

Psychological Frailty in the Aging Patient

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There has been little discussion in the geriatric literature about the concept of ‘psychological frailty’ which encompasses cognitive, mood, and motivational components. Conceptually, the term implies a parallelism with physical frailty and its negative health outcomes about which much has been written. Both are assumed to emerge from the same fundamental, age-dependent biological dysregulations that affect every organ and system of the body over time. The psychological frailty concept is intended to consider brain changes and its behavioral correlates that are beyond normal aging decline, but do not obligatorily encompass disease, and are presumed to result in decreased cognitive or mood resilience and reserve in the face of modest stressors. These changes may be the possible precursors of eventual negative health outcomes such as reductions in functional capacity, engagement, individual decision-making, and increased dependency in a manner analogous to the reported poor health consequences that can follow physical frailty. It is likely that both types of frailty interact, though this may only be obvious clinically later on in the process when both have considerably advanced.

Most clinical work exploring the interface between cognition, mood, and physical frailty has demonstrated a bidirectional *association* between the two domains. Psychological symptoms or deficits have been described as either worsening the degree of physical frailty, or physical frailty has been viewed as a risk to worsening cognition or depression. But age-related psychological frailty, a consequence of altered brain function, has not been studied specifically as an entity unto itself. That is, important questions regarding it have scarcely been asked [1, 2], particularly experimentally. What is the theory behind it? What are its characteristics? By what mechanisms does the brain reveal loss of resilience under modest stress and can this be visualized? Are there markers that predate a psychological decline? Is the construct clinically useful? Perhaps these questions still linger because the concept of psychological frailty has fallen between the areas of interest of geriatricians, neurologists, psychiatrists,

and cognitive neuroscientists and would require collaborative efforts among them to uncover its brain mechanisms, links to disease and physical frailty, functional consequences, possible early interventions and identification of long-term health implications. In an era of new and exciting functional neuroimaging techniques, combinations of imaging methods, sophisticated cognitive testing paradigms, advances in neuropsychopharmacology and well-developed statistical and research design methods, it should be possible to purposefully probe the secrets of psychological frailty, its relation to normal and exceptional aging, disease, and other forms of body frailty.

References

- 1 Panza F, Solfrizzi V, Frisardi V: Different models of frailty in pre-dementia and dementia syndromes. *J Nutr Health Aging* 2011;15:711–719.
- 2 Keleiditi, E, Cesari M, Canevelli M, et al: Cognitive frailty: rational and definition from an (I.A.N.A./I.A.G.G.) International Consensus Group. *J Nutr Health Aging* 2013;9:726–734.