shared understanding of the reasons for use of each medication can improve adherence.

In this population, an attempt should be made to deprescribe. Deprescribing is the planned process of reducing or stopping medications that might no longer be of benefit or might be unhelpful. The goal is to reduce medication burden and harm, while improving quality of life. Treatment-specific algorithms are available to help the health care provider in this process (**https://deprescribing.org**).

Consideration should also be given to starting medications with known benefits (eg, vitamin D, bisphosphonates) if such treatment is consistent with patients' goals of care and life expectancy.

Future and family. Frailty is associated with increased mortality and morbidity. However, only 2% to 29% of frail older adults have discussed end-of-life care with a health care professional, despite most of them wanting to discuss this sooner rather than later.[11] Document patients' supports, whether they have a substitute decision maker (SDM), and whether they have discussed advance care directives with their SDM. Knowing a patient's goals of care (eg, symptom relief, maintaining or improving function, living a long time) will guide mutual decision making.[11,12]

Useful tools are available to assist with these discussions, such as resources from the Speak Up campaign (**www.advancecareplanning.ca**) and a video by Atul Gawande on how to talk about end-of-life care with a dying patient (**https://www.youtube.com/watch?v=45b2QZxDd_o**).

Putting the Frailty 5 Checklist into practice

Structuring the next visit around the checklist, the resident identified several areas for intervention including identifying the patient's fall risk, ordering a home safety assessment, performing a vision check, adding vitamin D supplements to his medication, and lowering his hypoglycemic medication dose. The resident also started a conversation around goals of care and identifying an SDM.

Similar models to this checklist have been developed to describe the core competencies in geriatrics to those outside of the field (**page 39**).[13,14] However, our tool is designed for primary care providers and learners and it serves a different purpose: to act as a practical framework for providing care to frail seniors.

Conclusion

Caring for frail older adults can be daunting for both learners and seasoned professionals. Using this checklist can help bring order to complexity.

The Frailty 5 Checklist directs the the learner to identify 5 areas for possible intervention in a simple, focused format. Use of the checklist has the potential to improve learners' knowledge and confidence and to enhance the care of complex older patients.

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Competing interests

None declared

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Teaching tips

- The Frailty 5 Checklist helps the learner identify 5 areas for possible intervention in older adults in a simple, focused way.
- The guide to the Frailty 5 Checklist suggests screening questions and structured assessment tools for each of the 5 checklist items.
- The Frailty 5 Checklist can help learners organize the delivery of evidence-based care to frail older adults and assist in initiating important goals-of-care discussions with patients and families.

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