Frailty and dementia defined

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Robert Drummond, York University

Dr. Samuel Searle is a physician specializing in geriatric medicine with an appointment at Dalhousie University. He started by defining the main concepts – frailty and dementia. Frailty, he said, could be seen as variability in the risk of death among people of the same age, or more generally as a state of vulnerability. The term was also used as a non-specific measure of physiologic reserve. Frail persons generally experience more negative effects of illness and longer periods of recovery. Frailty is associated with greater likelihood of falls, experience of disability, a need for long-term care and susceptibility to early death. In the population 65 years of age and older, the incidence of frailty is around nine per cent. The "gold standard" of screening tools for frailty is a "Comprehensive Geriatric Assessment," but it is sometimes identified by simply an increased number of health problems. Risk factors for becoming frail include smoking, heavy drinking, lower socio-economic status, and various health issues (such as heart or circulatory disease, diabetes, and so on). The expected outcomes of frailty – disability and mortality – can be mitigated by care planning, better nutrition, and social assets such as regular contact with friends and neighbours.

Dementia is defined as a major neurocognitive disorder. It is distinguishable from normal aging with mild cognitive disorder, in that it involves impairment that interferes with daily activity; dementia also includes as a decline in cognitive formation not explained by delirium. Cognitive impairment includes loss of memory, weakened reasoning capacity, impaired visio-spatial recognition, loss of ordinary language, and/or weakened capacity for executive function – the capacity to plan and carry out activities.

There are numerous forms of dementia, including Alzheimer's Disease which is slow to progress from a gradual onset. Other forms of dementia can result from vascular problems (e.g. blood clots or bleeding in the brain). Dementia is found in about one per cent of the population aged 60, a number that increases to 30 per cent of the population at age 85. Family history seems to have a relatively small effect. Prevention, or delayed onset, of dementia, Dr. Searle explained, can sometimes be accomplished through exercise, diet, and cognitive training. The latter should involve a variety of puzzles or tests.

The management of dementia should involve maintaining a healthy lifestyle, cultivating social supports such as friends and shared activities, installing safety features in one's residence, developing a care plan in advance of need, reducing vascular risk factors, and using some medications. Preferred medications at present include cholinesterase inhibitors.

The course of the disease (including Alzheimer's) ranges from 3.8 to 10.7 years, with a mean of around 4.5 years. The good news is that the incidence of dementia seems to be declining, probably because of better education and better management of vascular risk factors.

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