Differentiating Comorbidity, Disability, and Frailty: The Implications
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Description
Using an evidence-based framework, an expert panel comprised of a geriatrician, epidemiologist/sociologist, and physical therapist will present the concepts of comorbidity, disability, and frailty in a new perspective, highlighting their distinguishing characteristics and interrelatedness and implications for PTs.

The proportion of US adults age 65+ is increasing dramatically. Older patients are often described as “frail” and referred to physical therapy. They are also described as having multiple chronic conditions (comorbidities) or disability. While there is no consensus on the clinical definition of frailty and the terms frailty, comorbidity, and disability have been used interchangeably to describe a physically vulnerable subset of older adults, the three terms refer to distinct clinical entities posing unique challenges.

The panel will discuss the uniqueness of each entity and what their interconnectedness means for the physical therapist. Within this context, major attention will be given to the multifaceted frailty syndrome, the assessment and physical therapy management of frailty in the clinical setting, and challenges working with frail older adults. The expert panel will introduce research on the physiologic/biologic basis of frailty, methods for classifying frailty, factors predicting its occurrence and sequelae, and targeted interventions.

As geriatric practitioners of choice, it is vital that physical therapists use sound exercise principles to maximize the older adult’s function. Therefore, practical information will be provided beginning with the application of sound exercise principles to aptly challenge the older individual’s abilities and effect physiological change for improving function. An overview of exercise-based interventions will be presented for multiple chronic conditions and disability, and will then focus on

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current evidence on effective interventions for frailty. Interventions for each clinical entity will look somewhat different, but a common focus is prevention and having older adults move as much as possible regardless of whether they have multiple comorbidities, disability, and/or frailty.

Learning Objectives

Upon completion of this course, the participant will be able to:
1. Describe the distinguishing features and interrelationship of comorbidity, disability and frailty as well as their clinical presentation and factors that should be considered in the assessment and clinical management of older adults with these conditions.

2. Define frailty in the older adult, its physiological and biological basis, and classification; risks and sequelae; and the importance of the pre-frail stage.

3. Discuss the physical therapy clinical implications including the risks, consequences, and costs of disability, comorbidity, and frailty.

4. Apply principles of exercise to optimize movement and function of older adults, and describe safe, challenging, and effective exercises for the aging adults with various levels of comorbidity, disability, and frailty based on current evidence.

5. Identify the best available frailty interventions based on current literature.
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Discussion Points

3:00

- Introduction: What does the older adult look like in the PT clinical setting?
- Definitions & interrelationships: comorbidity, frailty, disability
  - SALSA-ICF Disablement Models
  - Common occurrence of comorbidity in older adult
  - Demographics

3:30

- Frailty as a geriatric syndrome
  - How do we define “frailty”?
  - What is the underlying biology and physiology of frailty?
  - What are the consequences of frailty for older adults?
- Rockwood construct of frailty
- Fried Classification of frailty
  - Stages of frailty: importance of the pre-frail stage
- Initial manifestations of future frailty
- Diagnosing and treating frailty, disability, chronic comorbid conditions in older patients
  - How are frailty, disability, and chronic comorbid conditions differentiated clinically from a MEDICAL standpoint?
  - Physician approaches to diagnosing frailty
    - When does the MD refer to PT?

4:00

- What does frailty, disability, or chronic comorbid conditions mean for patients and for PTs?
- PT: Challenges in treating frail older patients
  - What is the role of the PT in frailty examination?
  - When should the PT refer the patient back to the MD?
- PT: Examination for frailty, disability, or chronic conditions
  - Challenges in examination
  - The movement system exam: method to capture functional limitation
- Interventions for the frail older adult: What does the evidence say?
  - The evidence on PT interventions for frail older adults: A review of current literature
- Clinical implications for Physical Therapists
- Summary of key points

4:45

- Case study with Q & A session
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TAKE HOME POINTS

Comorbidity, Disability, Frailty

- The proportion of persons 65+ years old is growing rapidly in the U.S. population with an increasing portion of vulnerable older adults.
- Frailty, comorbidity, and disability are terms often used interchangeably to define physically vulnerable older adults.
- Although interrelated, each of these terms refers to distinct characteristics and identifies older adults with unique needs, challenges, and management.
- The examination and management of the older adult with any, or some combination of these conditions, poses special challenges for PT’s.

FRAILTY:

- Frailty - a clinical, geriatric syndrome characterized by vulnerability to stress with aging and poor outcomes - is of increasing concern in medical and physical therapy clinical practice.
- There is no firm consensus on diagnosing frailty in the clinical setting; frailty is distinct from comorbidity and disease.
- Stages in the progression of frailty include non-frailty, pre-frailty, and frank frailty.
- Risk of frailty varies by socioeconomic status, race/ethnicity, and gender.
- There is only limited direct evidence guiding interventions to decrease frailty.
- Currently available evidence suggests multicomponent interventions have superior outcomes.
- A critical time for intervention is the pre-frail stage.
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References

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Evidence-based Interventions

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