Views of Frailty

To the Editor:

The special medical sciences section “Unconventional Views of Frailty” (J Gerontol Med Sci. 2007;62A:717–751) in the July 2007 issue of the Journal provided valuable insight into the topic (1–6). Frailty is gaining attention in many fields because it increases the risk of falls, mortality, and institutionalization. Geriatricians, gerontologists, and social scientists study frailty to better understand its impacts on health, individuals, and society. At the same time that interest has increased in frailty, it is important to note that certain factors, such as “increases in longevity,” “declining household size,” and fewer and more costly caregiving resources (7), present significant challenges related to caring for an aging, and sometimes frail, population. It is, therefore, imperative that the global community better understand the potential role that public health can play in helping community residents adopt the habits throughout life that will ensure the latest possible onset of frailty. Lifestyle behaviors in midlife can set the stage for frailty (8), and therefore it is important that public health policy target younger populations with programs that encourage good diet and physical activity for prevention of frail health (9). At the age of 65 years, the prevalence of frailty is 3% to 7% in the general population, however, in African Americans it is 4-fold greater (10). Baby boomers—those born between 1946 and 1964—will begin to reach age 65 in 2011. By 2030, the number of older Americans is expected to reach 71 million, or roughly 20% of the U.S. population. In less than 20 years, when the first baby boomers turn 80, the prevalence of frailty is predicted to escalate 5-fold. In light of this demographic imperative, it seems important to develop public health programs to screen for frailty using the most frequently accepted criteria of Fried and colleagues (11,12). These measures (height, weight, grip strength, gait speed, and response to questions on fatigue and physical activity) could be measured easily, with relatively little expense, and implemented on a population basis. Through screening and early detection, prefrailty can be reversed (9) using lifestyle interventions. Physical exercise has been shown to be the most effective intervention for the prevention of frail health by ameliorating the rate of functional decline when started at midlife or earlier. In addition, we feel that frailty as a public health issue is also an unconventional view—but this was not addressed in the special section. Epidemiological research into the cost effectiveness of early detection and efficacy of programs to delay or prevent frailty is an important public issue.

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