



Frailty in Older Adults: Identifying Risk Factors and Interventions

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ABSTRACT

As the global population continues to age, the issue of frailty in older adults has gained significant attention in both medical and social spheres. Frailty refers to a state of increased vulnerability to stressors, resulting from a decline in multiple physiological systems. It is characterized by reduced physiological reserve, diminished strength, endurance, and impaired functional capacity. Frailty is associated with a higher risk of adverse health outcomes, including falls, disability, hospitalization, and mortality. Therefore, identifying the risk factors contributing to frailty and implementing appropriate interventions becomes crucial in promoting healthy aging and improving the quality of life for older adults. This article aims to explore the risk factors associated with frailty in older adults and discuss interventions that can mitigate its impact. Age-related changes: Aging itself is a significant risk factor for frailty. As individuals grow older, there is a natural decline in physiological functions, including muscle mass, bone density, and sensory perception. These age-related changes contribute to the onset of frailty.

Keywords: Health; Nursing labour force; Gerontological nursing

INTRODUCTION

The presence of chronic diseases such as diabetes, cardiovascular diseases, and respiratory conditions increases the risk of frailty in older adults. These conditions often result in systemic inflammation, metabolic dysregulation, and reduced physical activity, leading to muscle wasting and frailty. Malnutrition and inadequate nutrient intake are common risk factors for frailty. Older adults may experience reduced appetite, taste alterations, and difficulties in chewing or swallowing, leading to insufficient intake of essential nutrients. Malnutrition further exacerbates muscle wasting and weakens the overall physical condition. Lack of physical activity and a sedentary lifestyle contribute to the development of frailty. Regular exercise, including strength training and aerobic activities, helps maintain muscle mass, improve balance, and enhance overall physical functioning. Sedentary behavior, on the other hand, promotes muscle loss, deconditioning, and increases the risk of frailty.

LITERATURE REVIEW

Social isolation

Social isolation and lack of social support play a significant role in the development of frailty. Older adults who are socially isolated are more likely to experience depression, cognitive decline, and physical inactivity, which contribute to the onset of frailty. Engaging in social activities, maintaining social connections, and participating in community programs can help reduce the risk of frailty. Adequate nutrition is crucial in preventing and managing frailty. Older adults should have access to a well-balanced diet rich in proteins, vitamins, and minerals. Nutritional screening and assessment should be conducted regularly to identify individuals at risk of

malnutrition. In cases of malnutrition or nutritional deficiencies, dietary counseling, and supplementation may be recommended.

DISCUSSION

Exercise and physical activity

Regular exercise and physical activity are key interventions in managing frailty. A combination of aerobic exercises, strength training, and balance exercises can help improve muscle strength, endurance, balance, and overall physical functioning. Exercise programs should be tailored to the individual's capabilities and preferences, and regular monitoring should be conducted to ensure safety and effectiveness.

Multidisciplinary care

Frailty is a complex condition that requires a multidisciplinary approach to management. Collaboration between healthcare professionals, including physicians, nurses, physical therapists, and dietitians, is essential in developing comprehensive care plans. Regular assessments, monitoring of chronic diseases, medication reviews, and coordination of care are essential components of multidisciplinary care for frail older adults. Falls are a common consequence of frailty and can result in serious injuries and functional decline. Implementing fall prevention strategies, such as home modifications, balance training, and [1].

Osteoporosis is a skeletal disorder that has a significant impact on socioeconomic systems. It is characterized by a decrease in bone mass caused by an imbalance between bone resorption and bone formation, which alters the bone's microstructure. The deterioration of the microstructure of the bone, increases the likelihood of fracture, which can lead to impairment

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and disability. After a fragility fracture, significant functional decline is typically inevitable because osteoporosis is frequently asymptomatic and tends to be diagnosed clinically, meaning in the advanced stage. As a result, early detection and prevention of osteoporosis are crucial to bone health. Notable elements of osteoporosis include advanced age, postmenopausal status, maternal history of osteoporosis, smoking propensities, lacking calcium admission, inordinate liquor utilization, low active work, and extreme glucocorticoid use. Osteoporotic fractures can lead to limb deformity, chronic pain, decreased quality of life, disability, additional complications, and even death [2].

Polypharmacy, the use of multiple medications, is common among older adults and can contribute to frailty. Healthcare providers should regularly review medications to assess their appropriateness and potential adverse effects. Deprescribing, the process of reducing or stopping unnecessary medications, can help minimize medication-related risks and improve overall health outcomes in frail older adults. Addressing psychosocial factors, such as social isolation and mental health issues, is crucial in managing frailty. Encouraging social engagement, participation in community activities, and providing access to mental health services can help improve the overall well-being of older adults and reduce the risk of frailty. Creating a safe and supportive environment is essential for frail older adults. Home modifications, such as installing handrails, removing trip hazards, and improving lighting, can prevent falls and promote independent living. Assistive devices, such as grab bars and shower chairs, can also enhance safety and mobility within the home [3].

A significant decline in their freedom is caused by the addition of 26 more patients to nursing homes. Due to the fact that some chores can't be completed with a rollator, one's freedom in terms of everyday activities also declines. Our findings agree with demonstrated that had a detrimental effect on the general health status and health-related quality of life of older patients with a particular focus on the substantial impairment of the physical, psychological, and social facets of health. They demonstrated that there is evidence in the literature that the pre-fracture state appears to have a deleterious influence on physical functioning or nutritional status [4].

The most common cause of hormone-related osteoporosis in postmenopausal women is oestrogen deficiency, which occurs as a result of the ovaries' natural aging process. However, the most common form of drug-induced osteoporosis remains glucocorticoid-induced osteoporosis. Other medications, in addition to glucocorticoids, increase the likelihood of developing osteoporosis. Proton pump inhibitors, hypogonadism, and agents that induce hypogonadism, selective serotonin receptor chemotherapies, medroxyprogesterone acetate antidepressants, anticonvulsants, inflammatory bowel disease, and thyroid hormone replacement or suppressive agents are all common medications and medical conditions that are associated with secondary osteoporosis.

Education and awareness

Promoting awareness about frailty among older adults, their families, and healthcare providers is essential. Education programs can help individuals recognize the early signs of frailty, understand the importance

of proactive interventions, and empower them to make lifestyle changes that promote healthy aging. During the observation phase, older adults will be offered different health promotion activities, depending on the multidimensional assessment. Healthy older adults will be offered collective physical exercise programs and nutritional recommendations. Services will be provided to promote socialization and educational modules dedicated to fall prevention. For subjects with chronic diseases, in addition to health promotion, services for patient empowerment and improved adherence to treatment goals will be provided [5,6].

CONCLUSION

Frailty in older adults is a significant health concern with various risk factors contributing to its development. Addressing these risk factors through comprehensive interventions is crucial in promoting healthy aging and improving the quality of life for older adults. By implementing strategies such as nutritional interventions, exercise and physical activity programs, multidisciplinary care, fall prevention strategies, medication management, psychosocial support, home modifications, and education, healthcare professionals can mitigate the impact of frailty and enhance the overall well-being of older adults. It is imperative for healthcare systems and communities to prioritize frailty prevention and management to ensure healthy aging for the growing population of older adults worldwide.

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CONFLICT OF INTEREST

None.

REFERENCES

1. Abdelhafiz AH. Heart failure in older people: Causes, diagnosis and treatment. *Age Ageing* 2002; 31:29-36.
2. Berliner D, Bauersachs J. Drug treatment of heart failure in the elderly. *Herz* 2018; 43:207.
3. Luchner A, Behrens G, Stritzke J, Markus M, Stark K, Peters A, et al. Long-term pattern of brain natriuretic peptide and N-terminal pro brain natriuretic peptide and its determinants in the general population: Contribution of age, gender, and cardiac and extracardiac factors. *Eur J Heart Fail* 2013; 15:859-867.
4. Borlaug BA. Evaluation and management of heart failure with preserved ejection fraction. *Nat Rev Cardiol* 2020 ;17:559-573.
5. Diez-Villanueva P, Alfonso F. Heart failure in the elderly. *J Geriatr Cardiol* 2016; 13:115.
6. Barywani SB, Ergatoudes C, Schaufelberger M, Petzold M, Fu ML. Does the target dose of neurohormonal blockade matter for outcome in systolic heart failure in octogenarians? *Int J Cardiol* 2015; 187:666-672.