

Can frailty be prevented? Or is it the inevitable decline in function that accompanies aging?

What is frailty?

Frailty is a state of increased vulnerability and decreased physiologic reserve that impedes the body's ability to withstand and recover from minor challenges.¹ Frailty is multidimensional and consists of psychological, social, and physical aspects, and puts people at risk of adverse health outcomes, including falls, disability, admission to hospital, and death, and has been reviewed in the *CMAJ*.²

Despite what one might intuit, frailty is not an inevitable part of aging, although its prevalence does rise with age, from 16% of people 65 years old to over 50% of those over 85.³ Mounting evidence suggests that early identification and intervention can not only slow the progression of frailty but even prevent it. The interventions include physical activity, nutritional support, and social networking.⁴

How can frailty be assessed?

One can start assessing frailty with the PRISMA 7 questionnaire⁵ and the Timed Up and Go test.⁶ Additionally, the Clinical Frailty Scale, developed and validated in 2005, is still in use today. More recently, the Fraser Health Authority launched the Community Actions and Resources Empowering Seniors (CARES) model in BC, a collaborative primary care model using an electronic comprehensive geriatric

assessment and coaching to prevent frailty. A patient's comprehensive geriatric assessment is loaded into the physician's EMR, which calculates a frailty index. Once the frailty index is determined, supports such as health coaches can be put in place to assist the pre-frail senior. Preliminary

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data from a pilot CARES study show that with 6 months of coaching, the number of participants exercising frequently increased by 65%, and walking independently increased by 30%. Moreover, participants endorsing a positive health attitude increased by 59%.⁷

What programs are feasible to address frailty?

In a current project targeting seniors (but including other ages), the White Rock–South Surrey Division of Family Practice partnered with the Peace Arch Hospital and Community Foundation to offer subsidized personal exercise prescriptions through the MOVE for LIFE program.⁸ Other divisions can team up with local groups such as the YMCA to offer programs suitable for their communities, and many already are.

For a home-based program, the Go4Life website⁹ from the National Institute for Aging provides seniors with simple tools to prevent frailty and maintain independence. This includes exercises and videos focused on improving flexibility, strength, balance, and endurance.

How early should frailty be addressed?

We know that obesity rates are increasing in both children and adults, and obesity is associated with type 2 diabetes, cardiovascular disease, and musculoskeletal impairments. We also know exercise improves cardiorespiratory fitness, enhances psychosocial well-being, and reduces obesity.¹⁰ Habits established in childhood and reinforced throughout life are more likely to endure later in life. Additionally, regular exercisers are less likely to live with chronic diseases that contribute to frailty. BC programs such as Be Active Every Day¹¹ are one way for family physicians and educators to collaborate in establishing healthy exercise and eating habits early in school-age children.

As our population ages, frailty becomes an increasingly prevalent condition that threatens the health of seniors and the viability of our health care system. We know it can be prevented by targeted assessments at the primary care level with specific interventions that can begin early in life. Preventing frailty is consistent with the foundational concepts of the patient medical home, and should be considered in the evolution of primary care networks and public policy decisions.

—Steven Larigakis, MD

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Ready or not for the CCFP exam

An environmental scan and resident rating of available study and exam-preparation resources for the Canadian Certification Examination in Family Medicine.

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The College of Family Physicians Canada (CFPC) conducts a biannual Certification Examination in Family Medicine. There is a disparity between the pass rates of practice-eligible candidates and residency-trained candidates. The **Table** (page 87) provides a current and comprehensive list of resources available to physicians preparing for the CCFP exam. This list contains resources beyond those on the CFPC's study resources web page. While the heterogeneity of the listed resources may complement the wide variety of study strategies that candidates employ, the quality of these resources is highly variable. We conducted an online

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search for resources clearly identified as specific to preparation for the CCFP exam. Current residents and practice-eligible candidates were surveyed nationally to critique the completeness of the list and name missing resources. Over a 3-month period, 495 CCFP exam candidates from across Canada attending The Review Course in Family Medicine were asked to peer-review and rate the resources. The survey response rate across all five sites was 48% (n = 236). A complete list of peer ratings derived from survey data of the resources is available online at www.thereviewcourse.com/resources.

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Competing interests

Dr Dhillon and Dr Moore are founders of The Review Course in Family Medicine.

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