

Nutrition, Frailty, Cognitive Frailty and Prevention of Disabilities with Aging

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Older adults can be categorized into three subgroups to better design and develop personalized interventions: the disabled (those needing assistance in the accomplishment of basic activities of daily living), the 'frail' (those presenting limitations and impairments in the absence of disability) and the 'robust' (those without frailty or disability). However, despite evidence linking frailty with a poor outcome, frailty is not implemented clinically in most countries. Since many people are not identified as frail, their treatment is frequently inappropriate in health care settings. Assessing the frail and prefrail older adults can no longer be delayed, we should rather act preventively before the irreversible disabling cascade is in place. Clinical characteristics of frailty such as weakness, low energy, slow walking speed, low physical activity and weight loss underline the links between nutrition and frailty. Physical frailty is also associated with cognitive frailty. We need to better understand cognitive frailty, a syndrome which must be differentiated from Alzheimer's disease.

Therefore, a frailty screening tool that relies on the clinical opinion of the general practitioner has been developed in France. In response to the French government's policy for preventing disability in older persons, a day hospital was established in 2011, the G rontop le of Toulouse (i.e. the geriatric center of Toulouse), for the evaluation of frailty and prevention of disability [1]. Geriatric patients are referred to the center by general practitioners who detect signs or symptoms of frailty, and patients are screened using a simple, quick frailty questionnaire as well as an assessment of gait speed. The frailty screening tool asks six questions regarding living alone, weight loss, fatigue, mobility, memory and slow gait speed (table 1). At the G rontop le frailty clinics, we have found that almost 40% of the patients referred to our center by their primary care physicians to evaluate frailty had significant weight loss in the past 3 months, 83.9% of patients presented slow gait speed, 53.8% a sedentary lifestyle and 57.7% poor muscle strength. Moreover, 43% had a Mini-Nutritional

Table 1. The Gérontopôle frailty screening tool (from Vellas et al. [2], with permission): a questionnaire for the detection of frail older patients by general practitioners

	Yes	No	Don't know
Does your patient live alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient involuntarily lost weight in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient felt more tired in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient experienced increased mobility difficulties in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your patient complain of memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your patient present slow gait speed (i.e. >4 s to walk 4 m)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered <i>yes</i> to one or more of these questions:			
Do you think that following your clinical subjective global impression your patient is frail and at risk for further dependency?	<input type="checkbox"/>	<input type="checkbox"/>	
Patients aged 65 years and older without functional disability (ADL score $\geq 5/6$) and with no current acute disease.			

Assessment less than 23.5 and 9% less than 17, which reflects protein-energy undernutrition. More than 60% had some cognitive impairment associated with physical frailty.

References

- 1 Subra J, Gillette-Guyonnet S, Cesari M, et al: The integration of frailty into clinical practice: preliminary results from the Gérontopôle. *J Nutr Health Aging* 2012;16:714–720.
- 2 Vellas B, Balardy L, Gillette-Guyonnet S, et al: Looking for frailty in community-dwelling older persons: the Gérontopôle Frailty Screening Tool (GFST). *J Nutr Health Aging* 2013;17:629–631.