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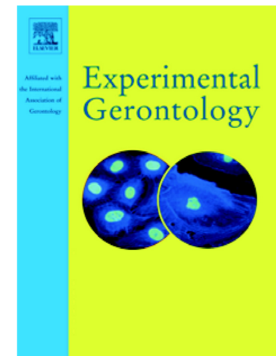

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Diseases AND or IN frailty, an important conceptual difference

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Abstract:

Frailty is a clinical state that increases an individual's vulnerability. It is an outcome marker in several medical scenarios. However, there is a lack of recognition in the medical field. Frailty should not be regarded as a condition superimposed to disease. Contrarily, it should be noticed as a state frequently found either as a component of diseases themselves or as their outcome. The work of a geriatrician is focused on the best possible approximation to the medical and psychosocial issues that an elder has, and must join the treatment team when the person has a considerable number of conditions that makes him/her frail. Traditionally medicine has focused mainly on illnesses, but the state of frailty requires a change of mindset, through a multidimensional person centered approach.

Key words:

Frail Elderly, Geriatrician, Frailty

Discussion:

If we were to ask someone, what the main or distinctive illness for a cardiologist to treat is, they would most likely reply: “heart attack” or “heart failure”. Likewise, if the same question were posed regarding psychiatrists, the response would probably be: “depression” or “schizophrenia”. On the other hand, if we were to inquire this same information concerning geriatricians, the answer would be harder to attain, even among geriatricians themselves. A common response would be: “all illnesses in the elderly”, which would be right to some extent, taking into account the fact that geriatric medicine, as a specialty, focuses on the human being, instead of merely concentrating on their organ systems. Further, even if it would be ideal, not all diseases in elderly individuals are treated by geriatricians. For instance, patients with Chronic Obstructive Pulmonary Disease (COPD) might be assessed by pneumologists without requiring a geriatrician. Then, when is intervention by specialists in geriatric medicine imperative? The answer is clear: when the person to treat has frailty (1,2).

Frailty is a clinical state defined as an increase in an individual’s vulnerability for developing functional dependence and/or an increased risk of mortality when exposed to stressful events(1,3). Therefore, a fragile patient requires a multidimensional intervention directed towards better acknowledging the impact of said clinical state and, as such, allowing timely diagnosis and interventions. For instance, when employing our COPD patient as an example, we acknowledge that a pneumologist could adequately treat the disease if the patient solely required inhalers.

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