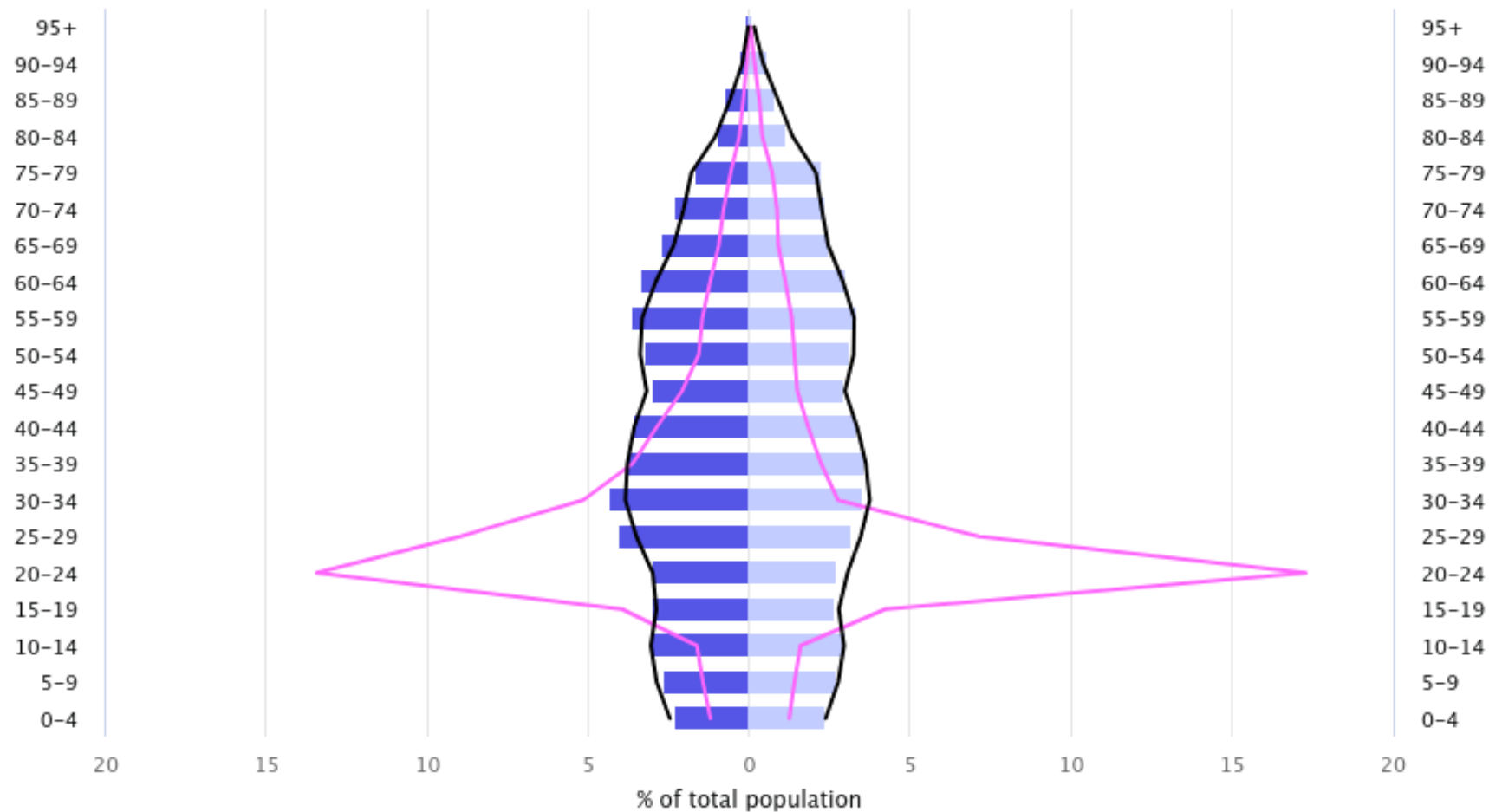


Considering Frailty with Cancer Referrals in Primary Care

Nicola Robinson

Population age profile

GP registered population by sex and quinary age band 2023



- Stoneham Lane Surgery (Male)
- Stoneham Lane Surgery (Female)
- Southampton North PCN
- England

When do we think frailty?

- Falls (e.g. 'collapse', 'legs gave way', 'found lying on floor')
- Immobility (e.g. sudden change in mobility, 'gone off legs' 'stuck on toilet')
- Delirium (e.g. acute confusion, worsening of pre-existing confusion/short term memory loss)
- Incontinence (e.g. new onset or worsening of urinary or faecal incontinence)
- Susceptibility to side effects of medication (e.g. confusion with codeine, hypotension with antidepressants).

Valid Tools.....

- Gait speed: taking more than five seconds to cover four metres
- Timed up-and-go test (TUGT) taking more than ten seconds to get up from a chair, walk three meters, turn around and sit down.
- A brief clinical assessment would help exclude some false positives (e.g. fit older people with isolated knee arthritis causing slow gait speed).
- PRISMA 7 Questionnaire which is an alternative for self- completion, including use as a postal questionnaire. A cut off score of three or more suggests the need for further clinical review.

Prisma 7 questions

1] Are you more than 85 years?

2] Male?

3] In general do you have any health problems that require you to limit your activities

4] Do you need someone to help you on a regular basis?

5] In general do you have any health problems that require you to stay at home?

6] In case of need can you count on someone close to you?

7] Do you regularly use a stick, walker or wheelchair to get about?

Prisma 7 questions

- 1] Are you more than 85 years?
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- 3] In general do you have any health problems that require you to limit your activities
- 4] Do you need someone to help you on a regular basis?
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- 7] Do you regularly use a stick, walker or wheelchair to get about?

SCORE >3 frail

Is it age related?

- >85y 25%-50% will be frail
- >65y 11% (3% severe, 12% moderate)
- cumulative deficit model, 'the more things somebody has wrong with them, the more likely they are to be frail'

Is it age related?

- >85y 25% will be frail
- >65y 3% severe, 12% moderate
- cumulative deficit model, 'the more things somebody has wrong with them, the more likely they are to be frail'
- 54y lady with COPD, obese, DM, Fibromyalgia, OA, ex-smoker, on support in social housing.....

How to communicate frailty?

A change in language (and, with it, perception!)

The frail elderly.....

An older person living with frailty.....

What I think happens....

What I think happens....

Age bias

Postcode bias

good and bad

Assumptions on support

Pressure from family

CGA benefits – much better outcomes

Secondary care listen

ECOG	Description
0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours.
4	Completely disabled. Cannot carry on selfcare. Totally confined to bed or chair
5	Dead

Clinical Frailty Scale



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – 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.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – 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.



5 Mildly Frail – 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 outside alone, meal preparation and housework.



6 Moderately Frail – People 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 (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

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

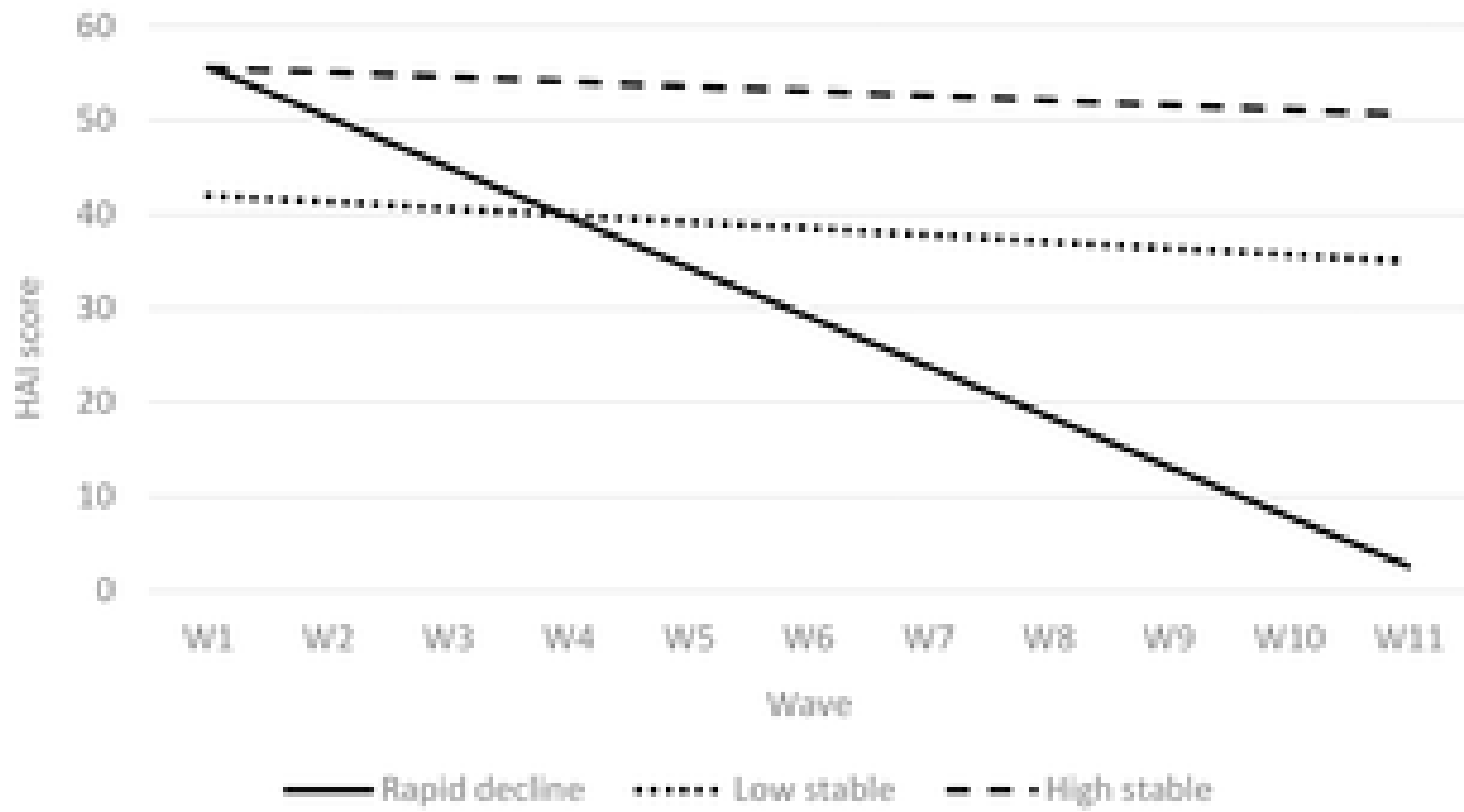
What could help?

2009 study of older people in Newcastle showed that

“78% of 85-year-olds rated their own health as good, very good or excellent”

“a delightful statistical impossibility that overturns the general view that life in advanced old age is made miserable by poor health” (BMJ 2009;339:b4904).

Linear health trajectories over 11 time points



Prevention

Muscle strength training:

20–25 minutes 4 times per week at home, (arms, legs, balance, & coordination)

periodic encouragement by a health professional
maximised participation.

Protein supplementation:

increased intake of milk, eggs, tuna, chicken or supplements containing 25g protein and 400kcal per day

Why does it matter?

Absolute number of older people increasing, so those living with frailty is increasing too

(BJGP 2019;69(678):e61-e69).

2019 – estimated 4000 hospital admission per day of those living with frailty.

Frailty starts earlier and progresses more rapidly in socioeconomically-deprived areas.

What about cancer referrals?

- Numbers
- Information provided at the time of referral
- Skilled Clinical leadership
- Dedicated MDT clinic to ensure that all options considered
- Involve the individual in decision making
 - Subjective & Objective
- Communication to individual and the health care team

Frail person with cancer?

- Long term condition
- Live with the cancer
- Manage symptoms
- Treatment
 - Curative
 - Palliative
- Communication
 - Joined up, can seek advice/review

Individual versus system

We are good at trying to help the individual but we need to think bigger....

....promoting a 'healthy ageing' narrative is not equitable as people with the economic and educational resources to effect change are set to benefit most.

Public health initiatives must aim to facilitate access to and promote uptake of lifestyle interventions for all individuals across the life-course in order to see significant changes in the ageing trajectories of the population.

“Healthy ageing needs to be viewed as an active process – beginning from before birth – whereby people are supported to maintain their health over the course of their lives.”

2016 ‘Growing older In the UK’, BMA

Cancer affects some; ageing affects all