



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY



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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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ

لَسِبْتَ أَنْكَ لَا تَعْلَمُ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

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List of Contents

Title	Page No.
List of Tables	i
List of Figures	iii
List of Abbreviations.....	iv
Introduction	1
Aim of the Work.....	4
Review of Literature	
Epidemiology and Pathophysiology of Frailty	5
Assessment Tools of Frailty	20
Burden of Frailty on Health.....	34
Screening and Early Diagnosis	37
Methodology.....	49
Results	61
Discussion	89
Summary	102
Conclusions	108
Study Strengths.....	110
Study Limitations.....	111
References	112
Appendices	151
Arabic Summary	—

List of Tables

Table No.	Title	Page No.
Table (1):	Main characteristics of the frailty phenotype and the Frailty Index	21
Table (2):	Criteria of frailty	22
Table (3):	Descriptive analysis of socio-demographic data of the participants.....	63
Table (4):	Distribution of the participants' age, weight and height.....	65
Table (5):	Description of sleep status of the participants.....	65
Table (6):	Description of falling circumstances among the fallers.....	66
Table (7):	Geriatric assessment tests evaluation of the participants.....	67
Table (8):	Prevalence of frailty among the participants.....	69
Table (9):	Prevalence of frailty elements among the participants.....	70
Table (10):	Age distribution among the three frailty groups.....	71
Table (11):	Gender distribution among the three frailty groups.....	71
Table (12):	Comparison of demographic features between the three frailty groups.....	72
Table (13):	Comparison of Social data between the three frailty groups.....	73
Table (14):	Comparison between the three frailty groups as regards nutritional status assessed by MNA questionnaire.....	74
Table (15):	Comparison between sleeping status and the three frailty groups.....	76

List of Tables Cont...

Table No.	Title	Page No.
Table (16):	Comparison between urination and defecation problem and the three frailty groups.	77
Table (17):	The relation between Falling problems and the three frailty groups.....	78
Table (18):	Comparison between pre frail and frail participants as regard fatigue questionnaire.	79
Table (19):	The relation between functional level assessed by IADL, ADL and the three frailty groups.....	81
Table (20):	Comparison between the three frailty groups as regard neurological tests.....	82
Table (21):	The relation between body mass index and the three frailty groups.....	84
Table (22):	The relation between falling and values of comprehensive geriatric assessment testes.	85
Table (23):	The relation between comprehensive geriatric assessment tests and falling group.....	86
Table (24):	The regression analysis of frailty predictors.	88

List of Figures

Fig. No.	Title	Page No.
Figure (1):	Vulnerability of frail elderly people to a sudden change in health status after a minor illness.	6
Figure (2):	Opportunities for prevention of frailty.....	44
Figure (3):	Hand grip strength CAMRY.	54
Figure (4):	Prevalence of frailty among the participants.....	69

List of Abbreviations

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
TNF α	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'Caomh 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*).