بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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Prevalence of Frailty among elderly patients attending primary health care centers in sixth of October City

Thesis

Submitted for Partial Fulfillment of Master Degree in Family Medicine

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Eman Hosni Naeem

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Abb.	Full term
ADL	Activity daily living
BMI	Body mass index
CFS	Clinical Frailty Scale
CGA	Comprehensive geriatric assessment
CHS	Cardiovascular Health Study
CNS	Central nervous system
CSHA	Canadian Study of Health and Aging
DFS	D Factor scores
EAA	Essential amino acid
EFS	Edmonton Frail Scale
EMR	Electronic Medical Records
FI	Frailty Index
GDS	Geriatric depression scale
GFI	Global Fatigue Index
GS	Gait Speed
IADL	Instrumental activity daily living
IGF-I	Insulin-like growth factor 1
MAF	Multidimensional assessment of fatigue
MAPT	Multi-domain Alzheimer's Prevention Trial
MMS	Mini mental state
MMSE	Mini-Mental State Examination
MRI	Magnetic resonance imaging
OLS	One-leg standing
SARMs	Selective androgen receptor modulators
SES	Socioeconomic status
SHARE-FI	Survey of Health Aging and Retirement in Europe-Frailty Instrument

List of Abbreviations Cont...

Abb.	Full term
SOF	Study of Osteoporotic Fracture
SPRINTT	Sarcopenia and Physical frailty in older people: multi-component Treatment strategies
START	Seconds started with the word
TFI	Tilburg Frailty Indicator
TNFα	Tumor necrosis factor-α
TUG	Time up and go test
VIVE2	Vitality, Independence, and Vigor 2
WHAS	Women's Health and Aging Study

INTRODUCTION

Populations around the world are rapidly aging, and this trend is evident from the most developed countries to the lowest income regions ***(Cesari et al., 2016)***. Frailty is considered an important public health concern as frailty in elderly persons increases their vulnerability to stress and results in an imbalance in the body's homeostatic reserve. It weakens resistance to harmful agents, thus leading to a greater risk of disability, immobility, falls, fractures, institutionalization, increased use of health services, and a higher risk of death ***(Wick, 2011)***.

Frailty is defined as "*a medical syndrome with multiple causes and contributors that is characterized by diminished strength, endurance, and reduced physiologic function that increases an individual's vulnerability for developing increased dependency and/or death*" ***(Clegg et al., 2013)***, Five components included in frailty phenotypic criteria: weight loss, exhaustion, low physical activity, weakness, and slowness. The presence of three or more of these components defines frailty, whereas one or two components denote pre-frailty, and none indicates no frailty ***(Fried et al., 2001)***.

Most changes between frailty states occurred gradually, and some participants improved and reversed some of the components. However, to date, researches do not know whether and when there are specific components that are more likely to emerge prior to frailty development ***(Fallah et al., 2011)***.

Tools that facilitate early detection of vulnerable individuals at increased risk of presenting adverse effects are currently available. Different approaches to the definition of frailty, especially those related to the different frailty scales used ***(O'Caoimh et al., 2019)***.

The role of the family physician in the detection and follow-up of older persons with frailty is very important ***(Castell et al., 2013)***. This role is important both for the possibility of developing therapeutic strategies that will prevent or reverse the development of frailty and for the opportunity to implement interventions likely to prevent adverse outcomes in frail patients, such as comprehensive geriatric assessment to optimize the treatment of comorbid conditions and promote early recognition of complications ***(Garcia-Garcia et al., 2011)***.

Magnitude of the problem

Frailty was estimated in a study performed for 312 elderlies in geriatric homes in Alexandria, Egypt; it revealed 58.7% of the elderly residents were considered as frail ***(Tayel and Elkady, 2016)***. Also another recent study performed in Egypt in nursing homes and community dwellers, whereas about 71.7% considered as frail, 22.6% were considered as pre-frail and 5.7% as robust ***(Sabbour et al., 2018).***

Rationale

In early stage, identification of frailty is important because interventions may potentially prevent or delay their clinical consequences as it is considered as an early stage of disability which, differently from disability, are still amenable for preventive interventions and are reversible ***(Clegg et al., 2013).***