

New report looks at integrating frailty research into care as we age

20 June 2017

Though it is one of the most frequently used health indicators as more and more of us age, frailty—the medical term for increased vulnerability to declines in health or a loss of independence—remains understudied and under-utilized, so say researchers reporting on a prestigious conference hosted by the American Geriatrics Society (AGS) and the National Institute on Aging (NIA), with support from the Alliance for Academic Internal Medicine (AAIM) and The John A. Hartford Foundation. Conference findings, published in the *Journal of the American Geriatrics Society*, are poised to advance not only a consensus definition for frailty but also our understanding of its biology, assessment, and role in improving care across several specialties, from cardiology and geriatrics to behavioral and social sciences.

Convened in 2015 for recipients of the NIA's Grants for Early Medical/Surgical Specialists Transition into Aging Research (GEMSSTAR) program, the NIA "U13" [conference](#) brought together more than 75 scholars, researchers, leaders in the fields of aging and frailty, and NIA representatives to present and further stimulate research on frailty, particularly across the array of disciplines involved in the high-quality, person-centered care we all will need as we age.

According to the GEMSSTAR conference proceedings, managing frailty is increasingly important in medical specialties to improve quality of life, guide healthcare decision-making, and prevent deteriorating health or the risk for decline, wherever possible. Yet challenges to integrating frailty management into clinical care include not only uncertainty about what to measure but also when, who, and how to do so—particularly in the context of care addressing other specific health concerns.

Heart failure remains a considerable challenge for us all as we age, for example—accounting for 1 million hospitalizations and more than \$39 billion in

healthcare spending per year—yet the role that frailty plays for people living with heart failure "has been overlooked as a reason for the high-rate of hospital readmission," conference attendees noted. Similar experiences have been reported for everything from end-stage renal disease to treatment for human immunodeficiency virus (HIV)—reinforcing the importance of understanding frailty's impact on [health](#) more clearly.

"Many conditions associated with frailty increase as we age, but it's also incredibly important to remember that we all age differently," said Arti Hurria, MD, a trained geriatrician and oncologist who serves as Director of Cancer and Aging Research at City of Hope in Duarte, CA. Dr. Hurria is also the Principal Investigator on the U13 conference grant. "Integrating [frailty](#) screening into our work as clinicians—identifying individuals at risk, altering treatment when needed, and developing new preventive strategies—represents a clear path toward the high-quality, person-centered care we all need as we age. That's what this meeting of our GEMSSTAR colleagues is all about."

More information: Jeremy Walston et al, Integrating Frailty Research into the Medical Specialties-Report from a U13 Conference, *Journal of the American Geriatrics Society* (2017). [DOI: 10.1111/jgs.14902](#)

Provided by American Geriatrics Society

APA citation: New report looks at integrating frailty research into care as we age (2017, June 20)
retrieved 2 July 2022 from <https://medicalxpress.com/news/2017-06-frailty-age.html>

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