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Frailty may be defined as a syndrome of physiological decline in later life with increased vulnerability to adverse health outcomes.[1] Frail patients are less able to cope with stressors such as acute illness or trauma compared with younger or non-frail older adults.[2]

Although frailty is associated with increasing age, aging itself does not define frailty. Some people remain vigorous and high functioning despite advanced age, while others experience a gradual, relentless functional decline in the absence of apparent disease or illness or may fail to rebound following illness or hospitalisation.[3,4]

The ability to accurately assess frailty in older adults can have important benefits for patients through better tailored and informed clinical practice and referral to the most appropriate clinical pathways. A variety of frailty measures have been developed and the prevalence of frailty varies with the tools used to define it.[1]

The Clinical Frailty Scale (CFS)© is a rapid screening tool that allows triage or resources to those most at risk of complications and allows the at-risk cohort to be predicted better than by age alone.[1,4] It enables clinicians to quantify frailty through clinical judgement to inform practice.[3] Additionally, it can be used to identify those who might need a more formal comprehensive geriatric assessment.

Clinical Frailty Scale© components:
- Level of dependence
- Presence of terminal illness
- Presence of dementia

**Indications**
- Patients aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 55 years and over
- Patients younger than 65 years for whom frailty is a potential concern, based on the clinician’s observations and reports from patients and their caregivers (clinical judgement must be applied)

**Contraindications**
- Patients who obviously do not present with signs of frailty (clinical judgement must be applied)

**Complications**
- Application of the Clinical Frailty Scale© must not be allowed to delay clinical assessment and management of the acute patient.
- Assessment of clinical frailty must be undertaken with due sensitivity and respect for patients and family members at all times.
**Clinical Frailty Scale**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>VERY FIT</strong> – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</td>
</tr>
<tr>
<td>2</td>
<td><strong>WELL</strong> – 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.</td>
</tr>
<tr>
<td>3</td>
<td><strong>MANAGING WELL</strong> – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</td>
</tr>
<tr>
<td>4</td>
<td><strong>VULNERABLE</strong> – 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.</td>
</tr>
<tr>
<td>5</td>
<td><strong>MILDLY FRAIL</strong> – 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 outdoors alone, meal preparation.</td>
</tr>
<tr>
<td>6</td>
<td><strong>MODERATELY FRAIL</strong> – People who 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 with dressing.</td>
</tr>
<tr>
<td>7</td>
<td><strong>SEVERELY FRAIL</strong> – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within approx. 6 months).</td>
</tr>
<tr>
<td>8</td>
<td><strong>VERY SEVERELY FRAIL</strong> – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</td>
</tr>
<tr>
<td>9</td>
<td><strong>TERMINALLY ILL</strong> – Approaching the end of life. This category applies to people with a life expectancy &lt; 6 months, who are not otherwise evidently frail.</td>
</tr>
</tbody>
</table>

**SCORING FRAILITY IN PEOPLE WITH DEMENTIA**

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the detail 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.

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**Additional information**

- Factors associated with increased prevalence of frailty include:\footnote{[1]}
  - Older age
  - Lower educational level
  - Current smokers
  - Unmarried
  - Depression, or use of antidepressants
  - Intellectual disability
- There is increased evidence that dysregulated immune, endocrine, stress, and energy response systems are important to the development of frailty.\footnote{[1]}
- Sarcopenia, the degenerative loss of skeletal muscle mass and strength is a key physiologic component of frailty.\footnote{[1]}
- Frailty is associated with an increased risk of mild cognitive impairment and an increased rate of cognitive decline with aging.