



Frailty syndrome

Many of your care clients suffer from frailty

Are you familiar with the term "frailty"? If not, you should know that it is one of the most important terms in geriatrics*. The term "frailty" means "frail" and describes the fact that the body of those affected has reduced reserve capacities and is highly susceptible to illness (vulnerability). Frailty is one of the main causes of death in the elderly. And as frailty predominantly affects senior citizens, we provide you with some information on the subject here.

*Geriatrics is the medical speciality that deals with the health and care of older people.

Frailty due to loss of muscle mass

The risk of frailty (frailty syndrome) rises sharply with increasing age. This is because the function of some organs declines with age and the body's muscle mass also decreases. However, if an older person also suffers from malnutrition, particularly protein deficiency, or a lack of exercise, for example, more muscle mass is lost than normal. This increased muscle loss then leads to the elderly person becoming frailer and more frail. And if, for example

If, for example, kidney and/or lung function is impaired, this also contributes to the development of frailty syndrome. The body then uses the remaining physical reserves to maintain the most important vital functions. Therefore, in a state of frailty, muscular performance and well-being continue to decline and resistance is greatly reduced. As a result, even minor stresses such as

acute infections,

Change of medication,

surgical interventions, even minor ones,

Relocation / change of residence or

Mental stress

lead to a massive deterioration in the general state of health because the body is simply no longer able to compensate for it. As a result, the risk of falls, hospitalisation, loss of consciousness, disabilities and the need for care increases significantly as the disease progresses.





These factors have an influence on the development of frailty:

Lack of exercise



Malnutrition and malnutrition



Chronic diseases of the cardiovascular system, diabetes, arthritis and osteoporosis



Pre-frailty: these are the signs

Pre-frailty, i.e. the preliminary stage of frailty, can be recognised by the fact that your care client is physically weak. Exhaustion and weight loss are common in the early stages.

are also often visible. In addition to the physical problems, social or mental symptoms can also occur, e.g. social withdrawal or depression.

Frailty syndrome: these are the symptoms

Frailty syndrome is characterised by pronounced weakness, fatigue, weight loss, reduced muscle strength and slower walking speed. These are the typical symptoms of frailty syndrome:



Weakness: lack of muscle strength, lack of mobility and Activity restriction

Exhaustion: extreme tiredness, rapid fatigue and lack of energy



Weight loss: unexplained weight loss



Infections: frequent acute infections with delayed recovery



Balance disorders: Unsteady gait, frequent falls



Disorders of consciousness: Confusion and disturbances of consciousness



Need for assistance: limited independence depending on the type of day

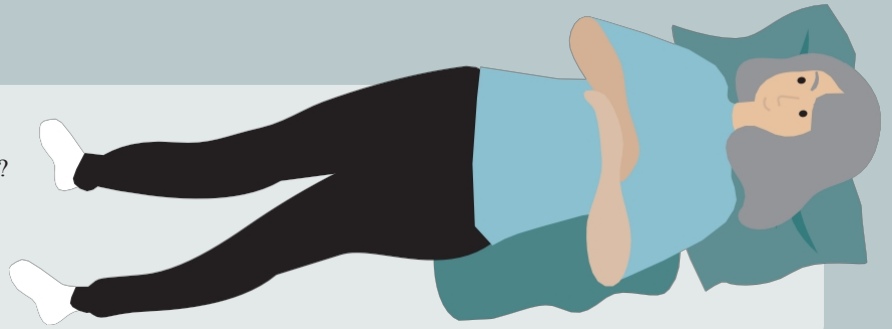


Recognising frailty

The FRAIL scale is used in Germany to determine the frailty of a care client.

FRAIL stands for

Fatigue (tiredness):
Do you feel tired most of the time?



Ambulation (walking ability): Can you walk 100 metres?



Illness (diseases):
Do you suffer from more than 5 diseases?



Resistance (muscle strength):
Can you climb one floor of stairs?



Loss of Weight (weight loss):
Have you unintentionally lost more than 5kg in the last 6 months?



If none of the criteria are met, the patient is considered fit. If 1 to 2 criteria are met, the patient is considered "prefrail" and if more than 3 are met, the patient is considered "frail".

Source: <https://www.aerztezeitung.de/Kongresse/Wie-das-Syndrom-der-Gebrechlichkeit-diagnostizieren-226092.html>



Important: If you notice an increased risk of frailty in one of your nursing clients, you should inform a carer or your PDL so that they can arrange a visit to the doctor, who can then make a diagnosis and initiate further measures if necessary.





How you can help your care client with frailty

If you notice signs of an increased risk of frailty in a care client, please inform your PDL, who will consult the doctor if necessary. If the doctor diagnoses frailty syndrome, you as a carer can also support suitable measures that can delay the progression of frailty:

Exercise: Physical activity has a positive effect on the muscles, brain, immune system and hormones. You can therefore encourage your care client to exercise regularly. As part of the respite services or nursing care services, you can, for example, offer to go for regular walks with them.



Social participation: Social contacts and activities promote mental abilities and support mobility. You can suggest that your care client take part in social activities, for example by attending a day care centre or care group. If this is not desired, you can offer more individualised measures as part of the care services.



Nutrition: If you notice that your care client is not eating a balanced diet, please discuss this with the PDL. The PDL can work with you and the nursing staff to consider whether, for example, "meals on wheels" or additional support with food intake would be useful. Protein-rich food and the intake of certain micronutrients (e.g. vitamins D and E) are particularly important for frailty patients. The PDL or a carer can also check whether there is a loss of appetite or problems with chewing and swallowing and initiate appropriate measures if necessary.



Medication: Discussing the necessary treatments to alleviate symptoms of frailty syndrome, such as pain, is the responsibility of the nursing staff in collaboration with the doctor.



Care needs: Care professionals regularly adapt care planning to the changing needs of the care client.

It is important that care is individually tailored to the frailty syndrome in order to ensure good care and effective care management.



Avoid stress: Even small changes, such as hospitalisation, seaside stress or a change in daily routine, can increase the risk of frailty. Discuss such points with your PDL so that they can take them into account when planning tours and care and so that your care client's daily routine remains as stable as possible.

